



**18. Details of MBBS and Post Graduate Diploma Examination (attested copies of Certificates to be attached)**

Examination Passed	Subject	Medical College	University	State	Month & Year	Result	No. of Attempts
1st MBBS							
2nd MBBS							
Final MBBS							
P.G Diploma							

**19. Present Appointment / Job :**

**20. 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.
3. Self attested photocopy of MBBS Degree Certificate and P.G Diploma.
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

**DECLARATION & CERTIFICATION**

I here by 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: / /2011

Signature of the Candidate

**CERTIFICATE FROM THE HEAD OF THE INSTITUTION**

(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 the Head of Institution with Name and office stamp

Date: / /2011

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

**NOTE : USE / POSSESSION OF MOBILE PHONE / ELECTRONIC DEVICE IS NOT PERMITTED IN EXAMINATION PREMISES AND PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.**



# NATIONAL BOARD OF EXAMINATIONS

NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

**NON-SCANNABLE** APPLICATION FOR POST DIPLOMA CENTRALISED ENTRANCE TEST (POST DIPLOMA CET) AUGUST 2011

Application Form No.

**INSTRUCTIONS :-**

- \* INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.
- \* READ PROSPECTUS CAREFULLY BEFORE FILLING UP THE FORM.
- \* PLEASE SUBMIT THIS FORM IN ENVELOPE PROVIDED.
- \* USE BLUE/BLACK BALL PEN ONLY

E     PE     NE

Office Use Only

# DL

DIPLOMA QUALIFICATION (Code as per Information Bulletin)

Control Number to be assigned by NBE

Roll Number (to be assigned by NBE)

**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.a) MCI/SMC Reg. No.

5.b) Dated

6. Gender

7. Date of Birth

Male   
Female

**8. Name of Medical Council**

**9. Mobile No.**

**10. Residence Telephone No.**

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

**12. Centre preferred for Post diploma CET Examination**

1st Choice

Code

2nd Choice

Code

**13. Examination Fee** (Please mark (X) in the appropriate box)

Examination Fee  Rs. 3500

Form Fee  Rs. 750

NBE Demand draft shall not be accepted.

Date as on Bank Stamp

Challan / ID No. :

Amount :

Name of the Bank Branch:

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

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

Yes  No

If yes, Name of the course: \_\_\_\_\_

University/Medical college: \_\_\_\_\_

**15. Correspondence Address**

Name : .....

Address: .....

City :

State :

Pin Code :

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

**17.**

**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.

P.T.O.

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