FORM-I NATIONAL BOARD OF EXAMINATIONS MEDICAL ENCLAVE, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029 APPLICATION FOR DNB - FINAL EXAMINATION JUNE 2018 (SUPER SPECIALTIES)							
INSTRUCTIONS :-	○ E ○ PE ○ NE Application Form No.						
* 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	Office Use Only						
1. DNB Final O Theory & Practical							
O Practical only If practical only O 2nd Attempt	3rd Attempt						
1.b) Subject in which appearing (Final)	Roll Number (to be assigned by NBE)						
2. DM/MCh PASS OR DNB Resident O							
 3. REGISTRATION DETAILS (To be filled in by the Candidate) a) Reg. No. (if DNB Candidate) 	b) Date of Joining (DNB/DM/MCh Training)						
c) Date of completion (DNR/DM/MCh Training)							
c) Date of completion (DNB/DM/MCh Training)	d) Date of Passing (DM/MCh)						
D D M M Y Y Y 4. Name (IN FULL) (as appearing in MBBS certificate) Changed name will be rejulated in the second se	D D M M Y Y Y Y ected						
5. Father's/Husband's Name							
6. Mother's Name							
7.a) MCI /SMC Reg. No. 7.b) Dated	8. Gender 9. Date of Birth						
10. <u>E-mail</u> (Write in Capital Letters Only) D D M M Y Y Y Y							
11. Mobile No. 12. Residential Telephone No.							
	Control Number to be assigned by NBE						
STD 13. Centre preferred for theory examination (Fill Centre Code From Information)	PHONE No.						
1st Choice							
2nd Choice	Code						
14. Examination Fee (Please mark (X) in the appropriate box) Tra	nsaction ID/UTR No./RRN No. (Demand Draft will not be accepted						
(a) Examination Fee Rs. 6500							
	Date as on Bank Stamp:						
(b) Examination Fee (DNB Candidates & Only Practical Rs. 5500							
Second or Third Attempt) An (The above fee is inclusive of examination fee and finformation bulletin)	D D M M Y Y Y Y						
	Name of the Bank, Branch & City						
NBE Copy of Pay-in-Slip of Indian Bank or Axis Bank should be enclosed.							
15. Correspondence Address	17. Photograph						
Name :	 Paste here (do not pin or staple a recent passport size photograp 						
Address:	(within the box) Bulletin.						
	2. The photograph should NO						
City :	exceed this box. 3. The photograph to be affixed her						
	should NOT be attested. 4. If the photograph is not clea						
State :	4. If the photograph is not clear the application will be rejected.						
Pin Code :	P.T.						

Io. nave you	u ever appeared for	DND Final examination? If yes,	give following particulars (Details of lat	est appearnce in DNB Final ((Theory) Exam.)				
FINAL (Sub	ject) : (Details of late	est appearance in DNB Final (1	Гheory) Exam.)						
Date of A	Appearing (month & year)	Roll No.	Resu	ılt					
					(Pass / Fail / Absent)				
	9. Details of MBBS Examination Passed :								
19. Details C									
	Medical College	and State	University	City and	d State of Passing				
		S/DM/MCh Examination Pas							
Course	Subject		Institute	City and State	Date of Issue of passing				
DIPLOMA									
MD/MS									
DM/MCH									
21. Details o	of DNB Training :			-	.				
	ubject	Institute		City and State	Period of Training				
22. Total number of leave availed during the entire period of DNB training:									

Thesis Date of Submission to NBE	Period	Торіс	Thesis Status
			(Annexe Letter of approval of Thesis)

Note: Candidates who have previously appeared in DNB

examination should indicate "Ex-Candidate" on the top of

the application form. If appearing for Practical Examination

they should indicate "Practical Examination" on top of the

application. These candidates are required to submit all

certificates again. They are also required to submit a photocopy

of admit card/result as proof of "Ex-candidate".

24. Present Appointment

25. I	List	of	Enclosu	res (a	as	per	inform	ati	on	bull	etin	i)
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- Two extra recent passport size photographs duly attested. 1. 2.
- Copy of Pay-in-Slip of Indian Bank or Axis Bank (NBE Copy) 3. Self attested photocopy of additional qualification Registration Certificate of MCI or IMR Certificate issued by MCI.
- Provisional Registration No. given by NBE (Letter issued by the Board). Self attested photocopy of P.G. Degree Certificate (if applicable) (DM/MCh). Proof of recognition of P.G. Degree. 4
- 5.
- 6. 7.
- Certificate of DNB/Training/Thesis/Dissertation submission issued by head of institution in original on official letter head.
- 8. Training completion certificate as per format in the Information Bullettin.

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.
- Particulars given in this application form are true and accurate to the best of my knowledge and belief. b)
- The documents submitted as evidence of above facts and are self attested photocopy of original documents. c)
- 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.
- I understand that I am eligible as per instructions given in Bullettin of Information, however, NBE reserves the right to determine final eligibility;NBE e) further reserves the right to cancel the candidature if ineligibility found at any stage.
- Candidate's Name in Block Letters f)

Date:	/	/2018	Signature of the Candidate
			CERTIFICATE FROM THE HEAD OF THE INSTITUTION/EMPLOYER (to be issued only after checking the original documents)
I certi	fy that t	to the best of i	ny knowledge and belief the statements made above by Dr.
are correc	ot.		
Date:	/	/2018	
			Signature of the Head of Institution or Employer with Name and office stamp
PREM	MISES SSESS	OF NBE EX	USE OF MOBILE PHONE / ELECTRONIC DEVICES IS STRICTLY PROHIBITED IN THE (AMINATION CENTRES. CANDIDATES SHALL BE LIABLE FOR PENAL ACTION FOR OF MOBILE PHONES / ELECTRONIC DEVICES. PHOTOCOPY OF THE FILLED UP ON FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.

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1. DNB Final O Theory & Practical
Practical only If practical only 2nd Attempt 3rd Attempt
1.b) Subject in which appearing (Final) Roll Number (to be assigned by NBE)
2. DM/MCh PASS OR DNB Resident
 3. REGISTRATION DETAILS (To be filled in by the Candidate) a) Reg. No. (if DNB Candidate) b) Date of Joining (DNB/DM/MCh Training)
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4. Name (IN FULL) (as appearing in MBBS certificate) Changed name will be rejected
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6. Mother's Name
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10. E-mail (Write in Capital Letters Only) D D M M Y Y Y Y FEMALE D D M M Y Y Y Y
11. Mobile No. 12. Residential Telephone No.
Control Number to be assigned by NBE
STD PHONE No. 13. Centre preferred for theory examination (Fill Centre Code From Information Bulletin)
1st Choice Code
2nd Choice Code
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(Figure 2) (Second or Third Attempt) (The above fee is inclusive of examination fee and finformation bulletin)
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Name
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FINAL (Subject) : (Details of latest app	earance in DNB Final (1)	heory) Exam.)				
Date of Appearing (month & year)	Roll No.	Result				
			(Pas	ss / Fail / Absent)		
19. Details of MBBS Examination Pa	ssed :					
Medical College	Medical College City and State	University	University City and Sta			
20. Details of DIPLOMA/MD/MS/DM/MCh Examination Passed :						
Course Subject		Institute	City and State	Date of Issue of passing		
DIPLOMA						

MD/MS					
DM/MCH					
21. Details of DNB Training :					

Subject	Institute	City and State	Period of Training

22. Total number of leave availed during the entire period of DNB training:

23. Details of Dessertation /Thesis

Thesis Date of Submission to NBE	Period	Торіс	Thesis Status
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Two extra recent passport size photographs duly attested.
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Date:	/	/2018		
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