

# **NOTICE**

NBE along with accredited institutes are conducting CME Workshop on Clinical Research Methodologies, Thesis Research & Protocol Writing for DNB Trainees who have taken DNB Seats in July 2018 Admission Session.

**IT IS MANDATORY FOR ALL CANDIDATES TO ATTEND CME WORKSHOP.**

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

## **VENUE**

<b>S. No.</b>	<b>Hospital Name</b>	<b>Workshop Dates</b>
1	B.G.S Global Hospital, 67, Uttrahalli Road, Kengari, Bangalore-560060 Karnataka	29-05-2019

**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](mailto: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		
Cash Received		

The prescribed CHALLAN format is available at following link:-

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