



**Consent form for participation in online counseling for
DNB Medical Genetics- 2015 admission session**

1. Name of Candidate :
2. Test Undertaken (CET-SS/ FET):
3. Testing ID :
4. Merit in the Test Undertaken :
5. Merit in Medical Genetics :
6. Mobile Number :
7. Registered Email ID :
8. Google Hangout ID :
9. Skype ID :
10. Whether you had Opted any
Seat in CET-SS/ FET Counseling: YES/NO
11. If Yes, Please provide following details:
 - a. Specialty Opted :
 - b. Institution Opted :
 - c. Joining Status :
12. Please Mark your order of preference for the DNB Medical Genetics Seat:

Institute	Order of Preference
<i>Sir Gangaram Hospital, New Delhi</i>	
<i>Centre for DNA Fingerprinting & Diagnostics, Hyderabad</i>	
<i>National institute of Biomedical Genomics, Kolkatta</i>	

Please Note:

1. You shall be offered the DNB Medical Genetics seat available at your merit position at the time of online counseling and you shall have to submit your consent to join the respective medical genetics seat through a return email there and then. Allotment letters shall be issued only after receipt of consent through email.
2. You shall be given a maximum 7 days time to join the course after issuance of allotment letter through email.
3. Any candidate who has opted for a DNB Super Specialty/ Fellowship Seat in 1st round of DNB CET SS/ FET counseling for 2015 admission session, his/her allotment of the said seat shall stand automatically cancelled in case the candidate chooses to opt for a confirmed DNB Medical Genetics seat.
4. Any candidate who has opted out of 1st round of DNB CET SS/ FET counseling for 2015 admission session shall not be eligible to participate in any further rounds of DNB CET SS/ FET counseling in case the candidate chooses to opt for a confirmed DNB Medical Genetics seat.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that my candidature for the DNB Medical Genetics admission shall stand cancelled. I have read and understood the above mentioned admission process and I agree to comply with the same.

Date:

(Signature)

Place:

(Full name in Capital letters)

PLEASE FILL THE CONSENT FORM IN YOUR HAND WRITING IN CAPITAL LETTERS