



**NATIONAL BOARD OF EXAMINATIONS**  
 NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029  
**SCANNABLE APPLICATION FOR DNB - FINAL EXAMINATION 2007**

**INSTRUCTIONS :-**  
 \* INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.  
 \* READ PROSPECTUS CAREFULLY BEFORE FILLING UP THE FORM.  
 \* PLEASE SUBMIT THIS FORM IN ENVELOPE PROVIDED.  
 \* DO NOT ATTACH ANY ENCLOSURES WITH THIS APPLICATION FORM.  
 \* USE BLUE/BLACK BALL PEN ONLY

E     PE     NE  
**Office Use Only**

Application Form No.

**DL**

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

1.b) Subject in which appearing (Final) \_\_\_\_\_

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

\_\_\_\_\_

2. MD/MS PASS        OR    DNB Training   

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

a) Reg. No. (if DNB Candidate) \_\_\_\_\_    b) Date of Joining ( MD-MS/DNB Training)    c) Date of Passing MD/MS or Completion of DNB Training)

  

D D M M Y Y Y Y    D D M M 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. Date of Birth

  

D D M M Y Y Y Y    D D M M Y Y Y Y

9. STD Code    Telephone No./Mobile No.

\_\_\_\_\_

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

\_\_\_\_\_

11. Centre preferred for theory examination

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

Control Number to be assigned by NBE

12. Fees Details

Bank Draft No. \_\_\_\_\_    Date    2 0 0 7    Name of the Bank \_\_\_\_\_    Amount Rs. \_\_\_\_\_

D D M M Y Y Y Y    CANDIDATE TO ENSURE THAT THE FEES IS PAID BY SINGLE DRAFT ONLY

13. Details of MBBS Examination Passed :

Examination Passed	Medical College	University	State	Month & Year
Final MBBS				

14. Details of MD/MS/DM/MCh Examination Passed :

Course	Subject	Institute	State	Date of Issue of passing certificate
MD/MS				
DM/MCh				

15. Details of DNB :

Subject	Institute	State	Period of Training
DNB _____			

16. Correspondence Address

Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_

State : \_\_\_\_\_

Pin Code : \_\_\_\_\_

17. Signature of the Candidate (within the box)

\_\_\_\_\_

18. Photograph

- Paste here (do not pin or staple) a recent passport size photograph as per "INSTRUCTIONS FOR PHOTOGRAPHS" on the inner side of back cover of the Prospectus.
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19. Have you ever appeared for Diplomat NBE Final examination? If yes, give following particulars

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M	M	Y	Y	Y	Y																									

**20. Examination Fee** (Please mark (X) in the appropriate box)

Registration Fee(Only for MD/MS candidates)	<input type="checkbox"/>	Rs. 500	Bank Draft No.	Date																	
Examination Fee (Final)	<input type="checkbox"/>	Rs. 3000	<table style="border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td></tr></table>									<table style="border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td><td style="border: 1px solid black; width: 20px; height: 20px;"> </td></tr></table>									
If second/third attempt (Each attempt)	<input type="checkbox"/>	Rs. 3000	Name of the Bank	D	D	M	M	Y	Y	Y	Y										
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**CANDIDATE TO ENSURE THAT THE FEES IS PAID BY SINGLE DRAFT ONLY**

**21. Details of Dissertation /Thesis**

Subject	Period	Topic	Whether Accepted/Rejected
			(Annexure Letter of approval of Thesis)

**22. Present Appointment**

---

- 23. List of Enclosures**
1. Two extra recent passport size photographs duly attested.
  2. Bank Draft
  3. Self attested photocopy of Registration Certificate of MCI/SMC.
  4. Provisional Registration No. given by NBE (Downloaded from website/Letter issued by the Board).
  5. Self attested photocopy of P.G. Degree Certificate (if applicable) (MD/MS).
  6. MCI/Institution letter of recognition of P.G. Degree/Diploma.
  7. Certificate of DNB/Training/Log Book/Thesis/Dissertation issued by institution in original.
  8. Training completion certificate as per format in 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. They 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 here by 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:    /    /2007

Signature of the Candidate

**CERTIFICATE FROM THE HEAD OF THE INSTITUTION**  
(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.

Date:    /    /2007

Signature of the Head of Institution with Name and office stamp

NOTE : PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.



# NATIONAL BOARD OF EXAMINATIONS

NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

**NON-SCANNABLE APPLICATION FOR DNB - FINAL EXAMINATION 2007**

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E     PE     NE

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Application Form No.

DL

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

1.b) Subject in which appearing (Final) \_\_\_\_\_

Roll Number (to be assigned by NBE)

2. MD/MS PASS        OR    DNB Training   

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

a) Reg. No. (if DNB Candidate) \_\_\_\_\_    b) Date of Joining ( MD-MS/DNB Training)    c) Date of Passing MD/MS or Completion of DNB Training)

\_\_\_\_\_              

D D M M Y Y Y Y    D D M M 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

D D M M Y Y Y Y

8. Date of Birth

D D M M Y Y Y Y

9. STD Code    Telephone No./Mobile No.

\_\_\_\_\_

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

11. Centre preferred for theory examination

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

Control Number to be assigned by NBE

12. Fees Details

Bank Draft No. \_\_\_\_\_    Date \_\_\_\_\_    Name of the Bank \_\_\_\_\_    Amount Rs. \_\_\_\_\_

   2 0 0 7   

D D M M Y Y Y Y    CANDIDATE TO ENSURE THAT THE FEES IS PAID BY SINGLE DRAFT ONLY

13. Details of MBBS Examination Passed :

Examination Passed	Medical College	University	State	Month & Year
Final MBBS				

14. Details of MD/MS/DM/MCh Examination Passed :

Course	Subject	Institute	State	Date of Issue of passing certificate
MD/MS				
DM/MCh				

15. Details of DNB :

Subject	Institute	State	Period of Training
DNB _____			

16. Correspondence Address

Name : \_\_\_\_\_

Address: \_\_\_\_\_

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City : \_\_\_\_\_

State : \_\_\_\_\_

Pin Code : \_\_\_\_\_

17. Signature of the Candidate (within the box)

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18. Photograph

1. Paste here (do not pin or staple) a recent passport size photograph as per "INSTRUCTIONS FOR PHOTOGRAPHS" on the inner side of back cover of the Prospectus.
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- 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.
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\_\_\_\_\_

Date:    /    /2007

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Signature of the Candidate

**CERTIFICATE FROM THE HEAD OF THE INSTITUTION**

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

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Signature of the Head of Institution with Name and office stamp

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**NATIONAL BOARD OF EXAMINATIONS**  
 NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029  
**SPECIMEN APPLICATION FOR DNB - FINAL EXAMINATION 2007**

**INSTRUCTIONS :-**

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D D M M Y Y Y Y    D D M M Y Y Y Y

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D D M M Y Y Y Y

9. STD Code

\_\_\_\_\_

Telephone No./Mobile No.

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DNB _____			

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FINAL (Subject) :																																			
Date of Appearing (month & year)	Roll No.	Result																																	
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M	M		Y	Y	Y	Y																													
(Pass / Fail)																																			

20. Examination Fee (Please mark (X) in the appropriate box)

Registration Fee(Only for MD/MS candidates)	<input type="checkbox"/>	Rs. 500	Bank Draft No.	Date																							
Examination Fee (Final)	<input type="checkbox"/>	Rs. 3000	<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> </table>								<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																				
If second/third attempt (Each attempt)	<input type="checkbox"/>	Rs. 3000	Name of the Bank _____																								
Exam Form Fees (For Downloaded Forms only)	<input type="checkbox"/>	Rs. 500																									
Regn. Bulletin Fees (Only for MD/MS candidates)	<input type="checkbox"/>	Rs. 500	Amount Rs. _____																								

**CANDIDATE TO ENSURE THAT THE FEES IS PAID BY SINGLE DRAFT ONLY**

21. Details of Dissertation /Thesis

Subject	Period	Topic	Whether Accepted/Rejected
			(Annexure Letter of approval of Thesis)

22. Present Appointment

23. List of Enclosures

1. Two extra recent passport size photographs duly attested.
2. Bank Draft
3. Self attested photocopy of Registration Certificate of MCI/SMC.
4. Provisional Registration No. given by NBE (Downloaded from website/Letter issued by the Board).
5. Self attested photocopy of P.G. Degree Certificate (if applicable) (MD/MS).
6. MCI/Institution letter of recognition of P.G. Degree/Diploma.
7. Certificate of DNB/Training/Log Book/Thesis/Dissertation issued by institution in original.
8. Training completion certificate as per format in 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. They 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 here by 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: / /2007

Signature of the Candidate

**CERTIFICATE FROM THE HEAD OF THE INSTITUTION**

(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.

Date: / /2007

Signature of the Head of Institution with Name and office stamp

NOTE : PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.