

15. Have you ever appeared for Diplomate NBE examination? If yes, give following particulars

CET																						
Date of Appearing (month & year)	Roll No.	Result																				
<table border="1"><tr><td></td><td></td></tr><tr><td>M</td><td>M</td></tr></table>			M	M	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td colspan="4">(Pass / Fail)</td></tr></table>					(Pass / Fail)			
M	M																					
(Pass / Fail)																						

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

Examination Fee	<input type="checkbox"/> Rs. 3000	Bank Draft No.	Date																
Form Fees (For Downloaded Forms only)	<input type="checkbox"/> Rs. 500	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td></tr></table>					D	D	M	M
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Name of the Bank			Amount Rs.																
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CANDIDATE TO ENSURE THAT THE FEES IS PAID BY SINGLE DRAFT ONLY																			

17. Present Appointment / Job :

18. List of Enclosures

1. Two extra recent passport size photographs duly attested.
2. Bank Draft
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 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

(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 with Name and office stamp

Date: / /

(In case, Candidate is not working, the above column may be attested by a Gazetted officer/Regd. Medical Practitioner)

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