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.

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 genuineness & 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__________

STAMP OF INSTITUTION
APPLICATION FORM - REGISTRATION AS POST DIPLOMA DNB TRAINEE JULY 2011 SESSION
To be submitted within one month of joining as a DNB trainee
To be completed by candidate in his/her own hand writing with blue/black Ball point pen only.

| Specialty: | |
| Institute: | |

1. **Name (CAPITAL LETTERS)** (As mentioned in MBBS Degree Certificate, Leave a blank space between each part of the name)

2. **Father's/Husband's Name (CAPITAL LETTERS)** (Leave a blank space between each part of the name)

3. **a) MCI/SMC Reg. No.**
   **b) Date of Regn.**
   **c) Name/State of Medical Council**

4. **Gender**
   - [ ] Male
   - [ ] Female

5. **Date of Birth**
   D D M M Y Y Y Y

6. **Category**
   - [ ] Other
   - [ ] SC
   - [ ] ST
   - [ ] OBC

7. **Roll Number of Post Diploma August 2011 Examination:**

8. **Date of Joining with Institution as a DNB Trainee:**
   (Mentioned date MUST match with the Date mentioned in Annexure ‘A’)
   D D M M Y Y Y Y

9. **Registration Fees:**
   - [ ] Post Diploma (Secondary) DNB Courses (2 Yrs) [ ] Rs. 2000/-
   - [ ] Challan / Transaction ID No.
   - [ ] Date as on Bank Stamp
     D D M M Y Y Y Y
   - [ ] Name of the Bank Branch
     ________________________________
     Branch Code: ___________________

   NBE Copy of Challan / Pay-in-Slip of Axis Bank / Indian Bank should be enclosed with the Application Form.

10. **Mobile No.**
    **Residence Telephone No (with STD code, Do not prefix ‘0’ before STD code):**

11. **Email Address:**

12. **Address for Correspondence:**
    Name: .........................................................................................................
    Street Address 1: ..........................................................................................
    Street address 2: ..........................................................................................
    City/District: ..............................................................................................
    State: ...........................................................................................
    PIN CODE

[ ] CANDIDATE SHOULD AFFIX HIS / HER RECENT PASSPORT SIZE PHOTOGRAPH ATTESTED BY HEAD OF THE INSTITUTION

Signature of the candidate
13. Details of Examination Passed:

<table>
<thead>
<tr>
<th>Examination</th>
<th>Subject</th>
<th>Medical College</th>
<th>University</th>
<th>State</th>
<th>Month/Year</th>
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<tbody>
<tr>
<td>MBBS</td>
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<td>POST GRADUATE DIPLOMA</td>
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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) :

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 hereby 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.

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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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### NATIONAL BOARD OF EXAMINATIONS

#### Depositors/Candidate’s Copy

**Online Fees Account**

**Indian Bank A/c No. 830641451**

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