

APPLICATION FORM FOR ADMISSION TO D. N. B COURSE

SUBJECT APPLIED FOR: - _____

Name _____
(in Block letters) Surname _____ First _____ Middle _____

Date of Birth _____ Age _____ Sex _____

Permanent Address _____

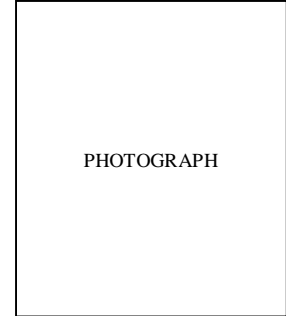
_____ Tel No. _____

Postal Address _____

_____ Tel No _____

Mobile _____ E-mail _____

MCI / MMC Registration No (attach certificate) _____



Qualifications	College / Board / University	No. of Attempt / Year	Total marks (out of)	% of Marks
S. S. C				
H. S. C				
M. B. B. S - 1st year				
2nd year				
3rd year part I & II				
	Marks in the subject applied for			
MD / MS, DNB				
SS CET - NBE				
Diploma _____				

Clinical Experience:-

Research / Project / Thesis:-

Attested copies of following documents to be attached with application:-

- | | |
|---|--|
| 1. MD, MS, DNB Degree Certificate | 2. MD, MS, DNB Mark-sheet |
| 3. MCI / MMC Registration | 4. Internship Completion Certificate |
| 5. MD, MS, DNB Passing Certificate | 6. Std. 10 th & 12 th Mark Sheet |
| 7. MBBS Mark sheet of 3 years & Passing Certificate | 8. CET of SS Mark Sheet |
| 9. Diploma Mark Sheet & Passing Certificate | 10. MCI Recognition Certificate |

Date: - _____

Signature _____

1. The application form is Rs. 500/- (Non-Refundable) to be paid by cash only.
2. All Rules & Regulations of P.G. Training will be applicable to the admitted candidate.