

# **NOTICE**

NBE along with accredited institutes are conducting CME Workshop on Clinical Research Methodologies, Thesis Research & Protocol Writing for DNB Trainees.

**IT IS MANDATORY FOR ALL CANDIDATES TO ATTEND CME WORKSHOP OTHERWISE STRICT ACTION WILL BE TAKEN BY NBE.**

**CANDIDATES OF PREVIOUS SESSIONS WHO COULD NOT ATTEND CME EARLIER CAN ALSO MAKE USE OF THIS OPPORTUNITY.**

## **VENUE**

<b>S. No.</b>	<b>Hospital Name</b>	<b>Workshop Dates</b>
1	St. Isabel's Hospital 49, Oliver Road, Mylapore, Chennai-600004 Tamil Nadu	09-07-19 & 10-07-19

**Timing for the Workshop: 9.00 AM onwards**

Candidates have to apply online for this workshop at the following link  
<http://www.natboard.edu.in/cme/appraisal/cmenotice.php>

Fee for CME is Rs. 6000/- which shall be paid through Indian Bank in prescribed CHALLAN available on Website.

Following information have to be filled while applying online:-

1. Candidate Details which includes **(Name, Specialty, Candidate Mobile, Candidate Email)**
2. Hospital Details which includes **(Name, Address, City & State)** Please note [HOSPITAL name should not contain special character i.e. " ' ' "]
3. DNB Coordinator Detail of the hospital which includes **(Name, Mobile Number, Landline Number & Email)**
4. CME Fee Details includes **(Bank Challan No., Challan Fee, Challan Date)**
5. Candidates have to upload scan image of paid Challan. This scanned image should not exceed 200kb (for image pixel size should be 640 height X 480 width) [size of image can be reduced in Microsoft Picture Manager or MS Paint]. Image name should not contain the special character i.e. " ' ' "

**IT IS PURELY BASED ON FIRST COME FIRST BASIS**

For any query kindly contact at [trg1@natboard.edu.in](mailto:trg1@natboard.edu.in)

The sample of PAID CHALLAN image which has to be uploaded in online CME Registration is as follows:-

NATIONAL BOARD OF EXAMINATIONS

Challan No. \_\_\_\_\_ Date : \_\_\_\_\_

ONLINE FEE ACCOUNT (Depositor's COPY)  
INDIAN BANK A/c No. 830641451

1. Name : \_\_\_\_\_  
Candidate Mobile : \_\_\_\_\_

2. Sl. No. of Application Form (if applicable) : n.a

3. Type of Fee/Amount :

Sr. No.	PARTICULAR	AMT.
1	CME Workshop	6000/-
2	REGISTRATION FEE	
3	TELECONFERENCING DVD	

4. Bank Charges : 40/-

5. Amount in Figure : 6040/-

6. Amount (in words) : six thousand and forty only

7. Denominations of notes : \_\_\_\_\_

8. Bank Branch in which fee : \_\_\_\_\_

9. Bank Transaction ID No. \_\_\_\_\_

INDIAN BANK / INDIAN BANK  
आशोक स्तम्भ शाखा / Ashoka Pillar Branch

2 MAY 2017

Bank Seal & Signature of Authorised Bank Officer

Signature of the Candidates

receiving the Account Cash Received

The prescribed CHALLAN format is available at following link:-

<http://www.natboard.edu.in/cme/appraisal/cmechallan.pdf>