



NATIONAL BOARD OF EXAMINATIONS

NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

APPLICATION FOR CENTRALISED ENTRANCE TEST (CET-SS) SUPER SPECIALITY EXAM. JUNE 2014 (SPECIAL SESSION)

INSTRUCTIONS :-

- * INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.
- * READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE FORM.
- * USE BLUE/BLACK BALL PEN ONLY

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Office Use Only

Application Form No.

SUBJECT GROUP (As per Information Bulletin)

CODE

Roll Number (to be assigned by NBE)

1. MBBS & DNB/MD/MS DETAILS (To be filled in by the Candidate)

a) Month & Year of passing FINAL MBBS

b) Date of Joining

c) Date of Completion

b) Month & Year of passing FINAL DNB/MD/MS

b) Date of Joining

c) Date of Completion

2. Name (IN FULL) (as appearing in MBBS certificate)

3. Father's/Husband's Name

4. Mother's Name

5.a) MCI/SMC Reg. No.

5.b) Dated

6. Date of Birth

7. STD Code

Telephone No.

8. Mobile No.

9. Category

SC ST OBC GENERAL

10. E-mail (Write in Bold & Clear manner)

11. Centre preferred for CET Examination

Centre

Code

Centre

Code

1st Choice

2nd Choice

12. Fees Details

Challan No.

Date

Axis Bank

Amount Rs.

Indian Bank

13. Details of MBBS & DNB/MD/MS Examination (attested copies of Certificates to be attached)

Examination Passed	Subject	Medical College	University	State	Month & Year	Result	No. of Attempts

14. Correspondence Address

Name :

Address:

City :

State :

Pin Code :

15. Photograph

1. Paste here (do not pin or staple) a recent passport size photograph as per "INSTRUCTIONS FOR PHOTOGRAPHS" in Information Bulletin.
2. The photograph should NOT exceed this box.
3. The photograph to be affixed here should NOT be attested.
4. If the photograph is not clear, the application will be rejected.

16. Signature of the Candidate (within the box)

Signature box

P.T.O.

17. Have you ever appeared for Diplomat NBE examination? If yes, give following particulars

CET-SS		
Date of Appearing (month & year) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> <div style="width: 10px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> </div>	Roll No. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Result <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> (Pass / Fail) </div>

18. Examination Fee (Please mark (X) in the appropriate box)

Examination Fee (Including Bulletin)	<input type="checkbox"/>	Rs. 5500	
Challan No. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<input type="radio"/> Axis Bank <input type="radio"/> Indian Bank	Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div> <div style="width: 10px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> <div style="width: 10px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> </div>	Amount Rs. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

19. Present Appointment / Job :

20. List of Enclosures (To be Ticked)

1. Two extra recent passport size photographs duly attested.
2. Challan slip duly stamped by the bank where fee is paid.
3. Attested photocopy of Registration Certificate of Medical Council of India / State Medical Council.
4. Attested photocopy of MBBS Degree Certificate.
5. Attested photocopy of DNB/MD/MS Pass Certificate.

DECLARATION & CERTIFICATION

I here by declare and certify that:

- a) I have read the general instructions and the rules and regulations of NBE in Bulletin of Information and shall abide by them.
- b) Particulars given in this application form are true and accurate to the best of my knowledge and belief.
- c) The documents submitted as evidence of above facts are photocopies of original documents attested by a Gazetted Officer.
- d) I understand that in case any of the facts stated by me is/are found to be false or any of the documents enclosed by me is/are found to be false, I am liable to be disqualified from appearing in the Examination and if permission granted for appearing in the examination shall be liable to be revoked or any other appropriate action deemed fit by NBE can be taken against me.
- e) I understand that I am eligible as per instructions given in Bulletin of Information, however, NBE reserves the right to determine final eligibility;NBE further reserves the right to cancel the candidature if ineligibility found at any stage.
- f) Candidate's Name in Block Letters

Date: / /

Signature of the Candidate

CERTIFICATE FROM THE HEAD OF THE INSTITUTION / GAZETTED OFFICER

(to be issued only after checking the original documents)

I certify that to the best of my knowledge and belief the statements made above by Dr. _____
 are correct.

Signature of the Gazetted Officer / Head of Institution with Name and Office Stamp, Address & Telephone Number

Date: / /

NOTE : USE / POSSESSION OF MOBILE PHONE / ELECTRONIC DEVICE IS NOT PERMITTED IN EXAMINATION PREMISES AND PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.