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 consultasnts 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
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
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
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