

NOTICE

NBE along with accredited institutes are conducting CME Workshop on Clinical Research Methodologies, Thesis Research & Protocol Writing for DNB Trainees who have taken DNB Seats in July 2018 Admission Session.

IT IS MANDATORY FOR ALL CANDIDATES TO ATTEND CME WORKSHOP.

Candidates of previous sessions who could not attend CME earlier may also make use of this opportunity.

VENUE:

| S. No. | Hospital Name | Workshop Dates |
|---------------|---|-----------------------|
| 1 | B.R. Singh Hospital & Centre for Med. Edn & Res. Eastern Railway, Sealdah, KOLKATA-700014 West Bengal | 02-03-19 |

Timing for the Workshop: 9.00 AM onwards

Candidates have to apply online for this workshop at the following link
<http://www.natboard.edu.in/cme/appraisal/cmenotice.php>

Fee for CME is Rs. 6000/- which shall be paid through Indian Bank in prescribed CHALLAN available on Website.

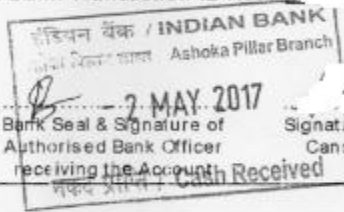
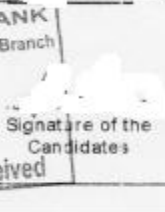
Following information have to be filled while applying online:-

1. Candidate Details which includes **(Name, Specialty, Candidate Mobile, Candidate Email)**
2. Hospital Details which includes **(Name, Address, City & State)** Please note [HOSPITAL name should not contain special character i.e. " ' ' ']
3. DNB Coordinator Detail of the hospital which includes **(Name, Mobile Number, Landline Number & Email)**
4. CME Fee Details includes **(Bank Challan No., Challan Fee, Challan Date)**
5. Candidates have to upload scan image of paid Challan. This scanned image should not exceed 200kb (for image pixel size should be 640 height X 480 width) [size of image can be reduced in Microsoft Picture Manager or MS Paint]. Image name should not contain the special character i.e. " ' ' ']

IT IS PURELY BASED ON FIRST COME FIRST BASIS

For any query kindly contact at trg1@natboard.edu.in

The sample of PAID CHALLAN image which has to be uploaded in online CME Registration is as follows:-

| NATIONAL BOARD OF EXAMINATIONS | | |
|--|----------------------|--------------|
| Challan No. _____ | | Date : _____ |
| ONLINE FEE ACCOUNT (Depositor's COPY) INDIAN BANK A/c No. 830641451 | | |
| 1. Name : _____ | | |
| Candidate Mobile : _____ | | |
| 2. Sl. No. of Application Form (if applicable) : n.a | | |
| 3. Type of Fee/Amount : | | |
| Sr. No. | PARTICULAR | AMT. |
| 1 | CME Workshop | 6000/- |
| 2 | REGISTRATION FEE | |
| 3 | TELECONFERENCING DVD | |
| 4. Bank Charges : 40/- | | |
| 5. Amount in Figure : 6040/- | | |
| 6. Amount (in words) : Six thousand and forty only | | |
| 7. Denominations of notes : _____ | | |
| 8. Bank Branch in which fee : _____ | | |
| 9. Bank Transaction ID No. _____ | | |
|  | | |
|  | | |
| Date : 2 MAY 2017 | | |
| Cash Received | | |

The prescribed CHALLAN format is available at following link:-

<http://www.natboard.edu.in/cme/appraisal/cmechallan.pdf>