

BONAFIDE CERTIFICATE

(To be issued by the Principal / Dean / Director on official letter head)

This is to certify that Dr. _____(Name)_____, has joined MD/MS/Diploma course in _____(Medical College / Institute)_____ on _____(Date)_____.

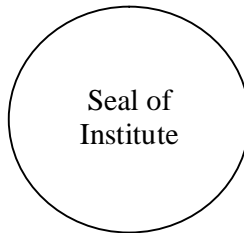
The following original certificates of the above candidate are with the custody of this Medical College/Institute.

- MBBS Degree Certificate
- Permanent Registration certificate issued by MCI/State Medical Council for registration of MBBS qualification
- Internship Completion Certificate

The Medical College/Institute has no objection in Dr. _____(Name)_____ attending the DNB CET centralized counseling scheduled to be held on _____(Date)_____.

In the event of selection of a confirmed DNB (Post MBBS) seat, Dr. _____(Name)_____ will be relieved from his MD/MS/Diploma course immediately on receipt of his/her resignation from the course.

I understand that Dr. _____(Name)_____ shall resign from the MD/MS/Diploma course incase he/she opts for a confirmed DNB seat through counseling conducted by National Board of Examinations.



Head of Medical College / Institute

To:

The Officer I/C (Counseling -2016)
National Board of Examinations
Medical Enclave
Ansari Nagar, Ring Road
New Delhi-110 029