

# **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	Lalitha Super Specialty Hospital (P) Ltd. Kothapet, Guntur-522001 Andhra Pradesh	28-07-19 & 29-07-19
2.	Rabindranath Tagore International Instt.of Cardiac Sciences Premises No.1489, 124, Mukundapur, E M Bypass, KOLKATA - 700099 West Bengal	26-07-19 & 27-07-19

**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. _____						
<table border="1"><tr><td>भारतीय बैंक / INDIAN BANK अशोक स्तम्भ शाखा / Ashoka Pillar Branch</td><td>7 MAY 2017</td></tr><tr><td>Bank Seal &amp; Signature of Authorised Bank Officer receiving the Account</td><td>Signature of the Candidates</td></tr></table>			भारतीय बैंक / INDIAN BANK अशोक स्तम्भ शाखा / Ashoka Pillar Branch	7 MAY 2017	Bank Seal & Signature of Authorised Bank Officer receiving the Account	Signature of the Candidates
भारतीय बैंक / INDIAN BANK अशोक स्तम्भ शाखा / Ashoka Pillar Branch	7 MAY 2017					
Bank Seal & Signature of Authorised Bank Officer receiving the Account	Signature of the Candidates					

The prescribed CHALLAN format is available at following link:-

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