



NATIONAL BOARD OF EXAMINATIONS

(Ministry of Health & Family Welfare, Govt. of India)
Ansari Nagar, Mahatma Gandhi Marg, (Ring Road), New Delhi - 110 029

DNB PDCET RANK

Rank box with four empty cells

APPLICATION FORM - REGISTRATION AS DNB (POST DIPLOMA) TRAINEE JANUARY, 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: [Grid of boxes for specialty name]

Institute: _____

1. Name (CAPITAL LETTERS) (As mentioned in MBBS Degree Certificate, Leave a blank space between each part of the name)

[Grid of boxes for name]

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

[Grid of boxes for father's/husband's name]

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

[Grids for registration details]

4. Gender

Male Female [checkboxes]

5. Date of Birth

[Grids for date of birth]

6. Category [checkboxes] Other [checkbox] SC [checkbox] ST [checkbox] OBC [checkbox]

7. Testing ID of DNB PDCET November, 2016 Examination:

[Grid for testing ID]

8. Date of Joining with Institution as a DNB Trainee:

(Mentioned date MUST match with the Date mentioned in Annexure 'A' - DNB PDCET January-2017)

[Grids for date of joining]

9. Registration Fees:

- DNB (Post Diploma) Courses Rs. 3000/- [checkbox]
Challan / Transaction ID No. [Grid]
Date as on Bank Stamp [Grids]
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):

[Grid for mobile no]

[Grid for residence telephone no]

11. Email Address:

[Grid for email address]

12. Address for Correspondence:

Name: _____
Street Address 1: _____
Street address 2: _____
City/District: _____
State: _____

PIN CODE

[Grid for 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					
POST GRADUATE DIPLOMA	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 (DNB PDCET January-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 Post Diploma Centralized Counseling-January -2017.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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 PDCET and Handbook for DNB PDCET Centralized Counseling –January, 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 PDCET, 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: _____

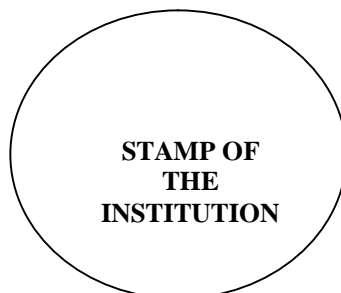
Place: _____

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.

