



Revised Notice for CME programmes for DNB students from accredited hospitals to be held at Chennai, Hyderabad, Bangalore, Pune and Delhi and CME Workshops For Consultants On Bed Side Teaching, Research Methods And Evaluation

In order to sensitize the examination going DNB students, it has been decided to hold following CME programmes:

- A. One day CME programmes in preparing for theory examination
- B. Three days CME programmes for those students who are going to take their practical examination.
- C. One day CME programmes in preparing for thesis protocol and thesis writing examination
- D. Two days CME Workshops For Consultants On Bed Side Teaching, Research Methods And Evaluation

The concerned students and consultants are required to apply for these CME programmes immediately on the registration format available on the website along with the registration fee.



NATIONAL BOARD OF EXAMINATIONS, NEW DELHI

**CME One day CME on thesis protocol and thesis writing
for DNB students**

REGISTRATION FORM

NAME OF CANDIDATE _____
SPECIALITY _____
REGISTRATION NO. _____
YEAR -I / II/ III/EX-CANDIDATE _____
NAME OF INSTITUTION _____

CORRESPONDENCE ADDRESS _____

AMOUNT & D.D NO. _____
(RS. 1,000/- IN FAVOR OF NATIONAL BOARD OF EXAMINATIONS PAYABLE AT
NEW DELHI)
PHONE NO./ MOBILE _____
E-MAIL ADDRESS _____
SIGNATURE _____

FOR OFFICE USE ONLY

RECEIVED DRAFT OF RS.1,000/- NO. _____ DATED _____
DRAWN ON _____ PAYABLE AT _____
DATE OF CME WORKSHOP- FROM _____ TO _____
CME HELD AT _____

S.O(ACCTS.)

DD(NM)

CONSULTANT



NATIONAL BOARD OF EXAMINATIONS, NEW DELHI

PREPARING FOR THEORY EXAMINATION

Registration form for one day workshop

Name of candidate _____
Specialty _____
Registration no. _____
Year –III/ex-candidate _____
Centre of choice out of Delhi, Pune, Chennai, Hyderabad, Bangalore
First Choice _____
Second Choice _____
Correspondence address _____

Amount & D.D No. _____
(rs. 1,000/- in favor of national board of examinations payable at New Delhi)
Phone no./ mobile _____
E-mail address _____
Signature _____

FOR OFFICE USE ONLY

RECEIVED DRAFT OF RS.1,000/- NO. _____ DATED _____
DRAWN ON _____ PAYABLE AT _____
DATE OF CME WORKSHOP- ON _____
TO BE HELD AT _____

S.O(ACCTS.)

DD(NM)

CONSULTANT



NATIONAL BOARD OF EXAMINATIONS, NEW DELHI

PREPARING FOR PRACTICAL EXAMINATION

Registration form for three days workshop

NAME OF CANDIDATE _____

SPECIALTY _____

REGISTRATION NO. _____

YEAR -III/EX-CANDIDATE _____

CENTRE OF CHOICE OUT OF DELHI, PUNE, CHENNAI, HYDERABAD, BANGALORE

FIRST CHOICE _____

SECOND CHOICE _____

CORRESPONDENCE ADDRESS _____

AMOUNT & D.D NO. _____

(RS. 2,500/- IN FAVOR OF NATIONAL BOARD OF EXAMINATIONS PAYABLE AT
NEW DELHI)

PHONE NO./ MOBILE _____

E-MAIL ADDRESS _____

SIGNATURE _____

FOR OFFICE USE ONLY

RECEIVED DRAFT OF RS.2,500/- NO. _____ DATED _____

DRAWN ON _____ PAYABLE AT _____

DATE OF CME WORKSHOP- ON _____

TO BE HELD AT _____

S.O(ACCTS.)

DD(NM)

CONSULTANT

NATIONAL BOARD OF EXAMINATIONS, ANSARI NAGAR, RING ROAD, NEW DELHI-110029



**CME Workshops For Consultants On Bed Side Teaching, Research Methods
And Evaluation
Registration Form**

NAME OF CONSULTANT _____
SPECIALTY _____
NAME OF INSTITUTION _____

**ADDRESS FOR
CORRESPONDENCE** _____

AMOUNT & D.D NO. _____

(RS. 2,500/- IN FAVOR OF NATIONAL BOARD OF EXAMINATIONS PAYABLE AT NEW DELHI)

PHONE NO./ MOBILE _____

E-MAIL ADDRESS _____

CHOICE OF CENTRE (DELHI, HYDERABAD, CHENNAI, BANGALORE & PUNE)

FIRST CHOICE _____ **SECOND CHOICE** _____

SIGNATURE _____

FOR OFFICE USE ONLY

RECEIVED DRAFT OF RS.2,500/- NO. _____ **DATED** _____

DRAWN ON _____ **PAYABLE AT** _____

DATE OF CME WORKSHOP- FROM _____ **TO** _____

CME HELD AT _____

S.O(ACCTS.)

DD(NM)

CONSULTANT