

Annexure A

Format of Joining Report to be furnished by all DNB Candidates who have been allotted DNB seats at NBE accredited Medical Colleges/Institutions/Hospitals for DNB training, through CET Centralized Counselling.

NOTE: Ensure that Joining Report MUST be issued on an OFFICIAL LETTERHEAD under signature and stamp of Dean/Principal/Medical Superintendent/Head of the Institution/Director only, as per the prescribed format.

Office Dispatch Number:

Date of Issue:

The Executive Director
National Board of Examinations
(Ministry of Health & Family Welfare, Govt. of India)
Ansari Nagar, Mahatma Gandhi Marg (Ring Road)
New Delhi-110029

Sub: Furnishing of Joining Report for DNB Course.

Sir,

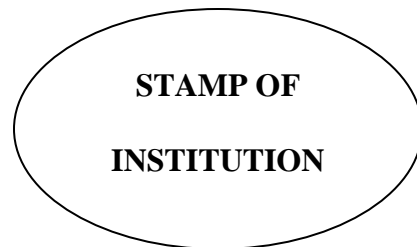
It is certified that Dr. _____ Son/Daughter/Wife of _____ who has qualified CET Examination conducted by National Board of Examinations vide Roll Number _____ has reported for admission to DNB course at our NBE accredited Medical College/Institution/Hospital on _____ (Date of Reporting to Institution). He/She has joined the DNB course and started his/her DNB training on _____ (Date of Joining DNB training). His/Her original documents have been verified for their genuiness & authenticity. He/She may be registered for DNB Course in the specialty of _____ w.e.f _____ (Date of Joining DNB Training).

It is also certified that the candidate will be made to work during the entire DNB training as a resident doctor strictly in accordance with leave guidelines of NBE

Yours sincerely

Signature _____

Name & Designation _____





NATIONAL BOARD OF EXAMINATIONS
(Ministry of Health & Family Welfare, Govt. of India)
ANSARI NAGAR, MAHATMA GANDHIMARG, (RING ROAD), NEW DELHI - 110 029

NON-SCANNABLE APPLICATION FORM

for Registration as DNB Trainee - **2 0**

Session : January July

To be filled up for registration within one month of their joining as a DNB trainee.

Subject:

Institute:

1. Name (CAPITAL LETTERS) (Leave a blank space between each part of the name)

2. Father's/Husband's Name (CAPITAL LETTERS) (Leave a blank space between each part of the name)

3.a) MCI/SMC Reg. No. 3.b) Date of Regn. 3.c) State

4. Sex Male Female 5. Date of Birth 6. Category General SC ST OBC

7. Colour Photograph
 1. Paste here (do not pin or staple) a recent passport size photograph as per "INSTRUCTIONS FOR PHOTOGRAPHS" on the inner side of back cover of the Prospectus.
 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.

8. Date of Joining with Institution as a DNB Trainee w.e.f from to 9. Category Primary Secondary MD/MS/DNB 10. Duration of DNB Training 2 Years 3 Years 6 Years

11. Address (Correspondence Address) Name : Address: City : State : Pin Code :

12. Detail of Registration Fee Rupees : Challan No.: Deposit Date: Bank Name: _____

13. Mobile Number 14. E-mail ID (Write in CAPITAL LETTERS & clear manner) _____

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 are duly attested by a Gazetted Officer of Govt. of India.

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 as registered as a DNB Trainee/Candidate for DNB programme 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.

FOR OFFICE USE ONLY

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

Date:

Signature of the Candidate

15. Topic of thesis (protocol is to be submitted within 3 months of joining the Institution)

Signature of Candidate

Signature of Head of Department
(With Department Seal)

Counter signed by the Head of Institution
(With Institution Seal)