# NATIONAL BOARD OF EXAMINATIONS

*(Ministry of Health & Family Welfare, Govt. of India)*

Ansari Nagar, Mahatma Gandhi Marg, (Ring Road), New Delhi - 110 029

**DNBCETSS RANK**

**APPLICATION FORM - REGISTRATION AS DNB SUPER SPECIALTY TRAINEE 2017 SESSION**

To be submitted within one month of joining as a DNB trainee. All fields are mandatory.

To be completed by candidate in his/her own hand writing with blue/black Ball point pen only.

**Specialty:**

**Institute:** _____

**1. Name (CAPITAL LETTERS)** (As mentioned in MBBS Degree Certificate, 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.** **b) Date of Regn.** (D D M M Y Y Y Y) **c) Name/State of Medical Council**

4. Gender ☐ Male ☐ Female

**5. Date of Birth** (D D M M Y Y Y Y)

**6. Category** ☐ **Other** ☐ **SC** ☐ **ST** ☐ **OBC**

**7. Testing ID of DNB CET-SS Nov. 2016 Examination:**

**8. Date of Joining with Institution as a DNB Trainee:**
**(Mentioned date MUST match with the Date mentioned in Annexure 'A' –CET- SS 2017)**

D D M M Y Y Y Y

**9. Registration Fee:**

- **DNB Super Specialty Courses Rs. 5000/-** ☐
- **Challan / Transaction ID No.**
- **Date as on Bank Stamp** (D D M M Y Y Y Y)
- **Name of the Bank Branch** _____ **Branch Code:** _____

NBE Copy of Challan / Pay-in-Slip of Indian Bank should be enclosed with the Application Form.

**10. Mobile No.** **Residence Telephone No (with STD code, Do not prefix '0' before STD code):**

**11. Email Address:**

**12. Address for Correspondence:**

Name : ……

Street Address 1: ……

Street address 2: ……

……

City/District: ……

State: ……

PIN CODE

CANDIDATE SHOULD AFFIX HIS / HER RECENT PASSPORT SIZE PHOTOGRAPH ATTESTED BY HEAD OF THE INSTITUTION

**Signature of the candidate**

**13. Details of Examination Passed:**

| Examination | Session/Year | | Medical College/Board | University | State | Month/Year |
|---|---|---|---|---|---|---|
| MBBS | | | | | | |
| MD/MS/DNB | SPECIALTY | SESSION / YEAR | | | | |

**14. Topic of Thesis (Protocol is to be submitted within 3 months of joining the Institution)**

**15. Name/Designation of Thesis Guide** _____

**16. List of Enclosures (in the specified order) :** **(Please tick)**

1. NBE Copy of Challan /Pay-in Slip for Registration Fees. ☐
2. Annexure-A (CET-SS-2017) on an official letter head under signature and stamp of Head of the institution. ☐
3. Copy of Seat Allotment Letter issued by NBE on the day of CET-SS Centralized Counseling-2017. ☐

## DECLARATION & CERTIFICATION

I here by declare and certify that:

a) I have read the general instructions and the rules and regulations of NBE Information Bulletin for DNB CET-SS and Handbook for DNB CET-SS Centralized Counseling – 2017 admission session and shall abide by them.

b) Particulars given above 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 herein and at the time of NBE Centralized counseling are true copies of original documents which belong to me.

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/furnished by me is/are found to be false, I am liable to be disqualified as registered 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 Information Bulletin for DNB CET-SS, however, NBE reserves the right to determine final eligibility NBE further reserves the right to cancel the candidature if ineligibility found at any stage.

_____

Candidate's Name in Capital Letters

Signature of the Candidate

Date: _____

Place: _____

## CERTIFICATE FROM THE HEAD OF THE INSTITUTE

I certify that to the best of my knowledge and belief the statements made above by Dr. _____are correct.

Date: _____

Place: _____

**STAMP OF THE INSTITUTION**

_____

**Signature of Head of the Institute**

_____

**Name of Head of the Institute**

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

**USE/ POSSESION OF MOBILE PHONES IN EXAMINATION PREMISES OF NBE IS TREATED AS AN 'UNFAIR MEANS' AS PER PRESCRIBED NBE GUIDELINES**