



NATIONAL BOARD OF EXAMINATIONS

MEDICAL ENCLAVE, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

FORM-I

APPLICATION FORM FOR FELLOWSHIP ENTRANCE TEST -2017

INSTRUCTIONS :-
 * INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.
 * READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE FORM.
 * DO NOT ATTACH ANY ENCLOSURES WITH THIS APPLICATION FORM.
 * USE BLUE/BLACK BALL PEN ONLY

Fellowship Programme for which application is submitted **CODE**
(As per information bulletin)
Annexure - II

E PE NE

Office Use Only

Roll Number (to be assigned by NBE)

Application Form No.

DL

1. DNB/MD/MS/DM/MCh DETAILS (To be filled in by the Candidate)

a) Speciality in which qualifying PG medical qualification (DNB/MD/MS/DM/MCh) is obtained. _____

b) Date of Joining (DNB/MD/MS/DM/MCh Training)

D D M M Y Y Y Y

c) Date of Passing (MD/MS/DM/MCh or DNB)

d) Date of Completion (MD/MS/DM/MCh or DNB Training)

e) Duration of (MD/MS/DM/MCh or DNB Training at the time of declaration of Result)

D D M M Y Y Y Y

2. Name (IN FULL) (as appearing in MBBS certificate)

3. Father's/Husband's Name

4. Mother's Name

5.a) MCI/SMC Reg. No.

5.b) Dated

D D M M Y Y Y Y

6. Date of Birth

D D M M Y Y Y Y

7. STD Code Telephone No.

8. Mobile No.

9. Category

SC ST OBC GENERAL

10. E-mail (Write in Bold & Clear manner)

11. Centre preferred for Fellowship Examination

Centre Code Centre Code

1st Choice _____ 2nd Choice _____

12. Fees Details

Challan No.

Date
 D D M M Y Y Y Y

Axis Bank Amount Rs.

Indian Bank

13. Details of DNB/MD/MS/DM/MCh Examination (attested copies of Certificates to be attached)

Examination Passed	Subject	Medical College	University	State	Month & Year	Result	No. of Attempts

14. Correspondence Address

Name : _____

Address : _____

City : _____

State : _____

Pin Code :

15. Photograph

1. Paste here (do not pin or staple) a recent passport size photograph.
2. The photograph should **NOT** exceed this box.
3. The photograph to be affixed here should **NOT** be attested.
4. If the photograph is not clear, the application will be rejected.

16. Signature of the Candidate (within the box)

18. Examination Fee (Please mark (X) in the appropriate box)

Examination Fee (Including Information Bulletin)

Rs. 4500

Challan No.

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Axis Bank

Indian Bank

Date

D	D

M	M

Y	Y	Y	Y

Amount Rs.

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19. List of Enclosures (To be Ticked)

- Two extra recent passport size photographs duly attested.
- NBE copy of challan slip duly stamped by the bank where fee is paid.
- Self attested photocopy of Registration Certificate of Medical Council of India / State Medical Council.
- Self attested photocopy of MBBS Degree Certificate.
- Self attested photocopy of DNB/MD/MS OR DNB/DM/MCh Pass Certificate.

DECLARATION & CERTIFICATION

I here by declare and certify that:

- I have read the general instructions and the rules and regulations of NBE in Bulletin of Information and shall abide by them.
- Particulars given in this application form are true and accurate to the best of my knowledge and belief.
- The documents submitted as evidence of above facts and are self attested photocopy of original documents.
- I understand that in case any of the facts stated by me is/are found to be false or any of the documents enclosed by me is/are found to be false, I am liable to be disqualified from appearing in the Examination and if permission granted for appearing in the examination shall be liable to be revoked or any other appropriate action deemed fit by NBE can be taken against me.
- I understand that I am eligible as per instructions given in Bulletin of Information, 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 Block Letters

Date: / /

Signature of the Candidate

CERTIFICATE FROM THE HEAD OF THE INSTITUTION/EMPLOYER

(to be issued only after checking the original documents)

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

are correct.

--

Signature of the Head of Institution or Employer with Name and Office Stamp, Address & Telephone Number

Date: / /

NOTE : USE / POSSESSION OF MOBILE PHONE / ELECTRONIC DEVICE IS NOT PERMITTED IN EXAMINATION PREMISES. PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.



FORM-II

NATIONAL BOARD OF EXAMINATIONS
MEDICAL ENCLAVE, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029
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2. Name (IN FULL) (as appearing in MBBS certificate)

3. Father's/Husband's Name

4. Mother's Name

5.a) MCI/SMC Reg. No.

5.b) Dated

6. Date of Birth

7. STD Code Telephone No.

8. Mobile No.

9. Category

SC ST OBC GENERAL

10. E-mail (Write in Bold & Clear manner)

11. Centre preferred for Fellowship Examination

Centre Code Centre Code
1st Choice 2nd Choice

12. Fees Details

Challan No. Date Axis Bank Indian Bank Amount Rs.

13. Details of DNB/MD/MS/DM/MCh Examination (attested copies of Certificates to be attached)

Table with 8 columns: Examination Passed, Subject, Medical College, University, State, Month & Year, Result, No. of Attempts

14. Correspondence Address

Name Address City State Pin Code

15. Photograph

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16. Signature of the Candidate (within the box)

Signature box

P.T.O.

18. Examination Fee (Please mark (X) in the appropriate box)

Examination Fee (Including Information Bulletin)

Rs. 4500

Challan No.

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Axis Bank

Indian Bank

Date

D	D

M	M

Y	Y	Y	Y

Amount Rs.

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