

(To be issued on Official Letter Head duly signed and stamped)

For admission to Sponsored DNB (Post MBBS/ Post Diploma) Seats

Ref. No.

Dated: dd/mm/2023

To,

National Board of Examinations in Medical Sciences,
Medical Enclave, Mahatma Gandhi Marg (Ring Road),
Ansari Nagar,
New Delhi-110029

Subject: Candidate/s who are eligible for participating to the Sponsored DNB (Post-MBBS and Post-Diploma) Seats-Regarding.

Sir,

It is hereby certified that the following **IN – SERVICE** candidate/s who have appeared in NEET-PG / DNB-PDCET 2023 session and qualified the exam are eligible for participating in the Sponsored DNB (Post MBBS/ Post Diploma) counseling conducted by NBEMS.

S. No.	Name of the Candidate	NEET-PG/ DNB-PDCET Roll No.	Obtained Score	Merit Position
1.				
2.				
3.				
4.				

1. It is hereby confirmed that he/ she is/ are working on a regular basis in the department of..... (Full Office address) under Ministry of..... in the State of....., which is a Government (State /Central /Autonomous /PSUs, etc.) organization.
2. The undersigned is fully aware that:
 - (i) NBEMS is conducting centralized merit-based Counseling on All India Basis.
 - (ii) Candidate/s can opt for the Sponsored DNB seats either in the NBEMS accredited Government hospital or in NBEMS accredited **Private** hospitals.
 - (iii) Candidate/s can opt for the Sponsored DNB seats in their State wherein he/she is serving or in the other States/UTs of India.
3. **The undersigned undertakes that study leave shall be granted to the candidate as required under Rule 50 of Central Civil Services (Leave) Rules, 1972 or any other applicable Rule and also shall relieve the candidate in case of his/ her selection to the sponsored DNB (Post MBBS and Post Diploma) Seats, for joining the DNB training.**
4. The candidate/s shall continue to get the salary and necessary allowances as per rules, from the parent department (Sponsoring Government organization) for the entire period of DNB training.

Signature of the Cadre Controlling Authority/Secretary(Health)/Secretary
(Medical Education)
of the Central Government/State/Union Territory.

Name (In Capital Letter)

Date:

Official Seal
with Name and
Designation