### NATIONAL BOARD OF EXAMINATIONS MEDICAL ENCLAVE, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029 SCANNABLE) APPLICATION FOR POST DIPLOMA CENTRALISED ENTRANCE TEST (POST DIPLOMA CET) JUNE 2012 Application Form No. INSTRUCTIONS: INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED. () E O PE O NE READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE FORM. PLEASE SUBMIT THIS FORM IN ENVELOPE PROVIDED. DL \* DO NOT ATTACH ANY ENCLOSURES WITH THIS APPLICATION FORM. Office Use Only \* USE BLUE/BLACK BALL PEN ONLY. Roll Number (to be assigned by NBE) DIPLOMA QUALIFICATION (Code as per Information Bulletin) Control Number to be assigned 1. Post Graduate Diploma Details (To be filled in by the Candidate) b) Date of Joining (P.G. Diploma) c) Date of Completion (P.G. Diploma) a) Month & Year of passing P.G. Diploma D М М D М М 2. Name (IN FULL) (as appearing in MBBS certificate) 3. Father's/Husband's Name Mother's Name 5. Category 6. Gender Date of Birth Mobile No. 7. **OTHERS** Male Female OBC D М М 9. Residence Telephone No. 10.a) MCI/SMC Reg. No. 10.b) Dated D D М Μ 11. Centre preferred for Post diploma CET Examination 1st Choice Code 2nd Choice Code 12. Name of Medical Council 13. E-mail (Write in Bold & Clear manner) 14. Examination Fee (Please mark (X) in the appropriate box) Challan / Transaction ID No. Amount: Date as on Bank Stamp: Examination Fee Rs. 3500 Rs. 750 \* Form Fee D D Μ Amount (\*For downloaded form only) (Demand Draft will not be accepted.) D M M Name of the Bank Branch: Copy of Pay-in-Slip / Challan of Indian Bank or Axis Bank should be enclosed. 15. Are you pursuing any MD/MS/DNB Post graduate degree programme. Yes If yes, Name of the course: University/Medical college: 16. Correspondence Address 18. Photograph 17. Signature of the Candidate 1. Paste here (do not pin or staple)

Name Address: . . . . . . . . . . .

Pin Code:

State:

(within the box)

- a recent passport size photograph as per "INSTRUCTIONS FOR **PHOTOGRAPHS**" in Information
- 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.

P.T.O.

### 19. Details of MBBS and Post Graduate Diploma Examination (attested copies of Certificates to be attached)

| Examination Passed | Subject | Medical College | University | State | Month & Year | Result | No. of<br>Attempts |
|--------------------|---------|-----------------|------------|-------|--------------|--------|--------------------|
| 1st MBBS           |         |                 |            |       |              |        |                    |
| 2nd MBBS           |         |                 |            |       |              |        |                    |
| Final MBBS         |         |                 |            |       |              |        |                    |
| P.G Diploma        |         |                 |            |       |              |        |                    |

| 20.Present Appointment / 、 | Job | : |
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### 21. List of Enclosures

- 1. Two extra recent passport size photographs duly attested.
- 2. Self attested photocopy of Permanent Registration Certificate of Medical Council of India /State Medical Council.
- 3. Self attested photocopy of MBBS Degree Certificate and P.G Diploma.
- 4. Proof of PG diploma being recognized by MCI IMR Certificate specifying additional qualification/ Additional qualification registration certificate issued by MCI/ printout of MCI website showing recognition status of PG Diploma.
- NBE Copy of Pay-in-Slip / Challan of Indian Bank / Axis Bank

## DECLARATION & CERTIFICATION



I here by declare and certify that:

- a) I have read the general instructions and the rules and regulations of NBE in Bulletin of Information and shall abide by them.
- b) Particulars given in this application form are true and accurate to the best of my knowledge and belief.
- c) The documents submitted as evidence of above facts and are self attested photocopy of original documents.
- d) 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.
- e) I understand that I am eligible as per instructions given in Bullettin 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.

| f) | Candidate's Name in Block Letters |
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| Date: | / | /2012 | Signature of the Candidate |
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# CERTIFICATE FROM THE HEAD OF THE INSTITUTION/GAZETTED OFFICER

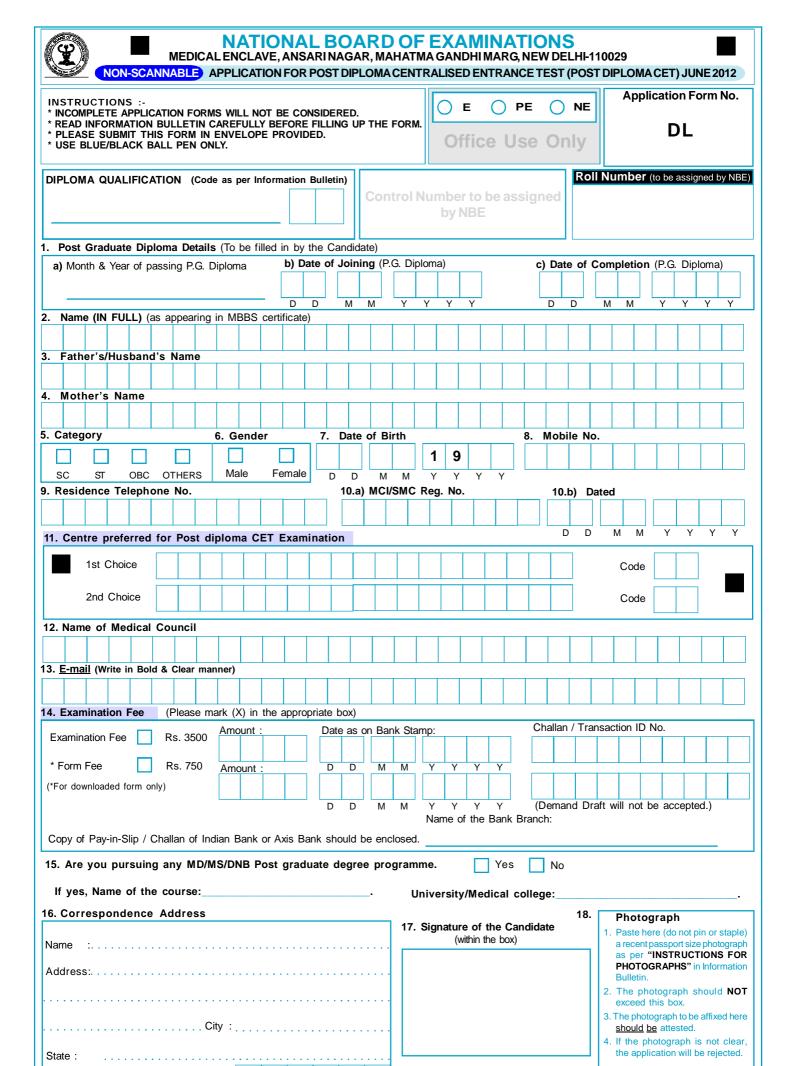
| (to be located only after offenting the original accumulation)                         |  |  |  |  |  |
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| I certify that to the best of my knowledge and belief the statements made above by Dr. |  |  |  |  |  |
| ara correct  |  |  |  |  |  |
| are correct.   |  |  |  |  |  |
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Signature of the Head of Institution / Gazetted officer with Name and office stamp

Date: / /2012

(In case, Candidate is not working, the above column may be attested by a Gazetted officer)

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



P.T.O.

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Signature of the Head of Institution / Gazetted officer with Name and office stamp

Date: / /2012

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# **NATIONAL BOARD OF EXAMINATIONS**

| GANDHI MARG, NEW DELHI-110029              |                  |  |  |  |
|--|------------------|--|--|--|
| ENTRANCE TEST (POST DIPLOMA CET) JUNE 2012 |                  |  |  |  |
|  | Application Form |  |  |  |

P.T.O.

|   | RALISED ENTRANCE TEST (POST DIPLOMA CET) JUNE 2012   |  |  |  |  |
|---|--|--|--|--|--|
| INSTRUCTIONS :- * INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED. * READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE * PLEASE SUBMIT THIS FORM IN ENVELOPE PROVIDED. * DO NOT ATTACH ANY ENCLOSURES WITH THIS APPLICATION FORM. * USE BLUE/BLACK BALL PEN ONLY. | FORM.  Office Use Only  Application Form No.  DL   |  |  |  |  |
| DIPLOMA QUALIFICATION (Code as per Information Bulletin)  Con   | trol Number to be assigned by NBE)  Roll Number (to be assigned by NBE)                        |  |  |  |  |
| 1. Post Graduate Diploma Details (To be filled in by the Candidate)   |  |  |  |  |  |
| a) Month & Year of passing P.G. Diploma b) Date of Joining (P. D. D. M. M.  | G. Diploma)  c) Date of Completion (P.G. Diploma)  Y Y Y Y Y  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. Category 6. Gender 7. Date of Bi   | irth 8. Mobile No.   |  |  |  |  |
| SC ST OBC OTHERS Male Female D D M  |  |  |  |  |  |
| or or operation   | M Y Y Y Y<br>/SMC Reg. No. 10.b) Dated   |  |  |  |  |
|   |  |  |  |  |  |
| 11. Centre preferred for Post diploma CET Examination   | D D M M Y Y Y  |  |  |  |  |
| 1st Choice  | Code   |  |  |  |  |
| 2nd Choice  | Code   |  |  |  |  |
| 12. Name of Medical Council   |  |  |  |  |  |
|   |  |  |  |  |  |
| 13. <u>E-mail</u> (Write in Bold & Clear manner)  |  |  |  |  |  |
| 14. Examination Fee (Please mark (X) in the appropriate box)  |  |  |  |  |  |
| Examination Fee Rs. 3500 Amount : Date as on Bar  | nk Stamp: Challan / Transaction ID No.   |  |  |  |  |
| * Form Fee Rs. 750 Amount : D D M   | M Y Y Y Y  |  |  |  |  |
| (*For downloaded form only)   | Depart will not be consisted   |  |  |  |  |
|   | D D M M Y Y Y Y (Demand Draft will not be accepted.)  Name of the Bank Branch:                 |  |  |  |  |
| Copy of Pay-in-Slip / Challan of Indian Bank or Axis Bank should be enclosed.   |  |  |  |  |  |
| 15. Are you pursuing any MD/MS/DNB Post graduate degree programme.  Yes No  |  |  |  |  |  |
| If yes, Name of the course:   | University/Medical college:  |  |  |  |  |
| 16. Correspondence Address  | 17. Signature of the Candidate  18. Photograph  1. Paste here (do not pin or staple)           |  |  |  |  |
| Name :  | (within the box)  (within the box)  a recent passport size photograph as per "INSTRUCTIONS FOR |  |  |  |  |
| Address:  | PHOTOGRAPHS" in Information Bulletin. 2. The photograph should NOT                             |  |  |  |  |
|   | exceed this box.  3. The photograph to be affixed here   |  |  |  |  |
| City :  | should be Not attested.  4. If the photograph is not clear,                                    |  |  |  |  |
| State :   | the application will be rejected.  |  |  |  |  |

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Signature of the Head of Institution / Gazetted officer with Name and office stamp

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