

**Annexure 'A'**

Format of Joining Report to be furnished by all DNB Candidates who have been allotted Post Diploma DNB seats at NBE accredited Medical Colleges/Institutions/Hospitals for DNB training, through POST DIPLOMA CET Centralized Counseling.

NOTE: Ensure that Joining Report **MUST** be issued on an **OFFICIAL LETTERHEAD** under **signature and stamp of Dean/Principal/Medical Superintendent/Head of the Institution/Director** only, as per the prescribed format.

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**Office Dispatch Number:**

**Date of Issue:**

The Executive Director  
National Board of Examinations  
(Ministry of Health & Family Welfare, Govt. of India)  
Ansari Nagar, Mahatma Gandhi Marg (Ring Road)  
New Delhi-110029

Sub: Furnishing of Joining Report for Post Diploma DNB Course.

Sir,

It is certified that Dr. \_\_\_\_\_ Son/Daughter/Wife of \_\_\_\_\_ who has qualified POST DIPLOMA CET Examination conducted by National Board of Examinations vide Roll Number \_\_\_\_\_ and secured \_\_\_\_\_ merit in the specialty has joined Post Diploma DNB training at our NBE accredited Medical College/Institution/Hospital on \_\_\_\_\_ (Date of joining DNB training at Institution). He/she will be doing her thesis under guidance of \_\_\_\_\_ (Name & Designation of Thesis guide).

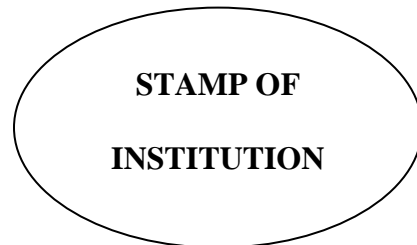
His/Her original documents have been verified for their genuiness & authenticity. He/She may be registered for Post Diploma (Secondary) DNB Course in the specialty of \_\_\_\_\_ w.e.f \_\_\_\_\_ (Date of Joining DNB Training).

It is also certified that the candidate will be made to work during the entire DNB training as a resident doctor strictly in accordance with leave guidelines of NBE

Yours sincerely

Signature \_\_\_\_\_

Name & Designation \_\_\_\_\_





**13. Details of Examination Passed:**

Examination	Subject	Medical College	University	State	Month/Year
MBBS					
POST GRADUATE DIPLOMA					

**14. Topic of Thesis (Protocol is to be submitted within 3 months of joining the Institution)**

**15. Name/Designation of Thesis Guide** \_\_\_\_\_

**16. List of Enclosures (in the specified order) :**

**(Please tick)**

1. NBE Copy of Challan /Pay-in Slip for Registration Fees.
2. Annexure-A (original) on an official letter head under signature and stamp of Head of the institution.
3. Copy of Seat Allotment Letter issued by NBE on the day of Post Diploma CET Centralized Counseling.

## DECLARATION & CERTIFICATION

I here by declare and certify that:

- a) I have read the general instructions and the rules and regulations of NBE Information Bulletin and shall abide by them.
- b) Particulars given above 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 herein and at the time of counseling are true copies of original documents which belong to me.
- 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/furnished by me is/are found to be false, I am liable to be disqualified as registered as a DNB Trainee/Candidate for DNB programme 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 Information Bulletin, 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 Capital Letters

Signature of the Candidate

Date: \_\_\_\_\_

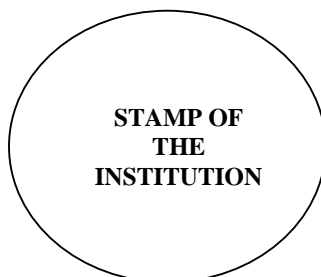
Place: \_\_\_\_\_

## CERTIFICATE FROM THE HEAD OF THE INSTITUTE

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

Date: \_\_\_\_\_

Place: \_\_\_\_\_



Signature of Head of the Institute

**NOTE : PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE. USE/ POSSESSION OF MOBILE PHONES IN EXAMINATION PREMISES OF NBE IS TREATED AS AN 'UNFAIR MEANS' AS PER PRESCRIBED NBE GUIDELINES.**



**NATIONAL BOARD OF EXAMINATIONS**

Bank's Copy

**Online Fees Account**  
**Indian Bank A/c No. 830641451**

Original copy to be attached with the application form / Duplicate copy to be retained by the Bank / Triplicate copy to be retained by the Candidate.

Challan No. .... Date: .....

1. Name (in Capital letters): .....

2. Sl. No. of Application Form (if applicable): .....

3. Type of Fee / Amount

Code No.	
01. FMGE (Screening-Test) - .....	09. Enrolment Fee - .....
02. DNB-CET - .....	10. In-absentia Fee - .....
03. DNB-Final - .....	11. Teleconferencing Fee - .....
04. CET-SS /Fellowship Entrance - .....	12. Teleconferencing DVD - .....
05. Fellowship Exit - .....	13. Accreditation Fee - .....
06. CME - .....	14. Sale of Accreditation Application Form Fee - .....
07. Thesis Fee - .....	15. Result / Degree/ Verification Fee - .....
08. Registration Fee - .....	16. Others Fee - .....

4. Bank Charges

5. Amount (in Figure)

6. Amount (in words) .....

7. Denomination of notes: .....

8. Bank Branch in which fee deposited: .....

9. Bank Transaction ID No. (For Bank use only) .....

Bank Seal & Signature of Authorized Bank Officer receiving the amount

(Signature of the Candidate)



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Depositors/Candidate's Copy

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Bank's Copy

**DNB CET**

**Axis Bank A/c No. 911020036459060**

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