





# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## EXAMINATION FORM

**Form No:**  
(ABVMUUP Office)

**COURSE NAME**..... BSCN (Code: 001) 1<sup>st</sup> Year Supple Exam

**Batch** .....

**Name of College:**

**College Code**

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**Examination Center:** \_\_\_\_\_

**Examination Roll No**

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(Not to be filled by candidate)

**ABVMUUP Enrollment No**

(Student ID No.)

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**Sir,**

It is requested to kindly allow me to appear in the following subject of the university examination for the year 2020-21

**(For Office Use)**

01. Anatomy & Physiology

02. Nutrition & Biochemistry

03. Nursing Foundation

04. Psychology

05. Microbiology

ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF

Colored Photograph Not  
less  
than 3.5 cm x 4.00 cm  
Face Not less  
than 2 cm  
No Spectacles or Glass

**1. Name of Candidate** [First Name, Middle Name, Last Name](In English): ( In CAPITALS ) \* **Do not write Mr/Ms**

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**2. Father's Name:** [First Name, Middle Name, Last Name](In English): ( In CAPITALS ) \* **Do not write Mr/Shri**

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**3. Mother's Name:** [First Name, Middle Name, Last Name](In English): ( In CAPITALS ) \* **Do not write Mrs/Smt**

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**Date** (DD/MM/YYYY): \_\_\_\_\_

**(Signature of the Student)**

Certified that the Photograph, signature and student record have been checked by college and is correct  
The student is allowed to appear in the examination as indicated above.

**Name of the Principal  
(Seal & Signature of the Principal)**

**(Counter Signature of Dean-ABVMUUP)  
(Medical/Dental/Nursing/Paramedical)**