Image: Notional Board of Examinations Image: Notical Enclave, ansarinagar, mahatma gandhi marg, new Delhi-110029 FORM-I Application Formfor Fellowship Entrance test-2017						
	APPLICATION FC	DRIVIFOR FELI		ANCE IEST-2		
INSTRUCTIONS :- * INCOMPLETE APPLICATION FORI	MS WILL NOT BE CONSIDER	ED.	. О е			pplication Form No.
* READ INFORMATION BULLETIN * DO NOT ATTACH ANY ENCLOSU			M. ~	\cup	\smile	
* USE BLUE/BLACK BALL PEN O	NLY			ce Use		
Fellowship Programme for which a		CODE information bulleti	in) Roll Num	ber (to be assig	ned by NBE)	DL
		Annexure - II				
1. DNB/MD/MS/DM/MCh DETAIL						
a) Specialty in which qualifying P(G medical qualification (DNE	3/MD/MS/DM/M	ICh) is obtained.	b) Date of Jo	oining (DNB/MD	/MS/DM/MCh Training)
c) Date of Passing	d) Date of Co	mpletion		e) Duration of		Y Y Y ACh or DNB Training
(MD/MS/DM/MCh or DNB)		MCh or DNB Tr	raining)	at the tim	e of declaration	ICh or DNB Training of Result)
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2. Name (IN FULL) (as appearing	in MBBS certificate)					
3. Father's/Husband's Name						
4. Mother's Name				·····		
5.a) MCI/SMC Reg. No.	5.b) Dated			6. C	ate of Birth	
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7. STD Code Telephone No		M M Y 8. Mobile	No.		9. Cate	
					SC	ST OBC GENERAL
10. E-mail (Write in Bold & Clear ma	anner)					
11 Centre preferred for Fellow	shin Examination					
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			2nd Choice		Centre	Code
1st Choice	Centre		2nd Choice			Code
1st Choice 12. Fees Details	Centre	2	2nd Choice		Axis Bank	
1st Choice 12. Fees Details	Centre	2	2nd Choice			
1st Choice 12. Fees Details		Date	M Y Y Y		Axis Bank	
1st Choice 12. Fees Details Challan No.	Centre Ch Examination (attested	Date Date D D M d copies of Ce	M Y Y Y	e attached)	Axis Bank	Amount Rs.
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18. Examination Fee (Please mark (X) in the appropria	ite box)		
Examination Fee (Including Information Bulletin)	Rs. 4500		
Challan No.		Date	Amount Rs.
	O Axis Bank		
	Indian Bank		

19. List of Enclosures (To be Ticked)

1.	Two extra recent passport size photographs duly attested.
2.	NBE copy of challan slip duly stamped by the bank where fee is paid.
3.	Self attested photocopy of Registration Certificate of Medical Council of India / State Medical Council.
4.	Self attested photocopy of MBBS Degree Certificate.
5.	Self attested photocopy of DNB/MD/MS OR DNB/DM/MCh Pass Certificate.

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

Date:

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.	
	Signature of the Head of Institution or Employer with Name and Office Stamp, Address & Telephone Number
Date: /	
NOTE : USE / I	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.

	TIONAL BOARI LAVE, ANSARI NAGAR, M APPLICATION FORMFOR	AHATMA GANDHI N	IARG, NEW DEL	-HI-110029	
INSTRUCTIONS :-				Application Form No.	
* INCOMPLETE APPLICATION FORMS WILL * READ INFORMATION BULLETIN CAREFU			O PE (NE	
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13. Details of DNB/MD/MS/DM/MCh Examination Passed Subject	Medical College	University	State	Month & Year Result Attempts	
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14. Correspondence Address		15. Photograp	1	6. Signature of the Candidate (within the box)	
Address:		a recent passport			
		2. The photograph exceed this box.			
City :.	3. The photograph to be affixed here should be attested.				
State : Pin Code :	·····	4. If the photograph application will be	is not clear, the erejected.		

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