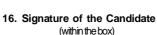
## NATIONAL BOARD OF EXAMINATIONS MEDICAL ENCLAVE, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029 APPLICATION FOR DNB - FINAL EXAMINATION DEC. 2015 (BROAD SPECIALTIES) Application Form No. **INSTRUCTIONS:** ○ E ○ PE ○ NE INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED. \* READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE FORM. Office Use Only \* DO NOT ATTACH ANY ENCLOSURES WITH THIS APPLICATION FORM. \* USE BLUE/BLACK BALL PEN ONLY 1. DNB Final Theory & Practical Practical only If practical only 2nd Attempt 3rd Attempt 1.b) Subject in which appearing (Final) Roll Number (to be assigned by NBE) Secondary DNB 2. MD/MS PASS OR Primary DNB Resident Resident 3. REGISTRATION DETAILS (To be filled in by the Candidate) b) Date of Joining ( DNB/MD/MS Training) c) Date of Passing (MD/MS or completion of DNB Training) a) Reg. No. (if DNB Candidate) d) Date of completion (MD/MS Training) e) Duration of MD/MS Training at the time of declaration of Result f) Date of issue of MD/MS degree D D M М DAY MONTH YEAR Name (IN FULL) (as appearing in MBBS certificate) Changed name will be rejected Father's/Husband's Name 6. Mother's Name 7.a) MCI /SMC Reg. No. 9. Date of Birth 7.b) Dated 8. Gender MALE 1 9 FEMALE 10. E-mail (Write in Bold & Clear manner) 11. Mobile No. 12. Residential Telephone No. **Control Number to be** assigned by NBE STD 13. Centre preferred for theory examination (Fill Centre Code From Information Bulletin) 1st Choice Code Code 2nd Choice **14. Examination Fee** (Please mark (X) in the appropriate box) Challan / Transaction ID No. (Demand Draft will not be accepted.) Examination Fee Rs. 6500 ( To be submitted by post MD/MS Candidates) Amount: Date as on Bank Stamp: Examination Fee (DNB Candidates & Only Practical Rs. 5500 Amount D D M M Second or Third Attempt) (The above fee is inclusive of examination fee and finformation bulletin) Name of the Bank Branch: Copy of Pay-in-Slip / Challan of Indian Bank or Axis Bank should be enclosed.

..... City:

Pin Code:

State:



## Photograph

17.

- 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.

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are correct	t.						
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NOTE: POSSESSION / USE OF MOBILE PHONE / ELECTRONIC DEVICES IS STRICTLY PROHIBITED IN THE PREMISES OF NBE EXAMINATION CENTRES. CANDIDATES SHALL BE LIABLE FOR PENAL ACTION FOR POSSESSION / USE OF MOBILE PHONES / ELECTRONIC DEVICES. PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.

## NATIONAL BOARD OF EXAMINATIONS MEDICAL ENCLAVE, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029 APPLICATION FOR DNB - FINAL EXAMINATION DEC. 2015 (BROAD SPECIALTIES) Application Form No. **INSTRUCTIONS:-**NE \* INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED. \* READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE FORM. Office Use Only \* USE BLUE/BLACK BALL PEN ONLY 1. DNB Final Theory & Practical If practical only 2nd Attempt 3rd Attempt Practical only Roll Number (to be assigned by NBE) 1.b) Subject in which appearing (Final) Secondary DNB 2. MD/MS PASS OR Primary DNB Resident Resident 3. REGISTRATION DETAILS (To be filled in by the Candidate) b) Date of Joining (DNB/MD/MS Training) c) Date of Passing (MD/MS or completion of DNB Training) a) Reg. No. (if DNB Candidate) e) Duration of MD/MS Training at the time of declaration of Result f) Date of issue of MD/MS degree d) Date of completion (MD/MS Training) D D М М DAY **MONTH** YEAR Name (IN FULL) (as appearing in MBBS certificate) Changed name will be rejected Father's/Husband's Name 6. Mother's Name 7.a) MCI /SMC Reg. No. 7.b) Dated 9. Date of Birth 8. Gender MALE 1 FEMALE ח NΛ 10. E-mail (Write in Bold & Clear manner) П D 11. Mobile No. 12. Residential Telephone No. **Control Number to be** assigned by NBE STD PHONE No 13. Centre preferred for theory examination (Fill Centre Code From Information Bulletin) 1st Choice Code Code 2nd Choice **14. Examination Fee** (Please mark (X) in the appropriate box) Challan / Transaction ID No. (Demand Draft will not be accepted.) (a) Examination Fee Rs. 6500 ( To be submitted by post MD/MS Candidates) Amount Date as on Bank Stamp: (b) Examination Fee (DNB Candidates & Only Practical Rs. 5500 D Amount D М М Second or Third Attempt) (The above fee is inclusive of examination fee and finformation bulletin) Name of the Bank Branch: М Copy of Pay-in-Slip / Challan of Indian Bank or Axis Bank should be enclosed. 15. Correspondence Address 17. Photograph 1. Paste here (do not pin or staple) Name 16. Signature of the Candidate as per "INSTRUCTIONS FOR **PHOTOGRAPHS**" in Information (within the box) The photograph should NOT exceed this box. 3. The photograph to be affixed here should be attested. 4. If the photograph is not clear,

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