

Sr.No. [REDACTED]

BABA FARID UNIVERSITY OF HEALTH SCIENCES
Secrecy Answer Book (36 Pages)
(To be filled in by the Student)

TO BE FILLED IN BY THE STUDENT

- 1. Examination _____
- 2. Subject _____
- 3. Paper _____ 4. Date _____
- 5. Medium _____

ROLL NO.
In figures _____
In words _____
Examination _____
Subject _____

INSTRUCTIONS

- 1. You are required to complete your answers in this answer book only. **No separate supplementary sheet will be provided.**
- 2. Write on both sides except the reverse of the title page.
- 3. **All Pages and spaces left blank in this Answer Book, must be crossed by the Student.**
- 4. Only Blue ball pen/Royal blue ink is permissible.
- 5. **You must page mark your answer book.**
- 6. Do not write your own name or that of your college on this answer book.
- 7. **Do not make any identification mark or write your Roll Number, Name etc. inside the answer book. Any student found guilty in disclosing his/her identity or making peculiar marks in his/her answer book for that purpose shall be disqualified.**
- 8. **Student guilty of making appeals to the examiner in his/her answer book will entail the penalty of cancellation of the paper.**
- 9. **A student having in his/her possession of books, papers, notes or reference of any kind shall be disqualified.**
- 10. **Possession of Mobile / Cell-phone or any other device by the student within the premises of the Examination Centre is strictly prohibited. Defaulter shall attract disqualification.**
- 11. **No page is to be torn out.**
- 12. No answer book or any part thereof or paper of any kind is to be removed from the examination room, except the question paper.
- 13. This answer book must be delivered to the Centre Superintendent even if no question has been attempted.
- 14. Rough work, if any, must be done in the answer book only, and cancelled later on.
- 15. Enter question numbers in spaces provided below in the order in which attempted.

CODE NO.	
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Above Particulars checked and are in order

(Signature of Invigilator)

Question numbers to be entered by the Student							
Marks awarded by the Examiner							
						Total marks in figures	
						Total marks in words	

Certificate : I state that I have personally marked/evaluated this Answer Book.

Signature of Checking Asstt.

Examiner's full Signature

Sr.No. 0000000

UNIVERSITY OF HEALTH SCIENCES

PRACTICAL ANSWER BOOK (12 PAGES)
(To be filled in by the student)

.....
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..... Prof./Year.....

..... Date.....

Signature of the student

SPECIMEN

Lined writing area for student answers