	RANK							
(Ministry of Health & Family Welfare, Govt. of India) Ansari Nagar, Mahatma Gandhi Marg, (Ring Road), New Delhi - 110 029								
APPLICATION FORM - REGISTRATION AS FNB TRAINEE 2017 SESSION To be submitted within one month of joining as a FNB trainee. All fields are mandatory.								
To be completed by candidate in his/her own hand writing with blue/black Ball point pen only.								
Specialty:								
Name (CAPITAL LETTERS) (As mentioned in MBBS Degree Certificate, Leave a blank space between each part of the name)								
2. Father's/Husband's Name (CAPITAL LETTERS) (Leave a blank space between each part of the name)								
3. a) MCI/SMC Reg. No.   b) Date of Regn.   c) Name/State of Medical Court	ıcil							
4. Gender 5. Date of Birth								
Male Female								
6. Category Other SC ST OBC								
7. Roll Number of NBE FET Feb. 2017 Examination:								
<ol> <li>Date of Joining with Institution as a FNB Trainee: (Mentioned date MUST match with the Date mentioned in Annexure 'A' – FET 2017)</li> </ol>								
9. Registration Fees:								
FNB Course Rs. 3000/-								
Challan / Transaction ID No.								
Date as on Bank Stamp								
Name of the Bank Branch Branch Code:								
NBE Copy of Challan / Pay-in-Slip of Indian Bank should be enclosed with the Application Form.								
10. Mobile No. Residence Telephone No (with STD code, Do not prefix '0' before STD code):								
11. Email Address:								
12. Address for Correspondence:								
Name :								
Street Address 1: SHOU								
Street address 2: RECE PASSPOR	NT							
PHOTOG	RAPH							
City/District:								
State: INSTITU								
PIN CODE Signature of the								

13. Details of Examination Passed:									
	Examination	Session/Year	Medical College	University	State	Month/Year			
	MBBS								
	MD/MS/DNB								
	DM/MCh/DNB								
		sures (in the specified order) y of Challan /Pay-in Slip for Regis	: tration Fees.		(Please	tick)			
<ol> <li>Annexure-A (FET 2017) on an official letter head under signature and stamp of Head of the institution.</li> <li>Copy of Seat Allotment Letter issued by NBE on the day of NBE FET Centralized Counseling-2017.</li> </ol>									
DECLARATION & CERTIFICATION									
I here by declare and certify that: a) I have read the general instructions and the rules and regulations of NBE Information Bulletin for NBE FET. 2017 and Handbook for NBE FET Centralized									
	<ul> <li>b) Particulars given above in this application form are true and accurate to the best of my knowledge and belief.</li> </ul>								
	<ul> <li>c) The documents submitted as evidence of above facts herein and at the time of counseling are true copies of original documents which belong to me.</li> <li>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/furnished by me is/are found to be false, I am</li> </ul>								
	liable to be disqualified as registered FNB Trainee/Candidate for FNB Programme 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 Information Bulletin for NBE FET. 2017, however, NBE reserves the right to determine final eligibility NBE								
	further reserves the right to cancel the candidature if ineligibility found at any stage.								
	Candidate's Name in Capital Letters Signature of the Candidate					ate			
Date: Place:									
		<u>CERTIFICA</u>	TE FROM THE HEAD OF	THE INSTITUTE					
I	certify that to t	he best of my knowledge and beli	ef the statements made above by Dr		are (	correct.			
C	Date:								
Р	lace:								
STAMP OF									
(THE )									
Signature of H			lead of the ir	istitute					
		Nows of Used	Name of Head of the Institute						
				Name of Head	or the institu	ure			
NOTE : PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.									
USE	USE/ POSSESION OF MOBILE PHONES IN EXAMINATION PREMISES OF NBE IS TREATED AS AN 'UNFAIR MEANS' AS								
PER	PER PRESCRIBED NBE GUIDELINES.								