



NATIONAL BOARD OF EXAMINATIONS

(Ministry of Health & Family Welfare, Govt. of India)

ANSARI NAGAR, MAHATMA GANDHI MARG, (RING ROAD), NEW DELHI - 110 029



SCANNABLE APPLICATION FORM

for Registration as FNB Trainee - 2008

To be filled up for registration within one month of their joining as a FNB trainee.

Application Form No.

DL

Subject:

Institute:

1. Name (CAPITAL LETTERS) (Leave a blank space between each part of the name)

2. Father's/Husband's Name (CAPITAL LETTERS) (Leave a blank space between each part of the name)

3.a) MCI/SMC Reg. No.

3.b) Date of Regn.

D D M M Y Y Y Y

3.c) State

4. Colour Photograph

1. Paste here (do not pin or staple) a recent passport size photograph as per "INSTRUCTIONS FOR PHOTOGRAPHS" on the inner side of back cover of the Prospectus.
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.

5. Sex

 Male Female

6. Date of Birth

D D M M Y Y Y Y

7. Category

 General SC ST OBC

8. Date of Registration with Institution as a FNB Trainee w.e.f from

D D M M Y Y Y Y to D D M M Y Y Y Y

9. Duration of P.G. Diploma w.e.f from (If applicable)

D D M M Y Y Y Y to D D M M Y Y Y Y

10. In case of Medical College, State whether the department is recognised for PG Training by MCI

 Yes No

11. Address (Correspondence Address)

Name :

Address:

City :

State :

Pin Code :

FOR OFFICE USE ONLY

12. Mobile Number

13. E-mail ID (Write in CAPITAL LETTERS & clear manner)

DECLARATION & CERTIFICATION

I hereby declare and certify that:

- I have read the general instructions and the rules and regulations of NBE in Bulletin of Information and shall abide by them.
- Particulars given in this application form are true and accurate to the best of my knowledge and belief.
- The documents submitted as evidence of above facts and are self attested photocopy of original documents.
- 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 as registered as a FNB Trainee/Candidate for FNB programme or any other appropriate action deemed fit by NBE can be taken against me.
- 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.

NOTE: PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.

Signature of the Candidate

Date: / /2008

14. Details of Examination Passed (Attested copies of Certificates to be attached.)

Examination	Subject	Medical College	University	State	Month/Year	No. of attempts
MBBS						
CET - NBE/ Primary						
NBE Final						
PG Diploma						
MD/MS						
DM/MCh						
Others						

15. Topic of thesis (protocol is to be submitted within 3 months of joining the Institution)

Signature of Candidate

Signature of Head of Department
(With Department Seal)

Counter signed by the Head of Institution
(With Institution Seal)

Encls.: Attested copies of

1. CET - NBE / Primary Passing Certificate.
2. P.G. Diploma Pass Certificate.
3. Certificate of training to be undergone in the required format.
4. P.G. Training Certificate.
5. MCI/FMC Registration Certificate.
6. DNB/MDMS/DM/MCH Passed Certificate.