

DNB/DrNB Training Completion Certificate (Provisional)

Format of Training Completion Certificate to be furnished by all DNB/DrNB Candidates who have undergone training in institute accredited with NBE for DNB/DrNB training.

❖ *Submission of False/Fabricated information/documents shall be liable for penal action.*

NOTE: Ensure that DNB/DrNB training completion certificates MUST be issued on an OFFICIAL LETTERHEAD of the training hospital/institute under signature and stamp of Dean/ Principal/ Medical Superintendent/Head of the Institution/Director only, as per the prescribed format along with the leave records.

Office dispatch No.:.....

Date of issue.....

To,
The Executive Director
National Board of Examinations
Medical Enclave, Ansari Nagar,
Mahatma Gandhi Marg (Ring Road)
New Delhi-110029

Candidate's
Photograph

Sub: Furnishing of DNB/DrNB Training Completion Certificate (Provisional)

Sir,

It is certified that Dr _____ Son/ Daughter/ Wife of _____ who was registered with National Board of Examinations w.e.f _____ vide Registration Number _____ for Two/ Three years of DNB/DrNB training in the specialty of _____ in our hospital/institution, joined the course on _____ and **will be completing** mandatory Two/ Three years of training on _____. In case Dr _____ is unable to complete his/her DNB/DrNB training on or before the cutoff date i.e. **30-09-2021** towards eligibility determination, it is understood that the candidature of the candidate shall stand cancelled for DNB/DrNB Final Examination - **December 2020**.

The leave record of the candidate is as follows:

Year of Training (First/ Second/ Third)	Period of Leave (Specify Dates of leave availed)	Nature of Leave	No. of Days
Total number of leave availed by the candidate during the entire period of DNB/DrNB training (Grand Total in Days)			

It is also certified that the candidate has worked during the above stated period as a resident doctor strictly in accordance with leave and other training guidelines of National Board of Examinations.

Yours sincerely,

Signature of Head of the Institution _____

Name & Designation _____

Candidate's Signature

Official Stamp of the Issuing Authority with
Name, Designation and Institute

DrNB (D6Y) Training Completion Certificate (Provisional)

Format of Training Completion Certificate to be furnished by all DrNB (D6Y) Candidates who have undergone training in institute accredited with NBE for DrNB training.

❖ *Submission of False/Fabricated information/documents shall be liable for penal action.*

NOTE: Ensure that DrNB training completion certificates MUST be issued on an OFFICIAL LETTERHEAD of the training hospital/institute under signature and stamp of Dean/ Principal/ Medical Superintendent/Head of the Institution/Director only, as per the prescribed format along with the leave records.

Office dispatch No.:.....

Date of issue.....

To,
The Executive Director
National Board of Examinations
Medical Enclave, Ansari Nagar,
Mahatma Gandhi Marg (Ring Road)
New Delhi-110029

Candidate's
Photograph

Sub: Furnishing of DrNB (D6Y) Part I Training Completion Certificate (Provisional)

Sir,

It is certified that Dr _____ Son/ Daughter/ Wife of _____ who was registered with National Board of Examinations w.e.f _____ vide Registration Number _____ for Five/ Six years of DrNB training in the specialty of _____ in our hospital/institution, joined the course on _____ and **will be completing** mandatory Two years of training on _____ towards eligibility for DrNB Part - I Examination. During these 2 years, the candidate has undergone DrNB training in basic principles of surgery and other allied departments as per applicable curriculum for DrNB Direct 6 years Programme, only at NBE/MCI recognized centres. In case Dr _____ is unable to complete his/her two years of DrNB training on or before the cutoff date i.e. **30-06-2021** towards eligibility determination, it is understood that the candidature of the candidate shall stand cancelled for DNB Final Examination - **December 2020**.

The leave record of the candidate is as follows:

Year of Training (First/ Second)	Period of Leave (Specify Dates of leave availed)	Nature of Leave	No. of Days
Total number leave availed by the candidate during the 2 years period of DrNB training (Grand Total in Days)			

It is also certified that the candidate has worked during the above stated period as a resident doctor strictly in accordance with leave and other training guidelines of National Board of Examinations.

Yours sincerely,

Signature of Head of the Institution _____

Name & Designation _____

Candidate's Signature

Official Stamp of the Issuing Authority
with Name, Designation and Institute

DrNB (D6Y) Training Completion Certificate (Provisional)

Format of Training Completion Certificate to be furnished by all DrNB (D6Y) Candidates who have undergone training in institute accredited with NBE for DrNB training.

❖ *Submission of False/Fabricated information/documents shall be liable for penal action.*

NOTE: Ensure that DrNB training completion certificates MUST be issued on an OFFICIAL LETTERHEAD of the training hospital/institute under signature and stamp of Dean/ Principal/ Medical Superintendent/Head of the Institution/Director only, as per the prescribed format along with the leave records.

Office dispatch No.:.....

Date of issue.....

To,
The Executive Director
National Board of Examinations
Medical Enclave, Ansari Nagar,
Mahatma Gandhi Marg (Ring Road)
New Delhi-110029

Candidate's
Photograph

Sub: Furnishing of DrNB (D6Y) Part II Training Completion Certificate (Provisional)

Sir,

It is certified that Dr _____ Son/ Daughter/ Wife of _____ who was registered with National Board of Examinations w.e.f _____ vide Registration Number _____ for Five/ Six years of DrNB training in the specialty of _____ in our hospital/institution, joined the course on _____ and **will be completing** mandatory Five years of training on _____ towards eligibility for DrNB Part - II Examination of Direct 6 year course.

Incase Dr: _____ is unable to complete his/her five years of DrNB training on or before the cutoff date i.e. **30-06-2021** towards eligibility determination, it is understood that the candidature of the candidate shall stand cancelled for DrNB Final Examination - **December 2020**.

The leave record of the candidate is as follows:

Year of Training (1st/ 2nd/ 3rd/ 4th/ 5th)	Period of Leave (Specify Dates of leave availed)	Nature of Leave	No. of Days
Total number leave availed by the candidate during the 5 years period of DrNB training (Grand Total in Days)			

It is also certified that the candidate has worked during the above stated period as a resident doctor strictly in accordance with leave and other training guidelines of National Board of Examinations.

Yours sincerely,

Signature of Head of the Institution _____

Name & Designation _____

Candidate's Signature

Official Stamp of the Issuing Authority
with Name, Designation and Institute

DNB/DrNB Training Completion Certificate (Final)

Format of Training Completion Certificate to be furnished by all DNB/DrNB Candidates who have undergone training in institute accredited with NBE for DNB/DrNB training.

❖ *Submission of False/Fabricated information/documents shall be liable for penal action.*

NOTE: Ensure that DNB/DrNB training completion certificates MUST be issued on an OFFICIAL LETTERHEAD of the training hospital/institute under signature and stamp of Dean/ Principal/ Medical Superintendent/Head of the Institution/Director only, as per the prescribed format along with the leave records.

Office dispatch No.:.....

Date of issue.....

To,
The Executive Director
National Board of Examinations
Medical Enclave, Ansari Nagar,
Mahatma Gandhi Marg (Ring Road)
New Delhi-110029

Candidate's
Photograph

Sub: Furnishing of DNB/DrNB Training Completion Certificate (Final)

Sir,

It is certified that Dr _____ Son/ Daughter/ Wife of _____ who was registered with National Board of Examinations w.e.f _____ vide Registration Number _____ for Two/ Three years of DNB/DrNB training in the specialty of _____ in our hospital/institution, joined the course on _____ and **has completed** mandatory Two/ Three years of training on _____.

The leave record of the candidate is as follows:

Year of Training (First/ Second/ Third)	Period of Leave (Specify Dates of leave availed)	Nature of Leave	No. of Days
Total number leave availed by the candidate during the entire period of DNB/DrNB training (Grand Total in Days)			

It is also certified that the candidate has worked during the above stated period as a resident doctor strictly in accordance with leave and other training guidelines of National Board of Examinations.

Yours sincerely,

Signature of Head of the Institution _____

Name & Designation _____

Candidate's Signature

Official Stamp of the Issuing Authority with
Name, Designation and Institute

DrNB (D6Y) Training Completion Certificate (Final)

Format of Training Completion Certificate to be furnished by all DrNB (D6Y) Candidates who have undergone training in institute accredited with NBE for DrNB training.

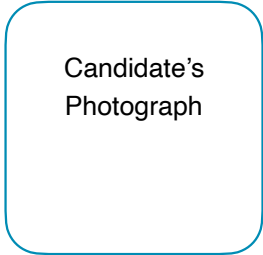
❖ *Submission of False/Fabricated information/documents shall be liable for penal action.*

NOTE: Ensure that DrNB training completion certificates MUST be issued on an OFFICIAL LETTERHEAD of the training hospital/institute under signature and stamp of Dean/ Principal/ Medical Superintendent/Head of the Institution/Director only, as per the prescribed format along with the leave records.

Office dispatch No.:.....

Date of issue.....

To,
The Executive Director
National Board of Examinations
Medical Enclave, Ansari Nagar,
Mahatma Gandhi Marg (Ring Road)
New Delhi-110029



Sub: Furnishing of DrNB (D6Y) Part I Training Completion Certificate (Final)

Sir,

It is certified that Dr _____ Son/ Daughter/ Wife of _____ who was registered with National Board of Examinations w.e.f _____ vide Registration Number _____ for Five/ Six years of DrNB training in the specialty of _____ in our hospital/ institution, joined the course on _____ and **has completed** mandatory Two years of training on _____ towards eligibility for DrNB Part - I Examination. During these 2 years, the candidate has undergone DrNB training in basic principles of surgery and other allied departments as per applicable curriculum for DrNB Direct 6 years Programme, only at NBE/MCI recognized centres.

The leave record of the candidate is as follows:

Year of Training (First/ Second)	Period of Leave (Specify Dates of leave availed)	Nature of Leave	No. of Days
Total number leave availed by the candidate during the 2 years period of DrNB training (Grand Total in Days)			

It is also certified that the candidate has worked during the above stated period as a resident doctor strictly in accordance with leave and other training guidelines of National Board of Examinations.

Yours sincerely,

Signature of Head of the Institution _____

Name & Designation _____

Candidate's Signature

Official Stamp of the Issuing Authority with Name, Designation and Institute

DrNB (D6Y) Training Completion Certificate (Final)

Format of Training Completion Certificate to be furnished by all DrNB (D6Y) Candidates who have undergone training in institute accredited with NBE for DrNB training.

❖ *Submission of False/Fabricated information/documents shall be liable for penal action.*

NOTE: Ensure that DrNB training completion certificates MUST be issued on an OFFICIAL LETTERHEAD of the training hospital/institute under signature and stamp of Dean/ Principal/ Medical Superintendent/Head of the Institution/Director only, as per the prescribed format along with the leave records.

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Date of issue.....

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The Executive Director
National Board of Examinations
Medical Enclave, Ansari Nagar,
Mahatma Gandhi Marg (Ring Road)
New Delhi-110029

Candidate's
Photograph

Sub: Furnishing of DrNB (D6Y) Part II Training Completion Certificate (Final)

Sir,

It is certified that Dr _____ Son/ Daughter/ Wife of _____ who was registered with National Board of Examinations w.e.f _____ vide Registration Number _____ for Five/ Six years of DrNB training in the specialty of _____ in our hospital/ institution, joined the course on _____ and **has completed** mandatory five years of training on _____ towards eligibility for DrNB Part - II Examination for Direct 6 years course. It is declared that the candidate is continuing sixth year of DrNB training.

The leave record of the candidate is as follows:

Year of Training (1st/ 2nd/ 3rd/ 4th/ 5th)	Period of Leave (Specify Dates of leave availed)	Nature of Leave	No. of Days
Total number leave availed by the candidate during the 5 years period of DrNB training (Grand Total in Days)			

It is also certified that the candidate has worked during the above stated period as a resident doctor strictly in accordance with leave and other training guidelines of National Board of Examinations.

Yours sincerely,

Signature of Head of the Institution _____

Name & Designation _____

Candidate's Signature

Official Stamp of the Issuing Authority with
Name, Designation and Institute

DrNB (D6Y) Training Completion Certificate (Final)

Format of Training Completion Certificate to be furnished by all DrNB (D6Y) Candidates who have undergone training in institute accredited with NBE for DrNB training.

❖ *Submission of False/Fabricated information/documents shall be liable for penal action.*

NOTE: Ensure that DrNB training completion certificates MUST be issued on an OFFICIAL LETTERHEAD of the training hospital/institute under signature and stamp of Dean/ Principal/ Medical Superintendent/Head of the Institution/Director only, as per the prescribed format along with the leave records.

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Date of issue.....

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Mahatma Gandhi Marg (Ring Road)
New Delhi-110029

Candidate's
Photograph

Sub: Furnishing of DrNB (D6Y) Training Completion Certificate (Final)

Sir,

It is certified that Dr _____ Son/ Daughter/ Wife of _____ who was registered with National Board of Examinations w.e.f _____ vide Registration Number _____ for Six years of DrNB training in the specialty of _____ in our hospital/institution, joined the course on _____ and **has completed** mandatory six years of training on _____ towards eligibility for DrNB Final Examination in direct 6 years course. During the 6th year of training, the candidate has undergone supervised DrNB training and practice in the discipline of _____, only at NBE/MCI recognized centre(s), as per guidelines prescribed for DrNB Direct 6 year course curriculum.

The leave record of the candidate is as follows:

Year of Training (Sixth)	Period of Leave (Specify Dates of leave availed)	Nature of Leave	No. of Days
Total number leave availed by the candidate during the sixth year of DrNB training (Grand Total in Days)			

It is also certified that the candidate has worked during the above stated period as a resident doctor strictly in accordance with leave and other training guidelines of National Board of Examinations.

Yours sincerely,

Signature of Head of the Institution _____

Name & Designation _____

Candidate's Signature

Official Stamp of the Issuing Authority with
Name, Designation and Institute