

NATIONAL BOARD OF EXAMINATIONS

FORM-I MEDICAL ENCLAVE, ANSARINAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029 APPLICATION FOR DNB - FINAL EXAMINATION JUNE 2018 (BROAD SPECIALTIES)													
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 DI METRI ACTOR DAME DEN CONTY.													
1. DNB Final Theory & Practical													
1.b) Subject in which appearing (Final) Roll Number (to be assigned by NBE)													
2. MD/MS PASS OR Primary DNB Secondary DNB Resident Resident 3. REGISTRATION DETAILS (To be filled in by the Candidate)													
a) Reg. No. (if DNB Candidate) b) Date of Joining (DNB/MD/MS Training)													
c) Date of completion (DNB/MD/MS Training) D D M M Y Y Y Y d) Date of Passing (MD/MS)													
D D M M Y Y Y Y Y													
4. Name (IN FULL) (as appearing in MBBS certificate) Changed name will be rejected													
5. Father's/Husband's Name													
6. Mother's Name													
7.a) MCI /SMC Reg. No. 7.b) Dated 8. Gender 9. Date of Birth													
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10. E-mail (Write in Capital Letters Only) D D M M Y Y Y Y FEMALE D D M M Y Y Y Y Y T T T T T T T T T T T T													
11. Mobile No. 12. Residential Telephone No.													
Control Number to be assigned by NBE													
STD PHONE No. 13. Centre preferred for theory examination (Fill Centre Code From Information Bulletin)													
1st Choice Code													
2nd Choice Code													
14. Examination Fee (Please mark (X) in the appropriate box) Transaction ID/UTR No./RRN No. (Demand Draft will not be accepted.)													
(a) Examination Fee Rs. 6500 Amount : Date as on Bank Stamp:													
(To be submitted by post MD/MS Candidates) Amount: Date as on Bank Stamp:													
(b) Examination Fee (DNB Candidates & Only Practical Second or Third Attempt) Rs. 5500 Amount: D D M M Y Y Y Y													
(The above fee is inclusive of examination fee and finformation bulletin)													
NBE Copy of Pay-in-Slip of Indian Bank or Axis Bank should be enclosed. Name of the Bank, Branch & City													
15. Correspondence Address 17. Photograph													
Name :													
Address:													
exceed this box. 3. The photograph to be affixed													
State: Should NOT be attested. 4. If the application will be rejected.													

P.T.O.

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NOTE: POSSESSION / USE OF MOBILE PHONE / ELECTRONIC DEVICES IS STRICTLY PROHIBITED IN THE PREMISES OF NBE EXAMINATION CENTRES. CANDIDATES SHALL BE LIABLE FOR PENAL ACTION FOR POSSESSION / USE OF MOBILE PHONES / ELECTRONIC DEVICES. PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.



Pin Code:

NATIONAL BOARD OF EXAMINATIONS

MEDICAL ENCLAVE, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029 FORM-II APPLICATION FOR DNB - FINAL EXAMINATION JUNE 2018 (BROAD SPECIALTIES)													
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15. Correspondence Address Name : Address: 16. Signature of the Candidate (within the box) Photograph 1. Paste here (do not pin or staple a recent passport size photograp as per "INSTRUCTIONS FOI PHOTOGRAPHS" in Information													
Bulletin. 2. The photograph should NO ' exceed this box.													
City: City: 3. The photograph to be affixed her should be attested.													
State: 4. If the photograph is not clear the application will be rejected.													

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