



NATIONAL BOARD OF EXAMINATIONS
 MEDICAL ENCLAVE, ANSARINAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

FORM-I APPLICATION FOR DNB - FINAL EXAMINATION DEC. 2015 (BROAD SPECIALTIES)

INSTRUCTIONS :-

- * 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

E PE NE
Office Use Only

Application Form No.

DL

1. DNB Final 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. MD/MS PASS OR Primary DNB Resident Secondary DNB Resident

3. REGISTRATION DETAILS (To be filled in by the Candidate)

a) Reg. No. (if DNB Candidate)	b) Date of Joining (DNB/MD/MS Training)	c) Date of Passing (MD/MS or completion of DNB Training)
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	D D M M Y Y Y Y Y Y	D D M M Y Y Y Y Y Y
d) Date of completion (MD/MS Training)	e) Duration of MD/MS Training at the time of declaration of Result	f) Date of issue of MD/MS degree
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
D D M M Y Y Y Y Y Y	DAY MONTH YEAR	D D M M Y Y Y Y Y Y

4. Name (IN FULL) (as appearing in MBBS certificate) Changed name will be rejected

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
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MALE <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		FEMALE <input type="checkbox"/>	D D M M Y Y Y Y Y Y

10. E-mail (Write in Bold & Clear manner)

11. Mobile No.	12. Residential Telephone No.	Control Number to be assigned by NBE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	STD PHONE No.	

13. Centre preferred for theory examination (Fill Centre Code From Information Bulletin)

1st Choice Code

2nd Choice Code

14. Examination Fee (Please mark (X) in the appropriate box)

(a) Examination Fee (To be submitted by post MD/MS Candidates)	<input type="checkbox"/> Rs. 6500	Challan / Transaction ID No. (Demand Draft will not be accepted.)
(b) Examination Fee (DNB Candidates & Only Practical Second or Third Attempt) (The above fee is inclusive of examination fee and information bulletin)	<input type="checkbox"/> Rs. 5500	

Amount :

Date as on Bank Stamp:

Name of the Bank Branch: _____

Copy of Pay-in-Slip / Challan of Indian Bank or Axis Bank should be enclosed.

15. Correspondence Address

Name :

Address:

City :

State :

Pin Code :

16. Signature of the Candidate (within the box)

17. Photograph

- Paste here (do not pin or staple) a recent passport size photograph as per "INSTRUCTIONS FOR PHOTOGRAPHS" in Information Bulletin.
- The photograph should NOT exceed this box.
- The photograph to be affixed here should NOT be attested.
- If the photograph is not clear, the application will be rejected.

18. Have you ever appeared for DNB Final examination? If yes, give following particulars (Details of latest appearance in DNB Final (Theory) Exam.)

FINAL (Subject) : (Details of latest appearance in DNB Final (Theory) Exam.)						
Date of Appearing (month & year)		Roll No.			Result	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	Y	Y	Y	Y	(Pass / Fail / Absent) <input type="checkbox"/>

19. Details of MBBS Examination Passed :

Examination Passed	Medical College	University	City and State	Month & Year
Final MBBS				

20. Details of DIPLOMA/MD/MS Examination Passed :

Course	Subject	Institute	City and State	Date of Issue of passing certificate
DIPLOMA				
MD/MS				

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 Dissertation /Thesis

Subject and Date of Submission to NBE	Period	Topic	Whether Accepted/Rejected / Any Other
			(Annexe Letter of approval of Thesis)

24. Present Appointment

25. List of Enclosures (as per information bulletin)

- Two extra recent passport size photographs duly attested.
- Copy of Pay-in-Slip / Challan of Indian Bank or Axis Bank (NBE Copy)
- 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) (MD/MS).
- Proof of recognition of P.G. Degree/Diploma.
- Certificate of DNB/Training/Thesis/Dissertation submission issued by head of institution in original on official letter head.
- Training completion certificate as per format in the Information Bulletin.

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".

DECLARATION & CERTIFICATION

I here by declare and certify that:

- 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.
- The documents submitted as evidence of above facts and are self attested photocopy of original documents.
- 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 Bulletin 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.
- Candidate's Name in Block Letters _____

Date: / /2015

Signature of the Candidate

CERTIFICATE FROM THE HEAD OF THE INSTITUTION/EMPLOYER

(to be issued only after checking the original documents)

I certify that to the best of my knowledge and belief the statements made above by Dr. _____ are correct.

Date: / /2015

Signature of the Head of Institution or Employer with Name and office stamp

NOTE : POSSESSION / USE OF MOBILE PHONE / ELECTRONIC DEVICES IS STRICTLY PROHIBITED IN THE PREMISES OF NBE EXAMINATION CENTRES. CANDIDATES SHALL BE LIABLE FOR PENAL ACTION FOR POSSESSION / USE OF MOBILE PHONES / ELECTRONIC DEVICES. PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.

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