

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: _____

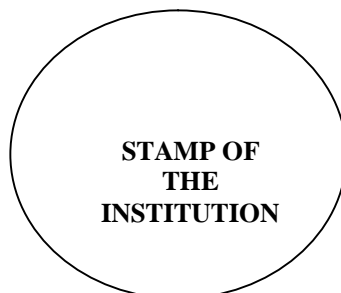
Place: _____

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: _____



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

