

## 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. **28-02-2022** towards eligibility determination, it is understood that the candidature of the candidate shall stand cancelled for DNB/DrNB Final Examination - **June 2021**

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. He/She has submitted his thesis for assessment to NBEMS on/before the prescribed cut-off date.

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.**

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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 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. **30-11-2021** towards eligibility determination, it is understood that the candidature of the candidate shall stand cancelled for DNB Final Examination - **June 2021**.

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.**

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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. **30-11-2021** towards eligibility determination, it is understood that the candidature of the candidate shall stand cancelled for DrNB Final Examination - **June 2021**.

**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. He/She has submitted his thesis for assessment to NBEMS on/before the prescribed cut-off date.

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.**

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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. He/She has submitted his thesis for assessment to NBEMS on/before the prescribed cut-off date.

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.

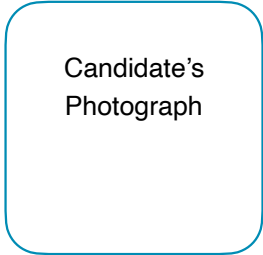
❖ *Submission of False/Fabricated information/documents shall be liable for penal action.*

**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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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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Mahatma Gandhi Marg (Ring Road)  
New Delhi-110029



**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. He/She has submitted his thesis for assessment to NBEMS on/before the prescribed cut-off date.

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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**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