



NATIONAL BOARD OF EXAMINATIONS

NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

SCANNABLE APPLICATION FOR FELLOWSHIP PROGRAMME ENTRANCE TEST IN SUB-SPECIALITIES - 2012

INSTRUCTIONS :-
* INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.
* READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE FORM.
* PLEASE SUBMIT THIS FORM IN ENVELOPE PROVIDED.
* 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

SUBJECT GROUP (As per information bulletin) **CODE**
Annexure - 1

Roll Number (to be assigned by NBE)

1. DNB/MD/MS or DM/MCh DETAILS (To be filled in by the Candidate)

a) Month & Year of passing DNB/MD/MS or DM/MCh b) Date of Joining (DNB/MD/MS or DM/MCh) c) Date of Completion (DNB/MD/MS or DM/MCh)

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. Date of Birth

7. STD Code Telephone No. 8. Mobile No. 9. Category

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

11. Centre preferred for Fellowship Examination

12. Fees Details

13. Details of DNB/MD/MS or DM/MCh Examination (attested copies of Certificates to be attached)

Examination Passed	Subject	Medical College	University	State	Month & Year	Result	No. of Attempts

14. Correspondence Address

15. Photograph

16. Signature of the Candidate

P.T.O.

17. Present Appointment / Job :



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

Examination Fee	<input type="checkbox"/>	Rs. 3650												
Form Fees (For Downloaded Forms only)	<input type="checkbox"/>	Rs. 750												
Challan No.	<input type="checkbox"/>	Axis Bank	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount Rs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		D	D	M	M	Y	Y	Y	Y			
		Indian Bank												

19. List of Enclosures

1. Two extra recent passport size photographs duly attested.
2. 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 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.
- f) Candidate's Name in Block Letters

Date: / /

Signature of the Candidate

CERTIFICATE FROM THE HEAD OF THE INSTITUTION /GAZETTED OFFICER

(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 Gazetted Officer/Head of Institution with Name and Office Stamp, Address & Telephone Number

Date: / /

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



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NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

NON SCANNABLE APPLICATION FOR FELLOWSHIP PROGRAMME ENTRANCE TEST IN SUB-SPECIALITIES - 2012

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Annexure - 1

Roll Number (to be assigned by NBE)

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a) Month & Year of passing DNB/MD/MS or DM/MCh b) Date of Joining (DNB/MD/MS or DM/MCh) c) Date of Completion (DNB/MD/MS or DM/MCh)

2. Name (IN FULL) (as appearing in MBBS certificate)

Name input fields

3. Father's/Husband's Name

Father's/Husband's Name input fields

4. Mother's Name

Mother's Name input fields

5.a) MCI/SMC Reg. No. 5.b) Dated 6. Date of Birth

7. STD Code Telephone No.

8. Mobile No.

9. Category SC ST OBC GENERAL

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

11. Centre preferred for Fellowship Examination

1st Choice Centre Code 2nd Choice Centre Code

12. Fees Details

Challan No. Date 2 0 1 1 Axis Bank Indian Bank Amount Rs.

13. Details of DNB/MD/MS or DM/MCh Examination (attested copies of Certificates to be attached)

Examination Passed	Subject	Medical College	University	State	Month & Year	Result	No. of Attempts

14. Correspondence Address

Name Address City State Pin Code

15. Photograph

- 1. Paste here (do not pin or staple) a recent passport size photograph as per "INSTRUCTIONS FOR PHOTOGRAPHS" on the inner side of back cover of the Prospectus.
- 2. The photograph should NOT exceed this box.
- 3. The photograph to be affixed here should be attested.
- 4. If the photograph is not clear, the application will be rejected.

16. Signature of the Candidate (within the box)

Signature box

P.T.O.

17. Present Appointment / Job :



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

Examination Fee Rs. 3650
Form Fees (For Downloaded Forms only) Rs. 750

Challan No.

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Axis Bank
 Indian Bank

Date

D	D	M	M	Y	Y	Y	Y		

Amount Rs.

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- f) Candidate's Name in Block Letters

Date: / /

Signature of the Candidate



CERTIFICATE FROM THE HEAD OF THE INSTITUTION /GAZETTED OFFICER

(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.

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Signature of the Gazetted Officer/Head of Institution with Name and Office Stamp, Address & Telephone Number

Date: / /



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D D M M Y Y Y Y

7. STD Code

Telephone No.

8. Mobile No.

9. Category

SC ST OBC GENERAL

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

11. Centre preferred for Fellowship Examination

Centre Code 1st Choice 2nd Choice

12. Fees Details

Challan No. Date
2 0 1 1
D D M M Y Y Y Y Axis Bank Amount Rs.
 Indian Bank

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Examination Passed	Subject	Medical College	University	State	Month & Year	Result	No. of Attempts

14. Correspondence Address

Name :
Address:
City :
State :
Pin Code :

15. Photograph

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(within the box)

P.T.O.

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Axis Bank
 Indian Bank

Date

D	D	M	M	Y	Y	Y	Y

Amount Rs.

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