



**NATIONAL BOARD OF EXAMINATIONS**  
 MEDICAL ENCLAVE, ANSARINAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

**APPLICATION FOR FELLOWSHIP EXIT EXAMINATION - 2013**

Application Form No.

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 Office Use Only

**DL**

**INSTRUCTIONS :-**

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

1. Fellowship Programme \_\_\_\_\_

Subject Code

**Roll Number** (to be assigned by NBE)

2. To be filled in by the Candidate

a) Reg. No. (as FNB Candidate) \_\_\_\_\_

b) Date of Joining of FNB Training

D D M M Y Y Y Y

c) Date of Completion of FNB Training

D D M M Y Y Y Y

3. Name (IN FULL) (as appearing in MBBS certificate) Changed name will be rejected

4. Father's/Husband's Name

5. Mother's Name

6.a) MCI /SMC Reg. No.

6.b) Dated

D D M M Y Y Y Y

7. Date of Birth

D D M M Y Y Y Y

8. Mobile No./Telephone No.

Control Number to be assigned by NBE

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

11. Examination Fee

Challan / Transaction ID No. :

Amount :

Date as on Bank Stamp:

D D M M Y Y Y Y

Name of the Bank / Branch:

\_\_\_\_\_

NBE Copy of Pay-in-Slip / Challan of Indian Bank / Axis Bank should be enclosed.

12. Correspondence Address

Name : .....

Address: .....

.....

..... City : .....

State : .....

Pin Code :

13. Signature of the Candidate  
(within the box)

14. 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.

P.T.O.

15. Details of last FNB exit exam taken, if any :  Yes  No Previous Roll No:

**Annexures:**

1. FNB training completion certificate in mentioned format as per information bulletin.
2. Copy of registration letter issued by NBE
3. NBE copy of pay-in-slip / challan

**\*Only self attested photocopies / original documents acceptable.**

**DECLARATION & CERTIFICATION**

I hereby 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 and are self attested photocopy of original documents.
- 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 found ineligible 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.

Date: / /

Signature of the Head of Institution or Gazetted Officer with Name and Office Stamp (Latin Characters only)

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

