MEDICAL I	ATIONAL BO ENCLAVE, ANSARINA APPLICATION F	GAR, MAHA	TMA GAND	HIMARG, NEW DEI	_HI-110029	
INSTRUCTIONS :- * INCOMPLETE APPLICATION FORMS * READ INFORMATION BULLETIN CAP * DO NOT ATTACH ANY ENCLOSURE * USE BLUE/BLACK BALL PEN ONLY	REFULLY BEFORE FILLING	g up the for		E O PE		oplication Form No.
Fellowship Programme for which app	(As per i	CODE information bulle Annexure - 1		lumber (to be assig	ned by NBE)	DL
DNB/MD/MS/DM/MCh DETAILS (Specialty in which qualifying PG r (DNB/MD/MS/DM/Mch) is obtained.	nedical qualification b)			IS/DM/MCh) c) Date	of Completion	(DNB/MD/MS/DM/MCh)
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. D	ate of Birth	
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7. STD Code Telephone No.		8. Mobile			9. Cat	egory
10. <u>E-mail</u> (Write in Bold & Clear manne	er)				sc	ST OBC GENERAL
11. Centre preferred for Fellowshi	p Examination Centre	Code			Centre	Code
1st Choice 12. Fees Details			2nd Choice	9		
Challan No.		Date		0	Axis Bank	Amount Rs.
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13. Details of DNB/MD/MS/DM/MCh	Examination (attested	d copies of C	Certificates t	o be attached)		
13. Details of DNB/MD/MS/DM/MCh Examination Passed Subject	Examination (attested		Certificates t	o be attached) State	Month & Year	Result No. of Attempts
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17. Present Appointment / Job :

18. Examination Fee (Please mark (X) in the a	appropriate box)
Examination Fee	Rs. 3650
Form Fees (For Downloaded Forms only)	Rs. 750
Challan No.	O Axis Bank Date Amount Rs. O Indian Bank D M Y Y Y Y

19. List of Enclosures

- 1. Two extra recent passport size photographs duly attested.
- 2. NBE copy of challan slip duly stamped by the bank where fee is paid.
- 3. Self attested photocopy of Registration Certificate of Medical Council of India / State Medical Council.
- 4. Self attested photocopy of MBBS Degree Certificate.
- 5. Self attested photocopy of DNB/MD/MS OR DNB/DM/MCh Pass Certificate.

DECLARATION & CERTIFICATION

I here by declare and certify that:

- a) I have read the general instructions and the rules and regulations of FET 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 Bullettin of Information, however, NBE reserves the right to determine final eligibility;NBE further reserves the right to cancel the candidature if ineligibility is found at any stage.
- f) Candidate's Name in Block Letters

Date:

Signature of the Candidate

CERTIFICATE FROM THE HEAD OF THE INSTITUTION / GAZETTED OFFICER

(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 Gazetted Officer/Head of Institution with Name and Office Stamp, Address & Telephone Number

Date: / /

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

MEDICAL ENCLAVE, ANSARI NA	AGAR, MAH	IATMA GAND		ELHI-110029	
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Date:

Signature of the Candidate

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