

## FNB Training Completion Certificate (Provisional)

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

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

**NOTE: Ensure that FNB 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 FNB 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 years of FNB training in the sub-specialty of \_\_\_\_\_ in our hospital/institution, joined the course on \_\_\_\_\_ and **will be completing** mandatory two years of training on \_\_\_\_\_. In case he/she is unable to complete his/her FNB training on or before the cutoff date towards eligibility determination as per Information Bulletin, it is understood that the candidature of the candidate shall stand cancelled for **FNB Exit Examination - June 2020 session**.

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 of leave availed by the candidate during the entire period of FNB 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

## FNB Training Completion Certificate (Final)

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

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

**NOTE: Ensure that FNB 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 FNB 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 years of FNB training in the sub-specialty of \_\_\_\_\_ in our hospital/institution, joined the course on \_\_\_\_\_ and **has completed** mandatory Two years of training on \_\_\_\_\_.

#### 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 entire period of FNB 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