



INFORMATION BULLETIN AND APPLICATION FORM

FRESH/RENEWAL OF ACCREDITATION FOR DIPLOMATE OF NATIONAL BOARD (SUPER SPECIALTY- 2013)



National Board of Examinations

(Ministry of Health & Family Welfare, Govt. of India)
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Cost of Bulletin & Application Form: Rs.3000/-



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1. IMPORTANT DATES

GRANT OF FRESH / RENEWAL OF ACCREDITATION	LAST DATE FOR SUBMISSION OF FORM
All the Institutions/Hospitals are required to submit their application latest by 31 st January of that year (In case of renewal, the application must be submitted one year advance before expiry of accreditation). Application received after 31 st January shall not be entertained.	1 st January TO 31 ST January

(This period is purely provisional. The actual time taken for final processing may vary.)

NOTE

1. Applicant hospitals / institutes are advised to read the instructions carefully and provide correct information only.
2. Incomplete application or application not in accordance with guidelines will not be considered.
3. All information in the application form has to be typed. Incomplete or hand written applications shall summarily be rejected.



INTRODUCTION

National Board of Examinations (NBE) was established in 1975 by the Government of India with the prime objective of improving the quality of Medical Education by establishing high and uniform standards of postgraduate examinations in modern medicine on All India basis.

NBE conducts post graduate and post-doctoral examinations in approved disciplines leading to the award of Diplomate of National Board (DNB). Medical Council of India has laid down standards for post-graduate examinations conducted by various medical colleges and affiliated to concerned universities, yet the levels of proficiency and standards of evaluation vary considerably in these institutions, leading to lack of uniform and acceptable benchmarks for assessment and qualification.

The setting up of a National Body to conduct post graduate medical examination and training has provided common standards and mechanism of evaluation of minimum level of desired knowledge and competencies and fulfillment of the objectives for which postgraduate courses has been started in medical institutions. Moreover, intra country and international comparison is facilitated with the availability of commonly accepted evaluation mechanism like the DNB. The Diplomate National Board final examinations are conducted on all India basis on standardized format and multiple assessment tools are used for assessing the candidates knowledge skills and competencies.

RECOGNITION OF DNB QUALIFICATION

The nomenclature of the qualification awarded by the National Board of Examinations is "Diplomate of National Board". The recognized qualifications awarded by the Board in various Broad and Super specialties as approved by the Government of India and included in the First Schedule of IMC Act 1956.

As per the Indian Medical Council Act, 1956; the authority to recognize medical qualification(s) and determine their equivalence with other qualifications rests with the Ministry of Health & Family Welfare, Government of India.

The Diplomate qualification awarded by the National Board of Examinations are equated with the postgraduate and post doctorate degrees awarded by other Indian Universities for all purposes including appointment to teaching posts as lecturer/Assistant Professor by the Government of India, Ministry of Health and Family Welfare; vide their notifications issued from time to time.

The holders of Board's qualification awarded after an examination i.e. DNB are eligible to be considered for specialist post / faculty in any hospital including training / teaching institute on a teaching post as faculty member.



3 INFORMATION FOR APPLICANT HOSPITALS / INSTITUTES

- 3.1 NBE accredits hospitals / institutions for running DNB in Broad Speciality, Super Specialty Courses and Fellowship programme of National Board of Examinations.
- 3.2 The grant of accreditation is solely at the discretion of National Board of Examinations and subject to fulfillment of criteria prescribed for accreditation.
- 3.3 Mere fulfillment of accreditation criteria does not render an applicant hospitals / institutes eligible for grant of accreditation or imply that NBE must accredit the applicant hospital/institute.
- 3.4 National Board of Examinations reserves its absolute rights to alter/modify/delete/amend any or all of the criteria as given in this application form at any stage during the process.
- 3.5 An applicant hospitals / institutes shall have no rights or equity in their favour merely because they have submitted their application seeking accreditation to NBE.
- 3.6 Application for grant of accreditation shall be processed as per the schedule as indicated in Chapter (1) (Important Dates)
- 3.7 Statements made by the applicant hospital / institutes shall be certified by the Head of the Institute at appropriate place and the claims made in the application shall be supported by relevant document(s).
- 3.8 Applicant hospitals / institutes kindly note that producing false information or fabricated records shall lead to disqualification for accreditation and debarment from grant of accreditation in future as well.
- 3.9 Applicant hospitals / institutes are required to study the information bulletin and instructions for fulfillment of eligibility criteria before submitting application.
- 3.10 The applicant hospitals / institutes seeking accreditation who do not fulfill the criteria may be summarily rejected by NBE at the preliminary stage.
- 3.11 Queries pertaining to eligibility criteria and other information shall only be entertained if the information required is not given in the information bulletin or on the website www.natboard.edu.in.
- 3.12 The fees for accreditation will not be carried forward to future date/ for another application.
- 3.13 In case of the application being unsuccessful in the preliminary stage (prior to inspection) the accreditation fees shall be refunded back with 50% deduction on account of processing fees to the applicant hospitals / institutes
- 3.14 Once the application is declared unsuccessful after the applicant hospitals / institutes has been inspected the application fess will not be refunded under any circumstances.
- 3.15 An applicant hospital / institute may choose to withdraw their application seeking accreditation within 4 weeks of their filing; however, a deduction of 50% of the fees paid shall be made by NBE.
- 3.16 Instructions in this information bulletin are liable to be changed based on the decision taken by NBE from time to time. Please refer to the National Board of Examinations website for updates.
- 3.17 The existing schedule, pattern, policy and guidelines for accreditation are for ready reference only but are not to be treated for the fact that the NBE is bound to follow the same in future. In case of any ambiguity in interpretation of any of the instructions /terms / rules / criteria regarding the determination of eligibility / grant of accreditation /any of the information contained in the information bulletin the interpretation of National Board of Examinations shall be final and binding on all parties. NBE reserves its rights to relax any of the criteria/clause if so deemed appropriate in case of grant of renewal/ fresh accreditation. A window period of 3 years may be considered by NBE in case of renewal accreditations to make up for the minimum requirements as per the revised accreditation criteria.



- 3.18 Submission of Additional Information: the applicant hospitals / institutes are required to provide correct, updated and factual information at the time of submission of application. Additional information is required to be furnished by the applicant hospitals / institutes whenever sought by the National Board of Examinations or if there are changes in the faculty or infrastructure of the applicant hospitals / institutes pursuant to the filing of accreditation.
- 3.19 Request will not be entertained for change in specialty/clubbing of applications under any circumstances.
- 3.20 The application has to be submitted as per the guidelines for application forms printing and submission as contained in this information Bulletin.

ALL INFORMATION IN THE APPLICATION FORM HAS TO BE TYPED. INCOMPLETE OR HAND WRITTEN APPLICATIONS SHALL SUMMARILY BE REJECTED.

- 3.21 A photocopy of the complete application form may be retained for future use/ correspondence by the applicant.
- 3.22 All payments are to be made by Demand Draft favoring National Board of Examinations payable at New Delhi.
- 3.23 All Medical Colleges / post graduate institutes that are running a MD/MS/DM/MCh course in various specialties that are recognized by the Government of India or as per provisions of Indian Medical Council Act are exempt from seeking accreditation in the recognized specialty only. They may enroll DNB candidates in these recognized specialties provided they have additional faculties/resources for the same. **The candidates shall be allotted by the NBE, through centralized counseling only.**
- 3.24 The grant of accreditation by the NBE is purely provisional and is governed by the terms and conditions as stated in the accreditation agreement. A copy of the same is sent across to the successful applicant for acceptance and adherence by the accreditation is awarded.
- 3.25 Applicant hospital / institute may kindly note that the use of any agent or agency or any party who is not an employee or office bearer of the applicant hospital / institute for the purpose of preparing, drafting, submitting and / or representing the applicant hospital / institute is strictly prohibited. In the event of such an instance been brought to the notice of NBE, the Board reserves its absolute right to summarily reject application besides further action as may be deemed appropriate including but not limited to debarment from filing application seeking accreditation in future.
- 3.26 All correspondence should be sent as follows:
By Mail: **National Board of Examinations, Medical Enclave, Ansari Nagar, New Delhi - 110029**
By email: **accr@natboard.edu.in**
Fax: Submission of documents by fax is not recommended and such documents may not be taken on record by NBE.
Applicant hospitals / institutes are strongly encouraged to submit the correspondence by email.
- 3.27 The jurisdiction of court cases or disputes shall be exclusively at New Delhi. In case of legal matters the jurisdiction shall be before competent courts at New Delhi only.



4

LIST OF SPECIALTIES APPROVED FOR DNB- SUPER SPECIALTIES COURSES:

Course Duration: Three Years (Post MD/MS/DNB) & Six Years (Post MBBS)

- Cardio Thoracic Surgery
- Cardio Thoracic Surgery (Direct 6 Years Course)
- Cardiology
- Endocrinology
- Gastroenterology
- Genito Urinary Surgery (Urology)
- Medical Oncology
- Neonatology
- Nephrology
- Neuro Surgery
- Neuro Surgery (Direct 6 Years Course)
- Neurology
- Paediatric Surgery
- Paediatric Surgery (Direct 6 Years Course)
- Peripheral Vascular Surgery
- Plastic Surgery
- Plastic Surgery (Direct 6 Years Course)
- Rheumatology
- Surgical Gastroenterology
- Surgical Oncology
- Hematology



5 FEE SCHEDULE

5.1 Each application shall be accompanied by fee for accreditation i.e. as follows:

Fresh Cases	Rs. 2,00,000/- (Rupees Two Lacs Only) for each application
Renewal Cases	Rs. 2,00,000/- (Rupees Two Lacs Only) for each application
Please add Rs. 3,000/- to the fees above towards cost of Information Bulletin.	

5.2 In case of the applications being unsuccessful in the preliminary stage (prior to inspection) the accreditation fees shall be refunded back with 50% deduction on account of processing fees to the applicant hospitals / institutes.

5.3 Once the application is declared unsuccessful after the applicant hospitals / institutes has been inspected the application fees will not be refunded under any circumstances.

5.4 An applicant hospitals / institutes may choose to withdraw their application seeking accreditation within 4 weeks of their filing; however, a deduction of 50% of the fees paid shall be undertaken.

5.5 Accreditation Fees is to be paid by demand draft favoring: "National Board of Examinations; payable at New Delhi".

6. GUIDELINES FOR DRAFTING AND FILING THE APPLICATION FORM FOR ACCREDITATION

6.1 The application form for accreditation (see chapter 8) comprises of three parts:

- | | |
|-----------------------------------|--------|
| a) General Information | PART-A |
| b) Specialty Specific Information | PART-B |
| c) Undertaking and Declarations | PART-C |

6.2 Item-wise list indicating the various heads under which information is required in Part A), B) and C) is mentioned in Chapter 8 of this application form;

6.3 The aforesaid information shall be:

- ✓ Neatly typed
- ✓ In Double Space
- ✓ Using standard A4 size sheet (single side printing only);

6.4 Part A), B) and C) shall be placed in series i.e. one after the other followed by annexure(s) in the order specified in Chapter 8.

6.5 The annexure should be clear photocopies of the respective original documents in case of undertaking / declarations.

6.6 The photocopies must be undertaken on A4 size paper and must be clear and legible;

6.7 The set of annexure(s) shall be placed serially after Part C) of the application;

6.8 The application should be serially numbered beginning from the cover page to the last page (Including Annexure). The numbering should be clearly stated on top right hand corner of the documents.

6.9 The above set of documents must have a covering letter duly signed by the Head of the Institution and specifying the list of documents enclosed with complete details of Demand Draft enclosed.

6.10 The application form has to be submitted in duplicate;



- 6.11 The two sets of application should be neatly tagged in the middle of page using a two key hole punch (clearly makes as Set 1 and Set 2). This application sets with covering letter and Demand Draft must be submitted in a closed envelope with superscription "APPLICATION FOR RENEWAL OF ACCREDITATION -DNB- SPECIALTY - HOSPITAL- DATE OF SUBMISSION"
- 6.12 An Index page to the covering letter shall also be attached clearly indicating the following:

SAMPLE / EXAMPLE

Item Serial No.	Description	Page No.
1	Cover Later	
2	Demand Draft	
3	Index Page	
4	Part A of the application form	
5	Part B of the application form	
6	Part C of the application form	
7	Annexures	
	Total Pages	

- 6.14 The applicant hospitals/institutes shall ensure that there are no loose documents/ papers in the application submitted.
- 6.15 Order of documents should be:
- Cover letter
 - Demand Draft
 - Index Page
 - Part-A
 - Part-B
 - Part-C
 - Annexure

APPLICATION THAT IS NOT IN ACCORDANCE IN THE ABOVE GUIDELINES SHALL BE RETURNED BACK.



7 MINIMUM REQUIREMENT FOR ACCREDITATION

(The applicant hospital should at least have minimum three years of standing in clinical establishment)

7.1 DEFINITIONS

7.1.1 HOSPITALS

The applicant hospital / institute should be a clinical establishment having requisite infrastructure of at least 200 beds providing comprehensive OPD/IPD based medical services in a single campus. Combination of multiple such places or such establishments shall not be accepted. The applicant hospital / institute should have the mandatory regulatory/licensing approval from the local authority / government for running such establishment, and all statutory requirement / clearances from local authority/government agencies such as municipal, bio hazards/waste managements, nuclear based managements, use of isotope, PNDT, fire safety, building completion etc. shall be in order and a declaration to this effect shall be furnished by the Head of the Hospital / Institute at the time of submitting the application for specialties such as family medicine. Arrangement for field posting of candidates in primary / community health centers or urban health centers where they get exposure as first contact physician in required to be submitted along with application from.

7.1.2 TEACHING EXPERIENCE

At least one of the full time consultant in the department should have teaching experience of 5 years, as a Post Doctoral teacher as Assistant Professor/Associate Professor/ Additional Professor/Professor in the specialty. For the purpose of teaching experience the services rendered as a Post Doctoral teacher in a recognized university or NBE accredited hospital shall be acceptable, provided the consultant has acted as a guide / co-guide for a Post Doctoral student or a Post Doctoral student trained in the recognized department has qualified DNB (Super Specialty)/DM/MCh qualifications.

7.1.3 CRITERIA FOR FACULTY

For the purpose of teaching experience, the faculty member should have supervised thesis work as lead or co-faculty, at least two Post Doctoral Student in three years and at least 3 thesis should be submitted and are accepted by the NBE.

7.1.4 RESEARCH EXPERIENCE

The consultants / faculty in the department should have a total of 5 research publications in indexed journals as a lead author, and / or three thesis completed / accepted by NBE. At least one publication should have been published within the last 2 years

7.1.5 SENIOR RESIDENT

At least 2 senior residents are absolutely essential as part of the criteria. Must possess valid degree qualification, the degree should not have been awarded not more than 42 months from the date of filing the application.



7.1.6 COMPREHENSIVE TRAINING SUPPORT

The department should have facilities for thesis support, museum, for teaching specimen, library facility and designated faculty members and staff who can take charge of the training programme and can also act as authority for compliance of training programme. The applicant hospital shall designate the following authorities from its staff for DNB programme:

- **Head of the Institute (Administrative)** as: Nodal Compliance officer for rules and regulations governing the programme as prescribed by NBE.
- **Course Director/DNB Coordinator:** Designated Head of Concerned Department as the Academic Head of the Programme
- **Assistant Programme Coordinator:** As the resource person for DNB trainees either from the management or academic staff, to maintain establishment and related functions related to the DNB courses and trainees.

7.1.7 STIPEND/WAGE/REMUNERATION/SALARY

A monthly fee /Remuneration / wage or salary that may be paid as a consolidated figure or under heading of fees or allowance to the DNB trainees by the management of the hospital/institute concerned. Please refer to Chapter 10.4 for details.

7.1.8 GENERAL BEDS

Beds wherein the patients are admitted at cost / subsidized and the DNB trainees are allowed access to these patients as part of their clinical teaching

7.1.9 WHOLE TIME BASIS

The hospital concerned shall be the principal place of practice of these consultants and the consultant shall have no other institutional attachments/affiliation with other hospitals. Part time and visiting consultant shall not be considered as a part of the faculty. They may provide additional support for the training.

7.2 MINIMUM STANDARD FOR ACCREDITATION **(REVISED MINIMUM CRITERIA OF PATIENT CARE IN EACH SPECIALTY)**

7.2.1 BEDS STRENGTH IN THE HOSPITAL

Type of the Hospital/Institutes	Total Beds	General Beds (30%)
Multi Specialty	200	60
Single Specialty (Set-ups as Ophthalmology, Paediatrics, Oncology, DVD etc.)	100	30



7.2.2 BEDS STRENGTH IN THE SPECIALTY (FOR ONE SEAT)

Super Specialties	Indoor Beds in the Speciality	General Beds* in the speciality	Out patient attendance per year	General OPD*	Inpatient occupancy per year	General Beds* occupancy
Cardio-Thoracic Surgery G. I. Surgery Neuro Surgery Plastic Surgery Pediatric Surgery Surgical Oncology Genito-Urinary Surgery Peripheral Vascular Surgery	20	30%	3500	30%	1000	30%
Cardiology Endocrinology Gastroenterology Nephrology Neurology Neonatology Medical Oncology	20	30%	3500	30%	1000	30%

* General ward beds are those 'earmarked' beds / cases whose patients are to be looked after by DNB trainees under the supervision of Consultants and charged 'at cost' only, with no special fees or profit.

NOTE: For training of two candidates the minimum number of beds and General Beds should be 1.5 times the number of required for intake of one candidate as mentioned.

7.2.3 STAFF: (COMMON FOR ALL SPECIALITIES)

S.No.	Particulars	For ONE seat	For TWO seats
a.	Senior Consultant with 8 years experience after MD/MS/DNB/DM/MCh in the speciality applied for (on whole time basis)	1	2
b.	Senior Consultant with 5 years experience after MD/MS/DNB/DM/MCh in the speciality applied for (on whole time basis)	1	2
c.	Whole time Registrar/Senior Residents with PG degree qualification (MD/MS/DNB/DM/MCh in the speciality applied for)	2	2
d.	Whole time Residents with or without post graduation qualification	---	1

7.2.4 CRITERIA FOR FACULTY

As per minimum criteria for accreditation, at least two consultants should be working on a whole time basis i.e., the hospital concerned shall be the principal place of practice of these consultants and the consultant shall have no other institutional attachments/ affiliation with other hospitals. Part time and visiting consultant shall not be considered as a part of the faculty. There should at least one consultant available on whole time basis with the hospital in the concerned department for each trainee (in an academic year) to act as a supervisor/guide of the trainee. A declaration to the effect of principal place of practice and such other clinics/affiliations shall be furnished at the time of submitting the application. **A certificate to the effect shall be attached along with the bio-data.**



At least one of the full time consultants in the department should have teaching experience of five years, as a Post Doctoral teacher either in a University set-up as **Assistant/Associate/Additional Professor in the speciality** OR NBE (DNB programme). For the purpose of teaching experience, the services rendered as a Post Doctoral teacher in an NBE accredited hospital shall be acceptable, provided the consultant has acted as a guide or co-guide for two DNB Post Doctoral students OR at least two Post Doctoral students trained in the recognized department having qualified their DNB final examinations and at least three thesis should have been produced in the DNB programme under supervision of the consultants and accepted by NBE over a three years period (one cycle of accreditation) (**Details of Post Doctoral teaching/thesis guidance experience of the Post Doctoral teacher shall be submitted**)

The consultants/faculty in the department should have a total of 5 research publications in indexed journals as a lead author (first / second). At least three thesis should have been produced in the DNB programme under supervision of the consultants and accepted by NBE over a three years period (one cycle of accreditation).

7.2.5 EMERGENCY MEDICAL/CRITICAL CARE

Should have 24 hours emergency services having adequate number of beds with supportive facilities for resuscitation and good medical cover, including Surgery O.T.

7.2.6 SURGICAL SPECIALTIES

- Adequate number of operation theatres
- Adequate equipments as required for the concerned speciality
- Anesthesiologists both for the hospital service and training of candidates
- Other Para medical staff to help in the operation theatre
- Intensive care unit for surgical emergencies
- Post operative ward.

7.2.7 SUPPORTIVE SERVICES

- Radiology and other essential contrast studies
- Clinical Hematology
- Clinical Microbiology
- Clinical Pathology/Histopathology and Cytology
- Any special investigative procedures required for the concerned speciality.
- Department of Dietetics with trained dietician



7.2.8 PHYSICAL FACILITIES

OUT PATIENT DEPARTMENT

The hospital should possess adequate space for
Registration of patients along with facilities for record keeping.
Adequate number of rooms for examining the patients in privacy.
Case conference room (OPD) teaching room.
One or more side rooms for OPD procedures such as pleural aspirations dressings
plaster application, minor operation rooms etc.
Site laboratory to provide immediate facilities, for routine investigative procedures.

INPATIENT DEPARTMENT

The hospital should possess adequate space for doctor's duty room with adequate toilet, adequate space for each bed and in between for side laboratory, for clinical investigations and separate room for clinical conference (ward teaching).

7.2.9 TEACHING AND TRAINING FACILITY

TRAINING IN BASIC BASICS

The facilities for training/teaching in Basic Sciences concerning the specialties are required to be fulfilled. The hospital seeking accreditation should arrange appropriate number of lectures /demonstrations /group discussions / seminars in Basic sciences as related to the specialty concerned. Please annex proposed schedule for basic sciences training with application.

Accredited hospitals should also give each of their DNB trainees a mandatory One month rotation training each year, (in addition to the routine duties) in their Hospital's Laboratory so as to enable them to gain knowledge in Laboratory procedures in subjects like Pathology, Histopathology, Biochemistry, Microbiology, Genetics etc.

The institution may also arrange for training in all Basic Sciences as per the curriculum. An undertaking to this effect is to be submitted to NBE while applying for Accreditation. An undertaking from the Principal of a Medical College or undertaking from the Specialist/ faculty member of the concerned specialty needs to be submitted with the application form regarding consent of the specialist/faculty for training in basic sciences.

GUEST LECTURES

Guest lectures shall be arranged by the accredited institute/hospital for topics/area of curriculum that require specific attention / focus and/or can not be covered as a matter of routine

ROTATIONAL TRAINING AND POSTING AT OTHER INSTITUTES

May be undertaken with prior approval of NBE for a period not exceeding three months in entire duration of 3 years course, 2 months for 2 years DNB programme

* * * * *



राष्ट्रीय परीक्षा बोर्ड
NATIONAL BOARD OF EXAMINATIONS
महात्मा गांधी मार्ग, (रिंग रोड), अनसारी नगर, नई दिल्ली - 110029
Mahatma Gandhi Marg (Ring Road), Ansari Nagar, New Delhi - 110029

All information has to be typed. Application with hand written information will summarily be rejected.

8. APPLICATION FORM

FOR

FRESH / RENEWAL OF ACCREDITATION IN DNB- SUPER SPECIALTY

NAME OF THE SPECIALTY _____

PART-A (i)

CONTACT DETAILS				
1.	Name and Address of the Institution:			
	Phone Number:			
	Fax Number:			
	Email-ID:			
	Website:			
2	Year in which established:			
3	Year in which 1 st fresh renewal was granted and total number of renewal granted thereafter			
4	Date of Expiry of Last Renewal			
DETAILS OF TOP LEVEL FUNCTIONERIES OF THE INSTITUTE				
5		Head of the Institute	DNB Programme Coordinator	Assistant Programme Coordinator
	Name			
	Designation			
	Mobile Number			
	Phone Number			
	Fax Number			
6	Management of the Hospital/Institute: (Please type the correct option in right most blank column)		Government	
			Defence Services	
			Railways	
			Public Sector	
			Medical College	
			Private	
Any Other				
7	Is the Hospital recognized for Internship House job PG/Post doctoral courses in the discipline/(s) of specialty in which the accreditation is/are required?			
8	Please mention other disciplines which are recognized for MD/MS or DM/MCh courses			



PART-A (ii) GENERAL INFORMATION

9	Total Number of beds in the Hospital/Institute:		
	Number of General Beds*:		
	Number of Paying Beds:		
	Number of Subsidized Beds:		
10	Annual Budget for preceding three years:		
11	Balance Sheet, Fixed Assets List (Please enclosed copy of ITR/balance sheet for last 3 years)		
12	Assets (Value in Rupees) Please attach list	Movable/Immovable	
13	Physical Infrastructure for Teaching students:		
	Number of Seminar Rooms/Conference Rooms		
	Number of Teaching Room in the ward/Patient accommodation area		
	Number of Teaching Room in the OPD		
	Details of facility for hands-on-experience (Eg. Clinical Skills Lab, Penta Head Microscope etc.)		
14	Please specify the audiovisual aids available in the teaching rooms:		
15	Residential Facilities in the hospital/institute:		
	Number of Accommodation	For PG Students	
		For Residents	
		For Consultants	
		For Nursing Staff	
	Number of Rooms on sharing basis		
	Number of single rooms		
	Whether Facilities for attached toilets available:	Yes/No/Common Toilets	
16	Amount of stipend to residents in the hospital/institute per month		
	Amount paid in the preceding year (In case of renewal, kindly provide the proof of last three years)	Year I	
		Year II	
		Year III	
17	Security Deposit being charged from the DNB trainees:	Yes/No (If yes mention the amount)	
18	Details of Consultants & Staff working in hospital/institute		
i	Number of Consultants on whole time basis:		
ii	Number of Consultants on part time basis:		
iii	Nursing Services	Number of Nurses	



iv	Whether recognized for training of nurses	Diploma	
		Degree	
		Post Graduation	
v	Total number of Para-medical Staff in hospital:		
vi	Total number of Sr. Residents in hospital:		
vii	Total number of Jr. Residents in hospital:		
19	Total number of Departments in the hospital (Please enclose list indicating the designated Departments with their HODs)		
20	Whether the hospital is engaged in any litigation against NBE (Please enclose the list of cases along with the title of the cases)		
21	Please give details of other accreditation received by the applicant hospital/Institute such as NABL, NABH, JCI, ISO etc. (Please provide details namely accreditation awarded and date of award)		
22	Financial standing for last three years (profit loss statements) and Audited balance sheet		
23	Whether registered as a charitable or tax exempt with the income tax department. If yes details of PAN number, Income Tax Exemption category.		
24	Whether all regulatory clearance available: (Please enclose the copy of available clearance)		Specify Yes/No
	i. Approval for clinical/teaching establishment		
	ii. Fire Safety		
	iii. Building Complex/Occupancy		
	iv. Local Authority/municipal clearance etc.		
	v. Certificate of incorporation		



PART -B
SPECIALTY SPECIFIC INFORMATION

NAME OF THE SPECIALTY:				
25	i. Total Number of beds in the specialty applied for DNB			
	<ul style="list-style-type: none"> • Number of General Beds* in the specialty applied for DNB 			
	<ul style="list-style-type: none"> • Number of Paying Beds in the specialty applied for DNB 			
	<ul style="list-style-type: none"> • Number of Subsidized Beds in the specialty applied for DNB 			
	ii. Number of beds in the Casualty Services in the specialty			
	iii. Are casualty services available round the clock			
	iv. Whether Residents are exposed to handle emergency services			
	v. Number of beds in the ICU (Whether these beds included in the number of beds mentioned above or additional beds)			
26	IPD record** in the specialty during the preceding three calendar years			
Year	Total Number of Paying Patients admitted	Total Number of general Patients admitted	Total number of patients admitted on subsidized beds	Grand Total
27	OPD record** in the specialty during the preceding three calendar years			
Year	Number of Paying Patients	Total Number of general Patients seen in OPD*	Total number of patients seen on subsidized ratesbeds	Grand Total
28	Number of times OPD is held in a week. Please specify the timing of OPD			
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29	Is the OPD attended by all faculty members/consultant of the unit? (If yes, specify examination/Assist the examination. Provide only Ancillary		
30	Do the Residents examine the OPD cases?		
31	Has the Institution provided any special facilities for OPD training for the Residents. (Please name the facilities)		
32	i. Deficiencies/Comments of the appraiser communicated to the institution and the action taken thereon (Please attach a separate sheet, if necessary)		
	ii. Tract Record of all the candidates registered with the institution in this specialty to be filled. (In case of renewal only)		
	1.	Number of Registered Candidates	
	2.	Number of Candidates left	
	3.	Number of Candidates appeared	
	4.	Number of Candidates Passed	
	5.	Number of Candidates Failed	
SPECIAL CLINIC			
33	Name of special clinics (as related to the specialty) and the number of times the clinic is held in a week.		
	Name of Clinics	No. of time per week	Total number of cases seen last one year
34	SUPPORTIVE SERVICES		
	(Please attach a separate list of staff, equipments and the number and the number and type of investigations carried out during the last three years)		
	Kindly mention status of the following allied specialties (Yes/No)		
	Specialty	Owned	Available within the campus
			Outsourced to another agency
			Within campus
			Outside campus
	1. Microbiology		
	2. Pathology		
	3. Biochemistry		
	4. Imaging Services		
	5. Central Sterile Services		
	6. Blood Bank Services		
	7. Histopathology		
	8. Nuclear Medicine Services		
	9. Facilities for intervention such as FNAC Biopsy		
35	For Surgical and allied specialties only:		
	Please provide detailed information on the following on a separate sheet		
	(a) Staff in Anesthesia department with their Bio-data		



	(b) Pre-anesthesia Clinic (c) Equipment in Anesthesia department (d) Number of minor OTs (e) Number of major OTs (f) Equipment in OTs (g) Post operative ward (h) Labor rooms (i) Neonatology Unit (j) List of equipment in radiology department with respective case load in the last 3 years	
36	Details Of The Clinical /Surgical Procedures In The Specialty Applied For DNB	
	i. Please refer to the DNB curriculum in the specialty in which you have applied for and give details of the clinical/surgical procedures per year/ six months/ per month. Please add the details on a separate page referring to the above annexure. ii. Whether any program for imparting surgical skills is there. If yes, please give details.	
ACADEMIC FACILITIES - LIBRARY		
37	Is there a Library in the hospital/institute for which accreditation is under consideration?	
38	Other Information	
	1. Number of Reading Rooms	
	2. Number of staff in the Library with their qualification	
	3. Is teleconferencing reception equipment installed	
	4. Is NBE DVD's Learning material available	
39	Please indicate the number of hours per day for which the library facilities will be available for the trainees.	
	a. On working days:	
	b. On holidays:	
Please ensure that library facilities are available for at least two hours after working hours		
40	Annual budget for the Library for three preceding years:	Year I
		Year II
		Year III
41	Please indicate the special facilities available in the library or in an associated hospital/Institution. (Please type the correct number or Yes/No as required)	
	a. Number of Medlar	
	b. Number of Books available for this specialty	
	c. Number of National Journals	
	d. Number of International Journals	
	e. Photocopy Facility	
	f. Online Journals/Learning resources	
	g. Number of Computers	
	h. Internet Access	
	i. LAN	
	j. Wi-fi Access	
	k. Printer Facilities	
	l. Subscription to e-portals such as Ovid/Scopus etc	



42	Please indicate if the institution has liaison with any other library if so please mention its distance from the Institution/Hospital. Yes/No (Attach the permission letter from the concerned Institution.)		
RESEARCH METHODOLOGY			
43	In House Statistician		
44	Locally available statistician (Please Provide Details)		
	Name		
	Contact Details		
	Qualification		
	Protected time of statistician to support DNB training in this hospital/institute		
45	Research Projects Ongoing: Please give details: (If yes, please enclose the details)		
46	Whether Ethical Committee exists for research (if yes, give composition and frequency of meeting)		
RECORD KEEPING			
47	Details of Medical records system for the department. (Please attach a copy of the record form.)		
48	Number and type of major operations performed in the specialty (Preceding three years). Please attach list.		
49	Number and type of minor operations performed in the specialty (Preceding three years). Please attach list.		
50	Number of day care surgeries during the last three years. Please attach list.		
51	Please attach the list indicating the number and type of emergency operations performed during the last three years (Year wise)		
Please attach details of Hands on Training for DNB candidates during three years. Please refer to curriculum for contents to be covered is I, II & III Years.			
52	Whether students had maintained Log Book as per Board's sample.		
FULL TIME STAFF IN THE SPECIALTY: Please attach copy of salary slips and income tax form-16 for each regular staff for last one year. Please also attach undertaking from them that they would not leave the hospital for at least three years and in case of such and event, the hospital will replace the staff within three months failing which National Board of Examinations may take appropriate action for not allowing the next batch of DNB candidate in the specialty.			
53	Recognized P.G. Teacher: Kindly refer to definitions before making these entries		
	Name	Qualification	Teaching Experience after Post Graduation
			No. of Research Publications



54	Sr./Jr. Consultants (having minimum 8/5 years experience respectively after post graduation in the specialty showing whole time basis):			
	Name	Qualification	Experience after Post Graduation	No. of Research Publications
55	Other Consultants (not on whole time basis)			
	Name	Qualification	Experience after Post Graduation	No. of Research Publications
56	Whole time Sr. Resident with postgraduate degree in the specialty (DNB/MD/MS or DMRD/DMRT/DRM). Please note that the DNB candidates undergoing training in the department should not be shown as Senior Residents.			
	Name	Qualification	Experience after Post Graduation	No. of Research Publications
57	Whole time Residents without P.G. qualification, staying the campus.			
	Name	Qualification	Experience	No. of Research Publications

Note: Please attach the Bio-data of the above staff in the enclosed proforma.



SAMPLE PROFORMA FOR BIO-DATA OF FACULTY MEMBERS

1. Name : PHOTO
2. Age/Date of Birth :
3. Present Address
4. Professional Qualifications

Course Name	Year of Passing	Name of University
MBBS		
MS/MD/DM/MCh/DNB (Please mention specialty)	Specialty	
Other Qualification: (Please Specify Course)	Course Name	

5. Experience after PG degree

Duration	Hospital/Institution	Post/Designation held	Experience as (Please tick the correct option)
			Teaching/Professional
			Teaching/Professional
			Teaching/Professional
			Teaching/Professional
			Teaching/Professional
			Teaching/Professional
<i>(Details of teaching experience as per NBE criteria, please refer Clauses 7.1.2 for details)</i>			

6. No. of Publications: *Indexed other recognized Journals (Details as per NBE criteria)*
7. Status in the Hospital Full-Time
- Part Time Number of Hours spent per day:
8. Post presently held in the Hospital and from which date.
9. Details of examinership in other universities:
10. Please attach proof of working in the hospital in the form of salary slips and Income tax F-16 form for the last one year.
11. Please also attach an undertaking by the consultant that he/she will not leave the hospital in the next three years and spend at least 8-10 hours per week for training of DNB candidates. *(attach undertaking for whole time status as per NBE criteria)*
12. Any other remarks:

(Signature)



58	Is the clinical work /teaching organized on a Unit system, if so give composition of the unit.			
59	How many units are functioning in the specialty			
60	Please mention hierarchy of medical staff. (Enclose a separate page)			
61	Is the appointment of staff in the department contractual for a limited period or is appointed upto superannuation?			
62	No. of research publications made by the department staff and DNB Trainees during last three years in recognized journals only (submit list and copies of Reprints)			
63	Details of arrangement for training in basic sciences as per NBE criteria			
64	Please give list of field services provided by the hospital/Institution for community work.			Please attach the separate list in the given format.
	Rural/Urban Areas	Number, Location & Distance	Staff	
			Medical	Para-Medical
65	Please refer to the National Board of Examinations curriculum in the specialty applied for and give the details how would you provide the practical hands on training to these candidates.(Please give the details of covering the theory syllabus and providing the desired practical skills during the training period of three years) attach a separate sheet. <i>Please give details of appraisal done in your specialty in last 2 years (for renewal cases only).</i>			



DETAIL OF FEE: *Applicable fee submitted as per Information Bulletin.*

(Please add Rs. 3,000/- towards the cost of Information Bulletin, to the Inspection fees).

Bank Draft/Challan Number _____ Date of Issue _____

Amount _____

Name of the Bank with issuing branch _____

Signature of Head of the Department

Signature of Head of Instt.
Medical Superintendent.



FORMAT-SPECIALTY WISE TRACK RECORD PROFORMA
(ONLY FOR RENEWAL CASES FORMAT)

Name of the Hospital :
Name of the Specialty :
Date of First Recognition by NBE :
No. of Candidates Allowed per year :
Date of Expiry of Accreditation :
No. of Renewal: First/Second/Third :
(Copy of last accreditation letter shall be enclosed) :

No. of candidates Registered Per year	Name of candidates with address	Date of registration	Name of college from where MBBS was obtained	Year & session of passing primary exam of NBE	Due date for appearing in final exam	Due date of actual appearance in final theory exam and no. of attempt	Date of appearing in the practical exam	Final result pass/fail in the final exam	If the candidates has left the Instt. During training his name and reason for leaving the instt.



PART "C" **DECLARATION**

SAMPLE DECLARATION

SUBMISSION OF APPLICATION SEEKING ACCREDITATION ON BEHALF OF
M/S _____ FOR
THE SPECIALTY _____ .

I, Dr. _____ aged _____ years
resident of _____ acting in my official
capacity as _____ having its registered
office at _____ do hereby state and
affirm, as under that:

- 1 That I am duly authorized to act for and on behalf of M/s _____ in the matter of submitting this application before the National Board of Examinations at New Delhi.
- 2 I am duly authorized and competent to make this submission before National Board of Examinations
- 3 I am making this submission in my official capacity and the facts stated in this application are correct and based on official records.
- 4 That this hospital /institution has got necessary approval for running the hospital / institute.
- 5 That this hospital /institution undertakes has got necessary approval for bio-medical waste, use of x-rays equipment, ultrasound equipment and comply with the fire safety rules in this regard.
- 6 That this hospital /institution undertake to comply with the guidelines of National Board of Examinations regarding levy of fee on DNB candidate / payment of stipend.
- 7 That this hospital /institution undertake to report any change in the ownership of this hospital/ institute as and when it takes place within an outer limit of 6 weeks from the same.
- 8 That nothing in the accompanying application has been concealed or misrepresented.
- 9 That this hospital /institution would prefer/ would not prefer privilege on the information contained in the accompanying application or any part thereof and should not reveal to any third party except with prior permission of the applicant hospital / institute.
- 10 That this hospital / institute has understood the terms, conditions, instructions etc in the information bulletin for accreditation and agree to abide by the same.
- 11 That this hospital / institute knows and declares that the jurisdiction for any dispute shall be at New Delhi only.
- 12 That the accompanying application serving accommodation has been prepared and submitted by the undersigned only.
- 13 That I / We or this hospital has not sought / taken the help/ assistance of an agency / agency or part who is not employee of the applicant organization to prepare, submit and / or follow the accompany of application.
- 14 I / we are aware that canvassing and / or use of any agent / agency to represent the application hospital / institute shall lead to disqualification.

Name and Signature of the
Head of the Hospital (Administrative Head)

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ANNEXURES

1. Refer to Part A(ii) S.No. 9- Proof in support of total no of beds in the hospital.
2. Refer to Part A(ii) S.No. 11-Copy of ITR/balance sheet for last 3 years.
3. Refer to Part A(ii) S. No 16-Copy of pay slip (Representative sample for year 1 2 and 3 (DNB trainees)
4. Refer to Part A (ii)19- List of designated departments and HOD(s)
5. Refer to Part B (26)- Please give documents in support of IPD
6. Refer to Part B (27)- Please give OPD schedule
7. Refer to Part B (30 & 31) - Please give details of the candidates.
8. Refer to Part B (40 to 51) kindly provide details.
9. Refer to Part B (52) - Please provide sample of Log book
10. Refer to Part B (53 to 57) - Please give Bio-data of all consultant as per the sample Bio-data enclosed at the end of Part B (Point no. 57)
11. Refer to Part B (53 to 57) - Please enclose copy of Form 16 in respect of each Consultant
12. Undertaking (duly signed by Head of the Institute) in respect of Full time faculty, total beds in the hospital, Stipend to DNB trainees & training in Basic Sciences.



9. COMMUNICATION PROTOCOL

A copy of the communication protocol shall be sent across with the acknowledgement receipt.

SAMPLE COMMUNICATION PROTOCOL FOR ACCREDITATION

1. The preferred mode for handling the query shall be by email. The emails may kindly be sent - accr@natboard.edu.in.
2. Ordinarily, telephonic query will not be entertained, in case of the telephonic query the following information shall not be revealed at any circumstances:
 - a. Internal movement of file
 - b. Decision of NBE regarding grant / non-grant of accreditation
 - c. Any claim / counter claim thereof.
 - d. Dates & venue of NBE meetings or name of the NBE officers or office bearers
 - e. Any information which in the opinion of NBE can not be revealed.
3. The following updated shall be provided by NBE by way of email:
 - a. Acknowledgement
 - b. Deficiency on initial scrutiny, details of assessors in case of inspection for accreditation, the engagement of assessors of inspection duty.
 - c. Deficiency pursuant to inspection
 - d. Final decision towards accreditation (by way of letter / email only)
4. The applicant hospital is requested to furnish their response electronically by email for expeditious processing.
5. Communication shall only be processed if the same is issued by authorized office bearer of the applicant hospital and arising from official email ids / registered emails only.
6. Queries shall not be entertained from person claiming themselves to be representative, associates or officiates of the applicant institute/ hospital.
7. Kindly refer to the instructions contained in the information bulletin for accreditation for details/ further information.



10. IMPORTANT NBE GUIDELINES

10.1 TRAINING CHARGES / FEES

Training charges, not exceeding Rs. 50,000/- shall be collected from DNB trainee(s) each year, as per the item heads specified.

- a) It is not mandatory or binding on the institutes to charge maximum fees or any part thereof from the trainee resident doctors.
- b) The institutes concerned cannot charge any fees or an amount in any form, over and above the ceiling amounts prescribed below:

1. Tuition fees	-	Rs. 15,000
2. Library fees	-	Rs. 5,000
3. Annual Appraisal fees	-	Rs. 10,000
4. Accommodation Charges	-	Rs. 10,000
5. Guest Lecture & Seminar Fees/ NBE CME	-	Rs. 10,000

- (i) Library Fees- Rs.5000/- Institute can charge library fees if, the library facilities so provided have subscription to at least 2 paid online journals, provided for computer and internet facilities and latest provisions of all types of textbooks in the specialty concerned. Library facility should be provisioned for reasonable number of hours so as to accommodate the DNB resident doctors.
- ii) Accommodation Charges- These charges may be levied if a candidate opts for campus accommodation provided by the institution concerned.
- (iii) Guest Lecture and Seminar Fees- These charges may be levied subjected to the specified number of activities carried out in by the institutes. On actual basis with in the above limit.
- c) The accredited institutions cannot charge any other fees like capitation fees, security deposit, security bond, caution bond in the form of cash, fixed deposit, bank guarantee, agreement by any instrument whatsoever.
- d) Whatever fees collected from the candidate has to be collected by DD cheque and proper receipt is to be issued to the candidates.
- e) The institute concerned shall prepare income and expenditure statement on an annual basis in respect of fee so collected from the DNB trainees and the expenditure so incurred to the Board within 15 days from the year end i.e. by 15th January and 15th July for accreditation beginning January and July respectively in the prescribed format. The institutions can levy the fees as per the guidelines as stated above only if they are complying with stipend policy of the Board communicated by 8th May 2006. In the event, the institute cannot levy fees in the DNB trainees. In any case, payment of stipend to the DNB trainees vide stipend policy letter dated 8th May 2006 is an essential requirement for running the DNB programme.
- f) The institution shall arrange for by annual appraisal of the DNB candidates as notified by the Board, in the event the institution is found not complying with the appraisal guidelines / not conducting appraisals, the institute shall have to refund the appraisal fee (Rs. 10,000/- per annum) and further that penal action as may be deemed appropriate shall be taken by NBE against the institute / hospital concerned.
- g) The corpus so collected from the candidates has to be spent for the benefit of the DNB trainees as per the defined item heads only. The corpus cannot be re-appropriated/utilized for any other kind of expenses.



- h) In the event it is found that the accredited institute is violating these guidelines, Board may take penal action including but not limited to withdrawal of accreditation of the erring institute.

10.2 APPRAISAL

National Board of Examinations had taken a policy decision to improve the DNB training programmes by having Appraisal for all DNB trainees and accredited hospitals by Local Appraisers. Accordingly, the assessment of DNB trainees, review of their progress and appraisal of the infrastructure and facilities in all the accredited hospitals is being carried out. The hospital shall conduct periodic assessment tests of its DNB trainees in respective specialties as per the guidelines issued from time to time and other guidelines. The exams will be conducted by institutions under supervision of Appraisers. A panel of Appraisers, specialty wise will be appointed by the NBE. The responsibility to conduct the periodical appraisal shall solely be of the institution concerned. If it is found that an accredited institution is not getting its Periodic Semester Appraisal done, the NBE may withdraw provisional accreditation granted to such an institution.

Appraisal should be done only from the NBE appointed expert. The NBE appoints appraiser from the NBE's own experts database and from the accredited government medical colleges/hospitals faculties.

After doing the appraisal, the expert appointed by the NBE is required to send his report to NBE's office. After receipt of expert's report, the NBE updates and analyzes the report and the deficiencies / remarks as pointed out in the experts report are sent to the concerned hospital / institution for their compliance under intimation to NBE.

10.3 LEAVE GUIDELINES FOR DNB TRAINEES

1. DNB Trainees are entitled to leave during the course of DNB training as per the Leave Rules prescribed by NBE.
2. A DNB candidate can avail a maximum of 20 days of leave in a year excluding weekly off/Gazetted holidays as per hospital/institute calendar.
3. MATERNITY LEAVE:
 - 3.1. A female candidate is permitted a maternity leave of 90 days once during the duration of entire DNB course.
 - 3.2. The expected date of delivery (EDD) should fall within the duration of maternity leave.
 - 3.3. Extension of maternity leave is permissible only for genuine medical reasons and after prior approval of NBE. The supporting medical documents have to be certified by the Head of the Institute/hospital where the candidate is undergoing DNB training. NBE reserves its rights to take a final decision in such matters.
 - 3.4. The training of the candidate shall be extended accordingly in case of any extension of maternity leave being granted to the candidate.



3.5. Candidate shall be paid stipend during the period of maternity leave. No stipend shall be paid for the period of extension of leave.

4. Male DNB candidates are entitled for paternity leave of maximum of one week during the entire period of DNB training.

10. . No kind of study leave is permissible to DNB candidates. However, candidates may be allowed an academic leave as under across the entire duration of training program to attend the conferences/CMEs/Academic programs/Examination purposes.

DNB COURSE	NO. OF ACADEMIC LEAVE
DNB 3 years Course (Broad & Super Specialty)	14 Days
DNB 2 years Course (Post Diploma)	10 Days
DNB Direct 6 years Course	28 days

6. Under normal circumstances leave of one year should not be carried forward to the next year. However, in exceptional cases such as prolonged illness the leave across the DNB training program may be clubbed together with prior approval of NBE.

7. Any other leave which is beyond the above stated leave is not permissible and shall lead to extension/cancellation of DNB course.

8. Any extension of DNB training for more than 2 months beyond the scheduled completion date of training is permissible only under extra-ordinary circumstances with prior approval of NBE. Such extension is neither automatic nor shall be granted as a matter of routine.

9. Unauthorized absence from DNB training for more than 10 days may lead to cancellation of registration and discontinuation of the DNB training and rejoining shall not be permitted.

10. Medical Leave

10.1. Leave on medical grounds is permissible only for genuine medical reasons and NBE should be informed by the concerned institute/hospital about the same immediately after the candidate proceeds on leave on medical grounds.

10.2. The supporting medical documents have to be certified by the Head of the Institute/hospital where the candidate is undergoing DNB training and have to be sent to NBE.

10.3. The medical treatment should be taken ordinarily from the institute/hospital where the candidate is undergoing DNB training. Any deviation from this shall be supported with valid grounds and documentation.

10.4. In case of medical treatment being sought from some other institute/hospital, the medical documents have to be certified by the Head of the institute/hospital where the candidate is undergoing DNB training.

10.5. NBE reserves its rights to verify the authenticity of the documents furnished by the candidate and the institute/hospital regarding Medical illness of the candidate and to take a final decision in such matters.



11. The eligibility for DNB Final Examination shall be determined strictly in accordance with the criteria prescribed in the respective information bulletin.

10.4 **STIPEND GUIDELINES**

Payment of monthly stipend is mandatory. An Accredited hospital will pay each DNB trainee, a minimum monthly stipend equivalent to the sum paid to MD/MS/DM/MCh trainees by respective State Governments institutions owned by them, or, as mentioned below, whichever is HIGHER:

Programme	First year	Second year	Third year
Broad Specialties	Rs. 10,000/-	Rs. 11,000/-	Rs. 12,000/-
Broad Specialties (Secondary Candidate)	Rs. 11,000/-	Rs. 12,000/-	N.A.
Super Specialties	Rs. 14,000/-	Rs. 15,000/-	Rs. 16,000/-

Parity to the stipend paid by respective State government should be maintained as and when rates of stipend are revised by State government. It is also desirable that the hospital provides accommodation to their trainees in addition to their stipend. A compliance statement to this effect has to be furnished by the institute while forwarding the candidate registration form. NBE has no objection to the payment of a sum exceeding the amount stipulated, according to the stature of the institution and work load of the trainees.

The DNB candidates in accredited institutions in Delhi shall be paid monthly stipend of a minimum Rs.19000/- or the stipend paid by the Government of India, Delhi to their MD/MS/DM/MCh trainees in their respective year of studies whichever is HIGHER.

The above stated stipend policy has been duly approved by the Hon'ble High Court of Delhi at New Delhi.