

TO BE FILLED UP FOR REGISTRATION AFTER PASSING PRIMARY WITHIN ONE MONTH
JOINING THE TRAINING / P.G. DIPLOMA / M.D.M.S

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(For Office Use Only)

NATIONAL BOARD OF EXAMINATIONS

(Ministry of Health & Family Welfare, Govt. of India)

ANSARI NAGAR, MAHATMA GANDHI MARG, (RING ROAD), NEW DELHI – 110 029.

Application for registration as DNB Trainee

- Name
- Father's/Husband's Name
- MCI Reg. No.
Date of Reg. State
- Date of Birth
- Category: General SC ST OBC
- Correspondence Address
Street
- City State
- Country Pin
- Phone (Office) Residence
- E-mail Mobile No.
- Permanent Address
Street
- City State
- Country Pin
- Details of Examination passed (A tested copies of Certificates to be attached)
No. of Attempts

Examination	Subject	Medical College	University	State	Month/Year	
MBBS						
NBE / Primary						
NBE Final						
PG Diploma						
MD / MS						
DM / MCh.						
Others						

9. Speciality Broad Speciality Super Speciality
10. Institution NBE Accredited Medical College
11. Subject
12. Name of Institution
13. Date of Registration with Institution
14. Duration of NBE training From To
15. Duration of PG Diploma From To
16. (a) Whether working as tutor/Demonstrator/Sr. Resident/Registrar on teaching post for 2 years.
- (b) Whether working for a period of 2 years after passing diploma with clinical responsibility of 2nd year and 3rd year of NBE training as Research Officer/Pool Officer/SMO and maintaining Students / Teacher ratio 1:1
- (Both from Non-formal) and Formal Institutions. Attach certificate in Formal 1A/1B respectively)*
17. Whether working against the seat of the board**
(Only for Non-Formal candidates. Attach certificate in Format 2)
18. Whether 1:1 Students /Teachers ratio will be maintained.
(Only for Formal candidates. Attach certificate in Format 3)
19. Topic of thesis
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- (Protocol is to be submitted within 2 months of joining the Institution)*
20. Please tick if logbook is maintained.

Signature of Candidate

Signature of Head of Department
(With Department Seal)

Counter signed by the Head of Institution
(With Institution Seal)