Guidelines for Admission to DNB Programmes (For medical Colleges)

National Board of Examinations
Ansari Nagar, Ring Road, New Delhi-110029
Sub : Accreditation of hospitals/institutions/Medical colleges to the NBE

Sir/Madam,

The National Board of Examinations is an autonomous organization established by the Government of India in the Ministry of Health and Family Welfare to conduct high level and uniform standard of Postgraduate and Post Doctoral examinations in the field of modern medicine and allied sciences. It awards its own qualification entitled Diplomate of National Board in the concerned discipline. The Board accredits institutions for training including non-teaching hospitals having adequate infrastructure, trained manpower and facilities for imparting a high level training.

2. All Medical Colleges/Postgraduate Medical Institutions recognized by the Medical Council of India/respective universities for postgraduate degree training in various specialities are recognized by the National Board of Examinations for training postgraduates provided the ratio of teacher to trainee of 1:1 is maintained. The medical Colleges should send a brief biodata of the surplus Post graduate teachers in the speciality on the enclosed format and also send a copy of the MCI recognition letter duly attested by the Dean/ Principal of the Medical College. The Dean/ Principal of the Medical College should also give an undertaking to follow the NBE norms for selection, training of DNB candidates, six monthly appraisal, thesis, log book etc. and other terms related to stipend, fee, working conditions etc. as circulated by NBE from time to time.

3. The detailed requirements regarding accreditation of institutions/hospitals or Medical Colleges which donot have MCI recognised MD/MS/MCh/DM courses or other than those mentioned above, are as follows:

   a. The requests for the hospitals/institutions for consideration of accreditation to the NBE will be entertained provided they have the minimum facilities for training of Postgraduate candidates in accordance with the norms laid down by the Board.

   b. Request for recognition of Hospital/Institutions should be made only in the Standard Inspection form, available at NBE on payment of Rs.1000/- by Bank Draft in favour of NBE payable at New Delhi.

   c. Each application shall be accompanied by an Inspection fee for a sum given below. The fee quoted is as on date and is subject to change from time to time.

      1. Fresh cases Rs.50,000/- for each department
      2. Renewal cases Rs.50,000/- for each department
4. The amount of inspection fee is to be remitted in accordance with the number of specialties applied for through a crossed Demand Draft only drawn in favour of National Board of Examinations payable at New Delhi.

5. If on preliminary screening of the application the institution does not ‘prima facie qualify for further consideration regarding inspection by the NBE, the Inspection fees will be refunded after deduction of 10% of the fee deposited.

6. Subject to the fulfilment of the criteria laid down, the Board will depute an inspector for each specialty to verify the facilities in the Institution as given in the prescribed proforma and overall arrangements of teaching/training programme etc. The inspector will then submit a detailed Inspection report to the Board.

7. The Inspection report submitted by the Inspector will be examined by the Accreditation Committee of the Board and the recommendations of the Accreditation Committee will be finally considered by the Governing Body of the Board. The decision of the Governing Body will be communicated to the Institution subsequently.

8. The cases where the fee for renewal is received within a period of nine months before the expire of accreditation period the case will be treated as for renewal and decided accordingly. In case the fee is received after the date of expiry period, the application would be treated as a fresh one.

9. The following papers are forwarded for your kind information and guidance.
   a. A copy of the minimum criteria for recognition of institutions as laid down by the Board.
   b. A copy of the Standard Inspection form as mentioned in para 3 for the submission of necessary information. A Copy of the form may be sent to the office of the NBE and one copy be kept ready with all particulars filled in for inspector to verify and to make his observations at the time of inspection for onward transmission to the Board.

10. Only if your hospital/institution has minimum infrastructure and facilities in accordance with the norms of the Board you may forward your request for consideration of accreditation.

Note:
   a. Please read the proforma carefully before filling it.
   b. Please give all the information asked for int the columns provided for the same and avoid Annexures a far as possible.
   c. Please note that the application for inspection will not be entertain dunless all the information is given in the manner it is asked for and is complete in all respects.
d. Incomplete form will not be considered.

Yours faithfully

(Dr. A K Sood)
Executive Director
1. **Minimum Criteria of Patient care in each speciality (for ONE seat **)**

** For training of two candidates the minimum number of beds and General beds should be 1.5 times the number of required for intake of one Candidate as mentioned above

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### Hospital Total Beds : 100

<table>
<thead>
<tr>
<th>Broad Specialties</th>
<th>Indoor Beds in the specialty</th>
<th>General beds * in the specialty</th>
<th>Outpatient attendance per year</th>
<th>General * OPD</th>
<th>Inpatient occupancy per year</th>
<th>General bed* occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine, General Surgery, Obstetrics &amp; Gynaec., Paediatrics, Respiratory Diseases</td>
<td>35</td>
<td>30%</td>
<td>5,000</td>
<td>30%</td>
<td>1000</td>
<td>30%</td>
</tr>
<tr>
<td>DVD</td>
<td>10</td>
<td>30%</td>
<td>5,000</td>
<td>30%</td>
<td>200</td>
<td>30%</td>
</tr>
<tr>
<td>ENT, Ophthalmology, Orthopaedics, Psychiatry Radio-therapy</td>
<td>25</td>
<td>30%</td>
<td>5,000</td>
<td>30%</td>
<td>1000</td>
<td>30%</td>
</tr>
</tbody>
</table>

The minimum word load in respect of the procedures carried out in each specialty may be furnished in the application form, for the Board to determine the potential of DNB training available in respective specialties.
### Indoor Beds in the specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Indoor Beds in the specialty</th>
<th>General beds * in the specialty</th>
<th>Outpatient attendance per year</th>
<th>General * OPD</th>
<th>Inpatient occupancy per year</th>
<th>General bed * occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. T. Surgery, G. I. Surgery, Neuro Surgery, Paediatrics Surgery, Plastic Surgery, Surgical Oncology, Genito-Urinary Surgery</td>
<td>20</td>
<td>30%</td>
<td>3500</td>
<td>30%</td>
<td>1000</td>
<td>30%</td>
</tr>
<tr>
<td>Cardiology, Endocrinology, Gastroenterology, Medical Oncology Nephrology, Neurology</td>
<td>20</td>
<td>30%</td>
<td>3500</td>
<td>30%</td>
<td>1000</td>
<td>30%</td>
</tr>
</tbody>
</table>

* General ward beds are those ‘earmarked’ beds / cases whose patients are to be looked after by DNB trainees under the supervision of Consultants and charged ‘at cost’ only, with no special fees or profit.

### 2. Staff: (Common for all specialties)

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Particulars</th>
<th>For One Candidate</th>
<th>For Two Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Senior Consultant with 8 years experience after MD/MS/DNB/MCh/DM in the speciality applied for</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b.</td>
<td>Junior Consultants with 5 years experience after MD/MS/DNB/MCh/DM in the specialty applied for</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Note:** Out of the Two consultants (one Senior and one Junior), atleast one should be a **recognized Post Graduate Teacher** while atleast One should be employed on Full Time salaried basis in the speciality.

c. Whole time registrar/Sr. residents with postgraduate qualification in the speciality applied for.

d. Whole time Resident with or without postgraduation qualification -- 1
3. **Emergency Medicine/Critical Care:**

   Should have 24 hours emergency services having adequate number of beds with supportive facilities for resuscitation and good medical cover.

4. **For Surgical Specialties:**

   - Adequate number of operation theatres
   - Adequate equipments as required for the concerned speciality
   - Anaesthesiologists both for the service and training of candidates
   - Other para medical staff to help in the operation theatre
   - Intensive care unit for surgical emergencies
   - Post operative ward

5. **Supportive Services:**

Radiology and other essential contrast studies

   - Clinical Haematology
   - Clinical Microbiology
   - Clinical Pathology/ Histopathology and Cytology
   - Any special investigative procedures required for the concerned specialty.

Department of Dietetics with trained dietician.

6. **Physical Facilities:**

   a) **Out patient department:**

   The hospital should possess adequate space for

   - Registration of patients’ along with facilities for record keeping.
   - Adequate number of rooms for examining the patients in privacy.
   - Case conference room (OPD) teaching room.
   - One or more side rooms for OPD procedures such as pleural aspirations dressings, plaster application, minor operation room etc.
   - Site laboratory to provide immediate facilities for routine investigative procedures.

   b) **Inpatient Department:**

   The hospital should possess adequate space for doctor’s duty room with attached toilet, adequate space for each bed and in between for side laboratory, for clinical investigations and separate room for clinical conference (ward teaching).

7. **Training in Basic Sciences:**

   The earlier practice of producing a letter from a Medical College to train DNB trainees in Basic Medical Sciences has been discontinued. The training/teaching in Basic Sciences concerning the specialties will be insisted upon in future.

   The hospital seeking accreditation should arrange appropriate number of lectures / demonstrations / group discussions / seminars in Basic sciences as related to the specialty concerned.

   Accredited hospitals should also give each of their DNB trainees a mandatory One month rotation training each year, (in addition to the routine duties) in their Hospital’s Laboratory so as to
enable them to gain knowledge in Laboratory procedures in subjects like Pathology, Histopathology, Biochemistry, Microbiology, Genetics etc. The institution may also arrange for training in all Basic Sciences as per the Syllabus. An undertaking to this effect is to be submitted to NBE while applying for Accreditation.

8. Training Schedule: -

The hospital must arrange for didactic lectures, special clinics as related to concerned specialty, clinical meetings / group discussions / seminars / workshops / Inter unit departmental meetings / journal clubs etc.

The hospital applying for accreditation must have a good Library with adequate number of Standard text books of latest edition, all the Indian journals in the specialty in which the accreditation is sought / subscribed for and preferably Two foreign journals. Facilities for students to study and consult the textbooks and journals with trained librarian to cater to the needs of the students. The library should be open even on Sundays and holidays.

9. Remuneration / Stipend: -

Accredited hospitals should pay each trainee (both Post MBBS & Post Diploma) a minimum monthly stipend equivalent to the sum paid to MD/MS/DM/MCh trainees by respective State Govts., in institutions owned by them, or, as mentioned below, whichever is HIGHER: -

<table>
<thead>
<tr>
<th>Programme</th>
<th>First year</th>
<th>Second year</th>
<th>Third year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broad Specialties</td>
<td>Rs. 10,000</td>
<td>Rs. 11,000</td>
<td>Rs. 12,000</td>
</tr>
<tr>
<td>Super Specialties</td>
<td>Rs. 14,000</td>
<td>Rs. 15,000</td>
<td>Rs. 16,000</td>
</tr>
</tbody>
</table>

However, DNB trainees in Delhi should be paid minimum monthly stipend as per mentioned above or Rs. 19,000/, whichever is HIGHER. Parity to the stipend paid by respective State Govts., should be maintained as when rates of stipend is revised by State Govts., It is also desirable that the Hospital provides accommodation to their trainees in addition to their stipend. NBE has no objection to the payment of a sum exceeding the amount stipulated, according to the stature of the institution and work load of the trainees. An undertaking to pay all DNB trainees at the above mentioned rates should be submitted to NBE while applying for accreditation.

10. Training Charges: -

With a view to provide relief to the training hospitals, to maintain uniformity and also to inculcate seriousness into the candidate towards their training, the Board has decided to increase the annual training charges. Accredited hospitals are hereby allowed to collect a sum not exceeding Rs. 50,000/- from their DNB trainee(s) each year under the following heads: -

a) Tuition fees - Rs. 15,000
b) Library fees - Rs. 5,000
c) Six Monthly Appraisal Fees - Rs. 10,000
d) Accommodation Charges - Rs. 10,000
e) Guest Lecture and Seminar Fees - Rs. 10,000
Accredited hospitals should NOT demand / levy any other charges like capitation fees/security deposit, etc from its DNB trainees. Please refer to detailed guidelines for fee structure on the website www.natboard.edu.in.

11. Library facilities:

The minimal learning resources in the Accredited/institutions/hospitals should be as follows:-

- Standard latest editions of post-graduate text books in the subject.
- Internet access to trainees with institutional subscription to e-libraries and journals (like DELNET etc).
- Journals in the subject (at least one international and one national)

12. Capitation Fees/Security deposit: Accredited hospitals should NOT demand / levy any other charges like capitation fees / security deposit, etc from its DNB trainees.

13. Record Keeping:

Good record department with follow up record.
FORAMT FOR BIO-DATA OF SURPLUS POST GRADUATE FACULTY MEMBERS IN THE
SPECIALITY

1. Name:

2. Age/Date of Birth :

3. Present Address :

4. Professional Year of Passing Name of University Qualifications
   MBBS
   MS/MD/DM/Mch/DNB
   Other Qualifications :-

5. Experience after No. of Years Professional Teaching Others
   Post-graduation

6. No. of Publications :

7. Status in the Hospital Full-Time Part Time
   If part time please
   indicate the number
   of hours being spent
   in the Hospital per day

8. Post presently held in the Hospital and from which date.


10. Please attach proof of working in the hospital in the form of salary slips and income tax F-16 form for the last one year

11. Please also attach an undertaking by the consultant that he/she will not leave the hospital in the next three years and also will spend atleast ten hours per week for teaching and training activities for DNB candidates as per the curriculum.

12. Any other remarks
Format for undertaking by the Dean/ Principal/ Director Medical College

I, Dean/Principal/Director, of _________________________ Medical College, hereby given an undertaking to follow the NBE norms for selection, training of DNB candidates, six monthly appraisal, thesis, log book etc. and other terms related to stipend, fee, working conditions etc. as circulated by NBE from time to time.

Name & signature
Dean/ Principal/ Director Medical College
1. Standard Procedure to be followed for selection of DNB candidates

The primary candidates selected must clear the CET test of NBE. (In those specialties where Secondary Diploma candidates are also selected the same procedure must be followed)

Please note that the candidates will not be registered if the following procedures is not followed.

(a) The Aptitude Assessment shall be done in a transparent manner i.e. wide publicity shall be given by the Institution for invitation of applications, as per the time framed defined by the Board.

(b) The concerned Institute shall maintain a complete record of all applicant candidates along with their contact details, which shall be submitted to the Board’s office at the end of selection process (as per format enclosed).

(c) The concerned Institute shall not hold any kind of written examinations for assessment of aptitude of the candidates.

(d) The selection committee/panel of experts appointed by the concerned institutions shall comprise of at least 50% of external members i.e. faculty members not related to the Institute, the panel shall comprise only of subject experts i.e. those specialists who are associated with practice and teaching of the concerned specialty.

(e) Consultants/Administrators/Promoters of the concerned Hospital cannot be associated with the Hospital’s selection process, if any of the close relatives or known person is appearing in the said aptitude assessment test.

(f) The Institute concerned shall evolve objective skills for assessing the aptitude of candidates (the draft scale for assessment of skills is proposed along with).

(g) The Institute concerned shall prepare a subject wise merit list based on the performance of the candidates equal to the number of seats available & an equal number of candidates in order of merit in the wait list panel.

(h) There shall not be any kind of special weightage to be given to any kind of candidate on any kind of ground.

(i) All candidates shall be treated alike and on equal grounds.
2. Information to be furnished to NBE

All Accredited Institutions shall forward following information to the Board within 10 days of the completion of admission process: -

(a) Details of advertisement/publicity notice for the selection process initiated by the Institute alongwith copy of the same.

(b) List of applicants who applied in response to such notice along with contact details (telephone number, fax, e-mail, mobile number) (as per format enclosed).

(c) Methodology of process adopted by the institute concerned for assessment of aptitude of the candidates.

(d) Details of composition of Committee/Panel of experts constituted for this assessment test along with contact details of the experts concerned.

(e) Declaration by the panel of experts (as per Annexure enclosed).

(f) List of candidates who finally appeared in the aptitude assessment test along with marks obtained by each candidate.

(g) Time period given to the selected candidates for joining the institution along with copy of the letter/agreement/terms & conditions to be issued to the selected candidates.

(h) Declaration form by the Institutes (as per Annexure)
3. Annexure (s)

Annexure 1 - Details of Advertisement

Annexure 2 - Format for furnishing records of all Candidates

Annexure 3 - Details of methodology for selection Process

Annexure 4 - Composition of the panel of experts

Annexure 5 - Declaration by the panel of experts

Annexure 6 - Format for furnishing information of Scoring in the Aptitude Selection Test

Annexure 7 - Letter of selection given to the selected Candidates along with detailed terms and conditions.

Annexure 8 - Declaration Form of the Institutions.

Annexure 9 - Draft Scale for assessment of aptitude of candidates.
Annexure 1

Format of Advertisement

1. Date of Publication
2. List of Newspapers where published
3. Last date for inviting applications
4. Annexed copy of advertisement
5. Any other means by which advertisement/admission notice was published like website, notice board, letter to other hospitals etc.

Annexure 2

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of Candidate</th>
<th>Educational Qualification</th>
<th>Contact Number like Telephone No., Fax, e-mail, Mobile No.</th>
<th>Date of submission of Application Form</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Annexure 3

(1) Whether the proposed scale for Aptitude Assessment Test issued by the National Board of Examinations has been used or some other methodology has been used (Yes/No)

(2) If no, given details of the admission process adopted.

(3) Describe how confidentiality was maintained in the conduct of Aptitude Assessment Test.

(4) Whether any mechanism was used to screen candidates for the purpose of appearing in Aptitude Test (Yes/No)

(5) If yes, the methodology so adopted

(6) Details of scoring methodology used for Aptitude Assessment Test.
Annexure 4

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name</th>
<th>Designation</th>
<th>Name of the Institution where working</th>
<th>Contact Details</th>
<th>Educational Qualification</th>
</tr>
</thead>
</table>

Annexure 5

I, _________________ (Name), working as ________________ (Designation), ____________________ (Hospital/Medical College) worked will be conducting the Aptitude Assessment Test for selection of DNB candidates in the specialty of _______________ for _______________ (session January/July, 200 ) for _________________ Hospital.

I have examined the list of candidates appearing for the said Aptitude Test and hereby certify that none of my blood relatives or near relatives (son-in-law/daughter-in-law, son/daughter, niece, nephew or any other dependent/progeny) of my family or immediate family (brother, sister, brother-in-law, sister-in-law) are appearing in the said aptitude test. I further certify that none of the candidates is a blood relative or close relative (son-in-law, daughter-in-law) of the promoter/owner/any consultant working in this Hospital.

I also certify that I do not know any candidate by virtue of his parents/family members, etc., (other than professional working experience).

(Dr _______________________)
### Annexure 6

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of Candidate</th>
<th>Educational Qualification</th>
<th>Contact Number like Telephone No., Fax, e-mail, Mobile No.</th>
<th>Date of submission of Application Form</th>
<th>Marks Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MS/ Director  
Medical College/Hospital

### Annexure 7

- Kindly Annex offer letter of selection and appointment as DNB Trainee issued to the candidate along with comprehensive guidelines and terms and conditions of training, fees charged, facilities provided to the candidates.
- This letter/all documents shall be comprehensive in nature and there shall be no documents other than this which is to be given to the candidate for scoring his admission.
Annexure 8

I, ____________ working as ______________ (Head of Institute) of ______________ Hospital hereby certify that:

(i) The information enclosed along with as contained in Annexures 1 to 7 is true to the best of my knowledge and nothing thereon has been concealed.

(ii) That this institute has not charged any kind of capitation fees/security money/caution money/bank deposit/material security or any such article from the candidates towards joining the DNB programme.

(iii) That the selection of DNB trainees has been done as per the guidelines prescribed by the National Board of Examinations.

(iv) That all the candidates have been treated alike on equal grounds and no special privilege or weightage has been given to any candidate on any ground.

(v) That the original degree and supporting documents for credentials have been verified in respect of candidates.

(vi) That this hospital has maintained a waiting list as per merit obtained by the candidates in this Aptitude Test and any further vacancies arising due to any selected candidate not joining the seat or leaving the seat, the same shall be filled amongst the waitlisted candidates in order of merit. That none amongst the promoters/administrators of the hospital have been associated with the Aptitude Assessment Test and none of their relatives or close contacts have appeared in the Aptitude Assessment Test.

(vii) The panel of experts for the Aptitude Assessment Test had 50% of experts who are not associated with this hospital in any capacity and have never been associated with this hospital.

Certified for above:

(DR ________)  
MS/ Director  
Medical College/Hospital
Annexure 9

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Item</th>
<th>Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge about Clinical Procedures, Surgical Skills, aptitude, Commonly Practiced Protocols in the concerned specialty.</td>
<td>10</td>
</tr>
<tr>
<td>1.</td>
<td><strong>Awareness about the specialty concerned:</strong> Is the candidate aware about the commonly practiced clinical procedures relevant/applied to the concerned specialty and the scope of specialty?</td>
<td>5</td>
</tr>
<tr>
<td>(a)</td>
<td>Not Aware – 0 Marks</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Somewhat Aware – 2 Marks</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Aware to a reasonable extent – 3 Marks</td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>Possesses sound Knowledge- 5 marks</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td><strong>Assessment of candidate for aptitude, commonly practiced protocols, knowledge of applied basic sciences, applied broad specialty to the subject</strong></td>
<td>5</td>
</tr>
<tr>
<td>(a)</td>
<td>Aptitude &amp; Knowledge – Nil</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Aptitude &amp; Knowledge – Reasonable 2 marks.</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Aptitude &amp; Knowledge – Above Average 3 marks</td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>Sound Knowledge &amp; Definitive Aptitude – 5 marks</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Experience and Academic Achievement, publications and conference attended</td>
<td>10</td>
</tr>
<tr>
<td>1.</td>
<td><strong>Experience in the concerned specialty</strong></td>
<td></td>
</tr>
<tr>
<td>(a)</td>
<td>Does not possess any experience – 0 Mark</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Possess some experience in the concerned specialty /allied specialty (has observed procedures/skills), experience less than a year – 2 Marks</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Possess experience in the concerned specialty – Marks (has assisted procedures in the specialty), experience 1-2 years – 3 marks</td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>Definitive experience (independently carried on procedures), Possesses at least 2 years of valid experience in the specialty/allied specialty – 5 Marks</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td><strong>Academic achievement /publications and conference attended</strong></td>
<td></td>
</tr>
<tr>
<td>(a)</td>
<td>Does not possess any Academic Aptitude – 0 Marks</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Possess Academic aptitude – 2 Mark (Evidence- attended at least one conference /CME in sub-specialty concerned)</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Possesses academic aptitude, is aware about recent publications and has attended at least two conferences in the concerned specialty 3 marks</td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>Sound Academic Aptitude- Attended at least 3 CME/Conference in the specialty – 5 Marks</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Grand Total</strong></td>
<td>20</td>
</tr>
</tbody>
</table>

Signature
All Accredited Institutions/Hospitals

Subject : Regarding Submission of Application for Registration as DNB Trainees

Sir/Madam,

This has reference to the above cited subject matter.

The matter has been examined in detail by National Board of Examinations and a comprehensive check list has been prepared and annexed along with (marked as Annexure ‘A’), all hospitals/institutions accredited by National Board of Examinations are required to ensure that the documents and information as per check list is provided in toto along with the Application Form. It may also be noted that National Board of Examinations will not enter into correspondence with any individual candidate for any query pertaining to registration except for the institution concerned and follow the matter with National Board of Examinations.

The enclosed checklist has been prepared as many institutions are found to forward the application for registration without complying with the required documentation.

For clarifications, if any, the office of the Board may be contacted on the following numbers :-

(a) Telephone - 46054605
(b) Fax - 45593009
(c) e-mail - mail@natboard.edu.in.

Yours sincerely,

Sd/-
(Dr. A.K. Sood)
Executive Director

Encl : As above
Check List (Registration) for Institution/Medical College

SESSION:_________________

1. Name of the Institution __________________________________________________________
2. Specialty Name ___________________________________________________________________
3. No. of seats _____________________ Accredited Upto _________________________________
4. Draft Number ___________ dated__________ Bank _________________________________
5. Candidate Name ________________________________ D.O.J. __________________________
6. Address for Correspondence: ______________________________________________________
   ______________________________________________________________________________

7. Phone Number :______________ Mobile Number: _________________________________
8. Email Address: _________________________________________________________________

<table>
<thead>
<tr>
<th>S. No</th>
<th>Certificate</th>
<th>Attached</th>
<th>Not Attached</th>
<th>Signature of HOI</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Attested Copy of MBBS Degree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Attested Copy of Valid CET Certificate</td>
<td></td>
<td></td>
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<td>3</td>
<td>Attested Copy of Diploma Degree</td>
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<td>4</td>
<td>Attested Copy of MCI Certificate</td>
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<td>5</td>
<td>Attested Copy of MD/MS Certificate</td>
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<td>6</td>
<td>Training Certificate in Format No.1/2/3/4/5/6/FLM</td>
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<td>7</td>
<td>Annexure 1 - 9</td>
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<td>8</td>
<td>MD / MS recognition certificate of the department by the MCI (For Medical College only)</td>
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<td>9</td>
<td>Details of Extra Teachers (Medical Colleges only)</td>
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<tr>
<td>10</td>
<td>Demand Draft of Rs.500/- (Registration fees)</td>
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<tr>
<td>11</td>
<td>Attested copy of accredited letter issued by NBE</td>
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<td>12</td>
<td>Any other</td>
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</table>

It is certified that I have personally verified all the above documents. I understand in case of inaccuracy / deficiency detected by NBE, the registration of the candidate will be cancelled with no legal liability on part of NBE.

Signature of the candidate

Signature of the Head of Institute (with seal)

Dated:
Check list for accredited hospitals before submission of Registration forms to National Board of Examinations for registration of candidate(s)

Important Points to be complied for submission of application from Head of Institution

1. Please send all the applications for registration together.

2. Please check all the original certificates/degree of candidate(s) and certify on the enclosed check list or attested copy of the CET/Diploma/Degree pass certificate.

3. Please send all the Annexure 1 to 9.

4. Please send Demand Draft of Rs.500/- per candidate drawn in favor of ‘National Board of Examinations’ payable at New Delhi.

5. Send attested copy of the Accreditation letter issued by NBE for verification of number of seats allocated to your Institution.

In case the application is incomplete in respect of any of the above, the same will be returned forthwith for further necessary action at your end. Institutions are requested to complete the formalities and resubmit the same within 15 days of issue of this letter failing the request for registration shall not be entertained by the Board. The cost and peril of any legal action so instituted by the candidate in case of non receipt of completed application in proper format shall rest with the institution concerned.

Important: Last date for Registration

a) January Session

(i) Completion of admission procedure – 15th February.
(ii) Submission of documents and completion of registration documentation by Institute concerned – Not later than 15th March.

b) July Session

(i) Completion of admission procedure – 14th August.
(ii) Submission of documents and completion of registration documentation by Institute concerned – Not later than 15th September.