APPLICATION FOR CENTRALISED ENTRANCE TEST (CET-NBE) SUPER SPECIALITY EXAM. 2008

INSTRUCTIONS:

1. INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.
2. READ PROSPECTUS CAREFULLY BEFORE FILLING UP THE FORM.
3. PLEASE SUBMIT THIS FORM IN ENVELOPE PROVIDED.
4. DO NOT ATTACH ANY ENCLOSURES WITH THIS APPLICATION FORM.
5. USE BLUE/BLACK BALL PEN ONLY

1. DNB/MD/MS DETAILS (To be filled in by the Candidate)
   a) Month & Year of passing DNB/MD/MS
   b) Date of Joining
   c) Date of Completion

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.
   b) Dated

6. Date of Birth

7. STD Code Telephone No./Mobile No.

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

9. Centre preferred for CET Examination
   1st Choice
   2nd Choice

10. Fees Details
    Bank Draft No. Date 2007 Name of the Bank Amount Rs.

11. Details of DNB/MD/MS Examination (attested copies of Certificates to be attached)
    | Examination Passed | Subject | Medical College | University | State | Month & Year | Result | No. of Attempts |
    |---------------------|---------|-----------------|------------|-------|--------------|--------|----------------|

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.
    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.
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 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.

Date: / / 

Signature of the Head of Institution with Name and office stamp

( 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.