



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## EXAMINATION FORM

Form No:  
(ABVMUUP Office)

COURSE NAME..... BSCN (Code: 001) V<sup>th</sup> Semester 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 2021-22

(For Office Use)

01. Community Health Nursing I Including Environ

ALLOWED/ NSU

FRESH

PF

02. Educational Technology / Nursing Education

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)

