1. **Post Graduate Diploma Details** (To be filled in by the Candidate)
   - **a)** Month & Year of passing P.G. Diploma
   - **b)** Date of Joining (P.G. Diploma)
   - **c)** Date of Completion (P.G. Diploma)

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

3. **Father’s/Husband’s Name**

4. **Mother’s Name**

5. **Category**
   - SC
   - ST
   - OBC
   - OTHERS
   - Male
   - Female

6. **Gender**
   - Male
   - Female

7. **Date of Birth**

8. **Mobile No.**

9. **Residence Telephone No.**
   - MCI/SMC Reg. No.
   - Dated

10. **Centre preferred for Post diploma CET Examination**
    - 1st Choice
    - 2nd Choice

11. **Name of Medical Council**

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

13. **Examination Fee** (Please mark (X) in the appropriate box)
    - Examination Fee
    - Rs. 3500
    - Amount:
    - Date as on Bank Stamp:
    - Challan / Transaction ID No.
    - Rs. 750
    - Amount:
    - Date as on Bank Stamp:
    - Challan / Transaction ID No.

14. **Birth Certificate**
    - Copy of Pay-in-Slip / Challan of Indian Bank or Axis Bank should be enclosed.

15. **Are you pursuing any MD/MS/DNB Post graduate degree programme.**
    - Yes
    - No

16. **Correspondence Address**
    - Name:
    - Address:
    - City:
    - State:
    - Pin Code:

17. **Signature of the Candidate** (within the box)

18. **Photograph**
    1. Paste here (do not pin or staple) a recent passport size photograph as per "INSTRUCTIONS FOR PHOTOGRAPHS" in Information Bulletin.
    2. The photograph should NOT exceed this box.
    3. The photograph to be affixed here should not be attested.
    4. If the photograph is not clear, the application will be rejected.
DECLARATION & CERTIFICATION

I hereby 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:       /      /2012
Signature of the Candidate

CERTIFICATE FROM THE HEAD OF THE INSTITUTION / GAZETTED OFFICER

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 / Gazetted officer with Name and office stamp

Date:       /      /2012

NOTE: USE / POSSESSION OF MOBILE PHONE / ELECTRONIC DEVICE IS NOT PERMITTED IN EXAMINATION PREMISES. PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.
**INSTRUCTIONS:**
- INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.
- READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE FORM.
- PLEASE SUBMIT THIS FORM IN ENVELOPE PROVIDED.
- USE BLUE/BLACK BALL PEN ONLY.

**APPLICATION FOR POST DIPLOMA CENTRALISED ENTRANCE TEST (POST DIPLOMA CET) JUNE 2012**

<table>
<thead>
<tr>
<th>DIPLOMA QUALIFICATION (Code as per Information Bulletin)</th>
<th>Control Number to be assigned by NBE</th>
<th>Roll Number (to be assigned by NBE)</th>
</tr>
</thead>
</table>

1. **Post Graduate Diploma Details (To be filled in by the Candidate)**
   - a) Month & Year of passing P.G. Diploma
   - b) Date of Joining (P.G. Diploma)
   - c) Date of Completion (P.G. Diploma)

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

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4. **Mother’s Name**

5. **Category**
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   - [ ] ST
   - [ ] OBC
   - [ ] OTHERS

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

7. **Date of Birth**
   - [ ] Day
   - [ ] Month
   - [ ] Year

8. **Mobile No.**
   - [ ] Phone Number

9. **Residence Telephone No.**

10. **MCI/SMC Reg. No.**
    - a) [ ] Number
    - b) Dated

11. **Centre preferred for Post diploma CET Examination**
    - 1st Choice
    - 2nd Choice

12. **Name of Medical Council**

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

14. **Examination Fee** (Please mark (X) in the appropriate box)
    - Examination Fee [ ] Rs. 3500
    - Form Fee [ ] Rs. 750

15. **Are you pursuing any MD/MS/DNB Post graduate degree programme.**
    - [ ] Yes
    - [ ] No

16. **Correspondence Address**
    - Name: ____________________________
    - Address: ____________________________
    - City: ____________________________
    - State: ____________________________
    - Pin Code: ____________________________

17. **Signature of the Candidate**
    - (within the box)

18. **Photograph**
    - Paste here (do not pin or staple)
    - A recent passport size photograph as per "INSTRUCTIONS FOR PHOTOGRAPHS" in Information Bulletin.
    - The photograph should NOT exceed this box.
    - The photograph to be attested.
    - If the photograph is not clear, the application will be rejected.

---

* Form Fee Rs. 750
* Amount: ____________________________
* Date as on Bank Stamp: ____________________________
* Challan / Transaction ID No.: ____________________________

*(For downloaded form only)*

*(Demand Draft will not be accepted.)*

Copy of Pay-in-Slip / Challan of Indian Bank or Axis Bank should be enclosed.

---

P.T.O.
I hereby 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.

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Date: / /2012

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* DO NOT ATTACH ANY ENCLOSURES WITH THIS APPLICATION FORM.
* USE BLUE/BLACK BALL PEN ONLY.

SPECIMEN APPLICATION FORM FOR
POST DIPLOMA CENTRALISED ENTRANCE TEST (POST DIPLOMA CET)
JUNE 2012

Pin Code:
Name:
Address:
City:
State:
Pin Code:

DIPLOMA QUALIFICATION (Code as per Information Bulletin)

1. Post Graduate Diploma Details (To be filled in by the Candidate)
   a) Month & Year of passing P.G. Diploma
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   c) Date of Completion (P.G. Diploma)

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

3. Father’s/Husband’s Name

4. Mother’s Name

5. Category
   □ SC
   □ ST
   □ OBC
   □ OTHERS
   Male
   Female

6. Gender

7. Date of Birth

8. Mobile No.

9. Residence Telephone No.

10.a) MCI/SMC Reg. No.
10.b) Dated

11. Centre preferred for Post diploma CET Examination
   1st Choice
   2nd Choice

12. Name of Medical Council

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

14. Examination Fee (Please mark (X) in the appropriate box)
   Examination Fee    Rs. 3500
   * Form Fee         Rs. 750
   (*)For downloaded form only

15. Are you pursuing any MD/MS/DNB Post graduate degree programme.

   Yes
   No

16. Correspondence Address
   Name:
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17. Signature of the Candidate (within the box)

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   1. Paste here (do not pin or staple) a recent passport size photograph as per “INSTRUCTIONS FOR PHOTOGRAPHS” in Information Bulletin.
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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.

Date:       /      /2012
Signature of the Candidate

20. Present Appointment / Job :

21. List of Enclosures

1. Two extra recent passport size photographs duly attested.
2. Self attested photocopy of Permanent Registration Certificate of Medical Council of India / State Medical Council.
4. Proof of PG diploma being recognized by MCI – IMR Certificate specifying additional qualification/ Additional qualification registration certificate issued by MCI/ printout of MCI website showing recognition status of PG Diploma.
5. NBE Copy of Pay-in-Slip / Challan of Indian Bank / Axis Bank

DEVELOPMENT & CERTIFICATION

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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 / Gazetted officer with Name and office stamp

Date:       /      /2012
( In case, Candidate is not working, the above column may be attested by a Gazetted officer)

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