



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

**FORM-II**

**APPLICATION FORM FOR FELLOWSHIP ENTRANCE TEST - 2016**

**INSTRUCTIONS :-**  
\* INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.  
\* READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE FORM.  
\* PLEASE SUBMIT THIS FORM IN SEPARATE ENVELOPE.  
\* USE BLUE/BLACK BALL PEN ONLY

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**Office Use Only**

Application Form No.

**DL**

Fellowship Programme for which application is submitted. **CODE**  
(As per information bulletin Annexure - I)

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

**1. DNB/MD/MS/DM/MCh DETAILS** (To be filled in by the Candidate)

a) Specialty in which qualifying PG medical qualification (DNB/MD/MS/DM/MCh) is obtained.    b) **Date of Joining** (DNB/MD/MS/DM/MCh)    c) **Date of Completion** (DNB/MD/MS/DM/MCh)

**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 Fellowship Examination**

1st Choice Centre [ ] Code [ ]    2nd Choice Centre [ ] Code [ ]

**12. Fees Details**

Challan No. [ ]    Date [ ] [ ] [ ] [ ] [ ] [ ]     Axis Bank    Amount Rs. [ ] [ ] [ ]  
 Indian Bank

**13. Details of DNB/MD/MS/DM/MCh 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**

- Paste here (do not pin or staple) a recent passport size photograph.
- The photograph should **NOT** exceed this box.
- The photograph to be affixed here should be self attested.
- If the photograph is not clear, the application will be rejected.

**16. Signature of the Candidate** (within the box)

[ ]

P.T.O.

17. Present Appointment / Job :



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

Examination Fee  Rs. 4500

(The above fee is inclusive of examination fees and information bulletin.)

Challan No.

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Axis Bank

Indian Bank

Date

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Y Y Y Y

Amount Rs.

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19. List of Enclosures

1. Two extra recent passport size photographs duly attested.
2. NBE copy of challan slip duly stamped by the bank where fee is paid.
3. Self attested photocopy of Registration Certificate of Medical Council of India / State Medical Council.
4. Self attested photocopy of MBBS Degree Certificate.
5. Self attested photocopy of DNB/MD/MS OR DNB/DM/MCh 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 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 ineligibility found at any stage.
- f) Candidate's Name in Block Letters

\_\_\_\_\_

Date: / /

\_\_\_\_\_  
Signature of the Candidate

**CERTIFICATE FROM THE HEAD OF THE INSTITUTION / EMPLOYER**

(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.

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Signature of the Head of Institution or Employer with Name and Office Stamp, Address & Telephone Number

Date: / /

**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.**