**NATIONAL BOARD OF EXAMINATIONS**
**MEDICAL ENCLAVE, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029**

**APPLICATION FORM FOR FELLOWSHIP ENTRANCE TEST - 2015**

**INSTRUCTIONS :-**
* INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.
* READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE FORM.
* DO NOT ATTACH ANY ENCLOSURES WITH THIS APPLICATION FORM.
* USE BLUE/BLACK BALL PEN ONLY

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**Fellowship Programme for which application is submitted:**

**Name:**

**Address:**

**City:**

**State:**

**Pin Code:**

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

- **a)** Specialty in which qualifying PG medical qualification (DNB/MD/MS/DM/MCh) is obtained.
- **b)** Date of Joining (DNB/MD/MS/DM/MCh Training)
- **c)** Date of Passing (MD/MS/DM/MCh or DNB)
- **d)** Date of Completion (MD/MS/DM/MCh or DNB Training)
- **e)** Duration of (MD/MS/DM/MCh or DNB Training at the time of declaration of Result)

---

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

**3. Father’s/Husband’s Name**

**4. Mother’s Name**

**5. MCI/SMC Reg. No.**

**5.a)**

**5.b)**

**5.c)**

**5.d)**

**5.e)**

**6. Date of Birth**

**7. STD Code**

**8. Telephone No.**

**9. Category**

- SC
- ST
- OBC
- GENERAL

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

**11. Centre preferred for Fellowship Examination**

- 1st Choice
- 2nd Choice

**12. Fees Details**

- **Challan No.**
- **Date:** 2014
- **Amount Rs.:**
  - Axis Bank
  - Indian Bank

**13. Details of DNB/MD/MS/DM/MCh Examination (self attested copies of certificates to be attached)**

<table>
<thead>
<tr>
<th>Examination Passed</th>
<th>Subject</th>
<th>Medical College</th>
<th>University</th>
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**14. Correspondence Address**

**Name:**

**Address:**

**City:**

**State:**

**Pin Code:**

**15. Photograph**

1. Paste here (do not pin or staple) a recent passport size photograph.
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.

**16. Signature of the Candidate**

(Within the box)
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: / / Signature of the Candidate

CERTIFICATE FROM THE HEAD OF THE INSTITUTION OF PG TRAINING / CURRENT EMPLOYER

(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 Head of the Institution/Current employer with Name and Office Stamp, Address & Telephone Number.

Date: / /

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Fellowship Programme for which application is submitted:

(As per information bulletin)

Annexure - I

<table>
<thead>
<tr>
<th>1.</th>
<th>Roll Number (to be assigned by NBE)</th>
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<tr>
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<tr>
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