



**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: \_\_\_\_\_

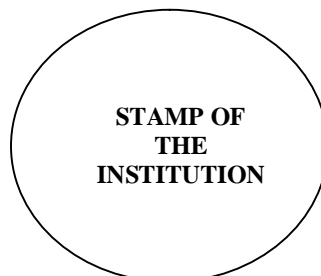
Place: \_\_\_\_\_

## 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: \_\_\_\_\_



\_\_\_\_\_  
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/ POSSESSION OF MOBILE PHONES IN EXAMINATION PREMISES OF NBE IS TREATED AS AN 'UNFAIR MEANS' AS PER PRESCRIBED NBE GUIDELINES**

