## Application Form for Fellowship Entrance Test - 2014

### INSTRUCTIONS:
- Incomplete Application Forms shall not be considered.
- Read Information Bulletin carefully before filling up the form.
- Do not attach any enclosures with this application form.
- Use blue/black ball pen only.

#### Fellowship Programme for which application is submitted:

<table>
<thead>
<tr>
<th>CODE</th>
<th>(As per Information Bulletin)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Centre Preferred for Fellowship Examination (DNB/MD/MS/DM/MCh)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**a)** Specialty in which qualifying PG medical qualification (DNB/MD/MS/DM/MCh) is obtained.

<table>
<thead>
<tr>
<th>D</th>
<th>D</th>
<th>M</th>
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</tr>
</tbody>
</table>

**b)** Date of Joining (DNB/MD/MS/DM/MCh)

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<tr>
<th>D</th>
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<th>M</th>
<th>M</th>
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**c)** Date of Completion (DNB/MD/MS/DM/MCh)

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<tr>
<th>D</th>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### 3. Father’s/Husband’s Name

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
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#### 4. Mother’s Name

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td></td>
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#### 5. a) MCI/SMC Reg. No.

<table>
<thead>
<tr>
<th>Reg. No.</th>
<th>D</th>
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#### 5.b) Dated

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#### 6. Date of Birth

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#### 7. STD Code Telephone No.

<table>
<thead>
<tr>
<th>STD Code</th>
<th>Telephone No.</th>
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#### 8. Mobile No.

<table>
<thead>
<tr>
<th>Mobile No.</th>
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#### 9. Category

<table>
<thead>
<tr>
<th>Category</th>
<th>SC</th>
<th>ST</th>
<th>OBC</th>
<th>GENERAL</th>
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#### 10. E-mail (Write in Bold & Clear manner)

<table>
<thead>
<tr>
<th>E-mail</th>
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#### 11. Centre preferred for Fellowship Examination

<table>
<thead>
<tr>
<th>Centre Code</th>
<th>Centre Name</th>
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#### 12. Fees Details

<table>
<thead>
<tr>
<th>Challan No.</th>
<th>Date</th>
<th>Amount Rs.</th>
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<tr>
<th>Axis Bank</th>
<th>Indian Bank</th>
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#### 13. Details of DNB/MD/MS/DM/MCh Examination (attested copies of Certificates to be attached)

<table>
<thead>
<tr>
<th>Examination Passed</th>
<th>Subject</th>
<th>Medical College</th>
<th>University</th>
<th>State</th>
<th>Month &amp; Year</th>
<th>Result</th>
<th>No. of Attempts</th>
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</table>

#### 14. Correspondence Address

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
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<table>
<thead>
<tr>
<th>Pin Code</th>
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#### 15. Photograph

1. Paste here (do not pin or staple) a recent passport size photograph.

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

<table>
<thead>
<tr>
<th>Signature of the Candidate</th>
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<table>
<thead>
<tr>
<th>Date of Birth Code</th>
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</table>
I hereby declare and certify that:

a) I have read the general instructions and the rules and regulations of FET 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 is 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

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. PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.
INSTRUCTIONS :-
* INCOMPLETE APPLICATION FORMS SHALL NOT BE CONSIDERED. 
* READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE FORM. 
* USE BLUE/BLACK BALL PEN ONLY

1. DNB/MD/MS/DM/MCh DETAILS (To be filled in by the Candidate)
   a) Speciality 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 
7. 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
   - 2nd Choice

12. Fees Details
   - Challan No.
   - Date
   - Amount Rs.
   - Axis Bank
   - Indian Bank

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

14. Correspondence Address
   - Name
   - Address
   - City
   - State
   - Pin Code

15. Photograph
   1. Paste here (do not pin or staple) a recent passport size photograph.
   2. The photograph should NOT exceed this box.
   3. The photograph to be affixed here should be attested.
   4. If the photograph is not clear, the application will be rejected.

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

[Form Fields: Application Form No., Roll Number, Centre Code, Code, DL]
I hereby declare and certify that:

a) I have read the general instructions and the rules and regulations of FET in Bulletin of Information and shall abide by them.

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Date: / / 

Signature of the Candidate

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

Date: / / 

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NATIONAL BOARD OF EXAMINATIONS
MEDICAL ENCLAVE, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

SPECIMEN APPLICATION FORM FOR FELLOWSHIP ENTRANCE TEST - 2014

INSTRUCTIONS:-
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* READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE FORM.
* USE BLUE/BLACK BALL PEN ONLY

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. MCI/SMC Reg. No.
   5.b) Dated
   6. Date of Birth

7. STD Code Telephone No.

8. Mobile No.

9. Category
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    Centre Code
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    2nd Choice

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    Date
    Axis Bank
    Amount Rs.
    Indian Bank

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14. Correspondence Address

Name: ..........................................................
Address: ......................................................
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City: ..........................................................
State: ..........................................................
Pin Code: ....................................................

15. Photograph

16. Signature of the Candidate
   (within the box)

O P.T.O.
17. Present Appointment / Job:

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

<table>
<thead>
<tr>
<th>Examination Fee</th>
<th>Rs. 3650</th>
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<tbody>
<tr>
<td>Form Fees (For Downloaded Forms only)</td>
<td>Rs. 750</td>
</tr>
</tbody>
</table>

- Challan No. ____________________________
- Axis Bank [ ]
- Indian Bank [ ]
- Date: [ ] [ ] [ ] [ ] [ ] [ ]
- Amount Rs. [ ] [ ] [ ] [ ] [ ] [ ]

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 hereby declare and certify that:

a) I have read the general instructions and the rules and regulations of FET 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.

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f) Candidate’s Name in Block Letters

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Date: [ ] [ ] [ ] ______________________

Signature of the Candidate

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Date: [ ] [ ] [ ]

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