**APPLICATION FOR DNB - FINAL EXAMINATION JUNE 2017 (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 BLUE/BLACK BALL PEN ONLY.

1. **DNB Final**
   - Theory & Practical
   - Practical only
   - If practical only: 2nd Attempt
   - 3rd Attempt

1.b) **Subject in which appearing (Final)**

2. **MD/MS PASS**
   - OR
   - Primary DNB Resident
   - Secondary DNB Resident

3. **REGISTRATION DETAILS**
   (To be filled in by the Candidate)

<table>
<thead>
<tr>
<th>a) Reg. No. (if DNB Candidate)</th>
<th>b) Date of Joining (DNB/MD/MS Training)</th>
<th>c) Date of Passing (MD/MS or completion of DNB Training)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D D M M Y Y Y Y</td>
<td>D D M M Y Y Y Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d) Date of completion (MD/MS Training)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D D M M Y Y Y Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e) Duration of MD/MS Training at the time of declaration of Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY MONTH YEAR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f) Date of issue of MD/MS degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>D D M M Y Y Y Y</td>
</tr>
</tbody>
</table>

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.**
   b) **Dated**
   - D D M M Y Y Y Y

8. **Gender**
   - MALE
   - FEMALE

9. **Date of Birth**
   - D D M M Y Y Y Y

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

11. **Mobile No.**

12. **Residential Telephone No.**
    STD
    PHONE No.

13. **Centre preferred for theory examination**
    (Fill Centre Code From Information Bulletin)

14. **Examination Fee**
    (Please mark (X) in the appropriate box)
    - (a) Examination Fee
      (To be submitted by post MD/MS Candidates)
      - Rs. 6500
      - Amount:
      - Date as on Bank Stamp:
    - (b) Examination Fee (DNB Candidates & Only Practical Second or Third Attempt)
      - Rs. 5500
      - Amount:
      - Date as on Bank Stamp:

15. **Correspondence Address**

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.

**NATIONAL BOARD OF EXAMINATIONS**
medical enclave, ansari nagar, mahatma gandhi marg, new delhi-110029

**Application Form No.**

**Office Use Only**

**Roll Number**
(to be assigned by NBE)

**Control Number to be assigned by NBE**
19. Details of MBBS Examination Passed:

<table>
<thead>
<tr>
<th>Examination Passed</th>
<th>Medical College</th>
<th>University</th>
<th>City and State</th>
<th>Month &amp; Year of Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final MBBS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. Details of DIPLOMA/MD/MS Examination Passed:

<table>
<thead>
<tr>
<th>Course</th>
<th>Subject</th>
<th>Institute</th>
<th>City and State</th>
<th>Date of issue of passing certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIPLOMA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD/MS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. Details of DNB Training:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Institute</th>
<th>City and State</th>
<th>Period of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. Total number of leave availed during the entire period of DNB training: ____________________________

23. Details of Dissertation/Thesis

<table>
<thead>
<tr>
<th>Thesis Date of Submission to NBE</th>
<th>Period</th>
<th>Topic</th>
<th>Thesis Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Annex Letter of approval of Thesis)</td>
</tr>
</tbody>
</table>

24. Present Appointment

25. List of Enclosures (as per information bulletin)

1. Two extra recent passport size photographs duly attested.
2. Copy of Pay-in-Slip of Indian Bank or Axis Bank (NBE Copy)
3. Self attested photocopy of additional qualification Registration Certificate of MCI or IMR Certificate issued by MCI.
4. Provisional Registration No. given by NBE (Letter issued by the Board).
5. Self attested photocopy of P.G. Degree Certificate (if applicable) (MD/MS).
8. Training completion certificate as per format in the Information Bulletin.

Note: Candidates who have previously appeared in DNB examination should indicate “Ex-Candidate” on the top of the application form. If appearing for Practical Examination they should indicate “Practical Examination” on top of the application. These candidates are required to submit all certificates again. They are also required to submit a photocopy of admit card/result as proof of “Ex-candidate”.

DECLARATION & CERTIFICATION

I hereby 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: / /2017

Signature of the Candidate

CERTIFICATE FROM THE HEAD OF THE INSTITUTION/EMPLOYER

I certify that to the best of my knowledge and belief the statements made above by Dr. are correct.

Date: / /2017

Signature of the Head of Institution or Employer with Name and office stamp

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.
**APPLICATION FOR DNB - FINAL EXAMINATION JUNE 2017 (BROAD SPECIALTIES)**

**INSTRUCTIONS:**
- INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.
- READ INFORMATION BULLETIN CAREFULLY BEFORE FILLING UP THE FORM.
- USE BLUE/BLACK BALL PEN ONLY

1. **DNB Final**
   - Theory & Practical
   - Practical only
   **If practical only**
   - 2nd Attempt
   - 3rd Attempt
   **1.b) Subject in which appearing (Final)**

2. **MD/MS PASS**
   - OR
   - Primary DNB Resident
   - Secondary DNB 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 Passing (MD/MS or completion of DNB Training)**
   - **d) Date of completion (MD/MS Training)**
   - **e) Duration of MD/MS Training at the time of declaration of Result**
   - **f) Date of issue of MD/MS degree**

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. **7.a) MCI /SMC Reg. No.**
   - **7.b) Dated**
   - **8. Gender**
   - **FEMALE**
   - **9. Date of Birth**

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

9. **11. Mobile No.**

10. **12. Residential Telephone No.**
    - **STD PHONE No.**

11. **13. Centre preferred for theory examination**
    (Fill Centre Code From Information Bulletin)
    - **1st Choice**
    - **Code**
    - **2nd Choice**
    - **Code**

12. **14. Examination Fee** (Please mark (X) in the appropriate box)
    - **(a) Examination Fee**
    - **(b) Examination Fee (DNB Candidates & Only Practical Second or Third Attempt)**
    (The above fee is inclusive of examination fee and information bulletin)

    - **Rs. 6500**
    - **Rs. 5500**

    - **Amount :**
    - **Date as on Bank Stamp:**

13. **15. Correspondence Address**
    - **Name :**
    - **Address:**
    - **City :**
    - **State :**
    - **Pin Code :**

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

15. **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 be attested.**
    - **4. If the photograph is not clear, the application will be rejected.**
18. Have you ever appeared for DNB Final examination? If yes, give following particulars (Details of latest appearance in DNB Final (Theory) Exam.)

<table>
<thead>
<tr>
<th>FINAL</th>
<th>Subject</th>
<th>(Details of latest appearance in DNB Final (Theory) Exam.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Appearing</td>
<td>Roll No.</td>
<td>Result</td>
</tr>
<tr>
<td>M M Y Y Y Y</td>
<td></td>
<td>(Pass / Fail / Absent)</td>
</tr>
</tbody>
</table>

19. Details of Enclosures (as per information bulletin)

1. Two extra recent passport size photographs duly attested.
2. Copy of Pay-in-Slip of Indian Bank or Axis Bank (NBE Copy)
3. Self attested photocopy of additional qualification Registration Certificate of MCI or IMR Certificate issued by MCI.
4. Provisional Registration No. given by NBE (Letter issued by the Board).
5. Self attested photocopy of P.G. Degree Certificate (if applicable) (MD/MS).
8. Training completion certificate as per format in the Information Bulletin.

Date: / /2017
Signature of the Head of Institution or Employer with Name and office stamp

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.