

NOTICE

NBE along with accredited institutes are conducting CME Workshop on Clinical Research Methodologies, Thesis Research & Protocol Writing for DNB Trainees

IT IS MANDATORY FOR ALL CANDIDATES TO ATTEND CME WORKSHOP OTHERWISE STRICT ACTION WILL BE TAKEN BY NBE.

Candidates of previous sessions who could not attend CME earlier can also make use of this opportunity.

VENUE

S. No.	Hospital Name	Workshop Dates
1	Arasan Eye Hospital 26 Aannamalai Layout, Opp. Royal Theatre, Near Bus Stand, Erode-638011 Tamil Nadu	27-07-19 & 28-07-19

Timing for the Workshop: 9.00 AM onwards

Candidates have to apply online for this workshop at the following link
<http://www.natboard.edu.in/cme/appraisal/cmenotice.php>

Fee for CME is Rs. 6000/- which shall be paid through Indian Bank in prescribed CHALLAN available on Website.

Following information have to be filled while applying online:-

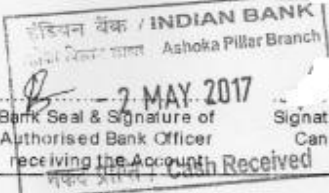
1. Candidate Details which includes **(Name, Specialty, Candidate Mobile, Candidate Email)**
2. Hospital Details which includes **(Name, Address, City & State)** Please note [HOSPITAL name should not contain special character i.e. " ' ' "]
3. DNB Coordinator Detail of the hospital which includes **(Name, Mobile Number, Landline Number & Email)**
4. CME Fee Details includes **(Bank Challan No., Challan Fee, Challan Date)**
5. Candidates have to upload scan image of paid Challan. This scanned image should not exceed 200kb (for image pixel size should be 640 height X 480 width) [size of image can be reduced in Microsoft Picture

Manager or MS Paint]. Image name should not contain the special character i.e. " ' " "

IT IS PURELY BASED ON FIRST COME FIRST BASIS

For any query kindly contact at trg1@natboard.edu.in

The sample of PAID CHALLAN image which has to be uploaded in online CME Registration is as follows:-

NATIONAL BOARD OF EXAMINATIONS		
Challan No. _____		Date : _____
ONLINE FEE ACCOUNT (Depositor's COPY) INDIAN BANK A/c No. 830641451		
1. Name : _____		
Candidate Mobile : _____		
2. Sl. No. of Application Form (if applicable) : n.a		
3. Type of Fee/Amount :		
Sr. No.	PARTICULAR	AMT.
1	CME Workshop	6000/-
2	REGISTRATION FEE	
3	TELECONFERENCING DVD	
4. Bank Charges : 40/-		
5. Amount in Figure : 6040/-		
6. Amount (in words) : six thousand and forty only		
7. Denominations of notes : _____		
8. Bank Branch in which fee : _____		
9. Bank Transaction ID No. _____		
		
Bank Seal & Signature of Authorised Bank Officer receiving the Account		
Signature of the Candidates		
Date: 2 MAY 2017		
Cash Received		

The prescribed CHALLAN format is available at following link:-

<http://www.natboard.edu.in/cme/appraisal/cmechallan.pdf>