

PUBLIC NOTICE

Kind Attn: **All NBE Accredited Institutions /Hospitals or Medical Colleges**

Subject: **Regarding Direct Six Years DNB Course in the Specialties of Cardio thoracic Surgery, Plastic Surgery, Neurosurgery, Pediatrics Surgery**

1. The National Board of Examinations has approved the Direct Six years course in the specialties of Cardio thoracic Surgery, Plastic Surgery, Neurosurgery, Pediatrics Surgery.
2. The NBE accredited institutions /hospitals or medical colleges desirous of running these courses should fulfill the following criteria:
 - a. They should be accredited by NBE for a Post DNB programme in these specialties
 - b. The concerned institutions should have adequate infrastructure and training facilities for imparting knowledge, skills and competencies to the candidates in general surgical skills and procedures as are part of the curriculum for the above programme.
3. All NBE accredited hospitals /institutions that are running the three-year programme can opt for either a Post DNB three-years programme or Direct six years programme based on the above criteria.
4. In any case the period of accreditation for admission of fresh batches of candidates shall remain to be three academic sessions (three calendar years) irrespective of whether the hospital /institution opts for a three-years programme or Direct six-years programme.
5. The Information Bulletin for the Direct Six years course can be obtained from the website of the Board www.natboard.edu.in
6. Hospitals /institutions desirous of opting for Six years programme are hereby informed to submit their request-cum-acceptance form enclosed herewith latest by 31st January 2011.

Copy of the existing curriculum of the six years course may be accessed at the website of the Board www.natboard.edu.in

B.N. Khatri
Assistant Director

FOR APPLICATION FORMAT PLEASE DOWNLOAD THE FILE.

To,

Executive Director
National Board of Examinations
Ansari Nagar, Mahatama Gandhi Marg
New Delhi – 1101029

Sub: **Application for Direct Six years Courses in the specialty of _____**

1. Name & Address of Hospital

2. Name of the Specialty

**3. Accredited for DNB course since
(kindly mention the date of start of course)**

4. Date of grant of current accreditation

Valid from _____ to _____

**5. Name of the Head of organization /Head of
Administration**

**6. Whether the hospital is accredited for
running other courses as DNB General
Surgery, Anesthesia, Orthopedics or any
such specialties (kindly mention the name
of specialties)**

I have read and accepted the terms and conditions for Direct Six Years Course and the Information Bulletin of the aforesaid course.

UNDERTAKING

I Head of the _____ Hospital hereby certify that the above information is derived from official records and is true /correct information. The hospital has adequate facilities to impart the curriculum of the Direct Six years course in the above specialty.

Signature, Name & Designation of
the Head of Organization
(Kindly also affix stamp)