



NOMINATION FORM FOR NATIONAL AWARD IN TEACHING AND CLINICAL EXCELLENCE - 2018

Excellence in teaching for NBE programme - NBE accredited hospital

National Board of Examinations, New Delhi accolades distinguished faculty members with position of leadership in field of medical sciences. You are requested to nominate medical professionals with proven credentials for their valuable contributions to medical fraternity for the following NBE award:

Excellence in teaching for NBE programme - NBE accredited hospital

- Distinguished professional standing of NBE accredited department.
- Hospital/Institute of Good Standing.
- Valuable Contribution to DNB Programme.
- Proven track record as determined by successful candidates in exit exam.

DETAILS OF THE NOMINATED INSTITUTE

1. Name of the Institution Nominated:

2. Address for Correspondence:

Ph. No: _____ Mobile _____

Email: _____

3. NBE accredited DNB Programmes that are running at institution:

4. How many batches of DNB candidates have appeared in DNB Exit Examinations from this institutions?



5. How many candidates have appeared in last ten DNB Exit Examinations? How many of them passed in Theory & Practical?

6. Present Head of the Institution:

7. Number of years of Medical Professional Services rendered by the institution in India:
_____ Yrs
8. Number of years this institution is accredited with NBE for running DNB programme.
_____ Yrs
9. Facilities available for DNB Students in Institution premises for training:

10. Academic participation (in the past 10 years)
Conferences organized for DNB Students

Workshops organized for DNB Students :

Professional Courses organized for DNB students:

International Conferences/Workshops organized :



16. Details of Outstanding results in DNB Final Examinations conducted by NBE:

17. Why would you like to recommend this institute for this award?

I confirm that I have submitted only one nomination for this award and the same is without any prejudice. I have taken consent of the nominee for nomination to this award. I do not belong to the institute to which the nominee belongs

Name & Signature _____

Designation _____

Institution _____

N.B: You can nominate one institution only for this category of award. Relevant documents in support wherever needed may be attached.

Nominees consent to be obtained separately alongwith its track record

Separate sheets for any additional information can be annexed if the space is insufficient.