

## FNB Training Completion Certificate (Provisional)

Format of Training Completion Certificate to be furnished by all FNB Candidates who have undergone training in an institute accredited with NBEMS 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 in Medical Sciences  
Medical Enclave, Ansari Nagar,  
Mahatma Gandhi Marg (Ring Road)  
New Delhi-110029

Candidate's  
Photograph

### Sub: Furnishing of FNB Training Completion Certificate (PROVISIONAL)

Sir,

This training completion certificate has been issued to Dr\_\_\_\_\_ Son/ Daughter/ Wife of \_\_\_\_\_ who was registered with National Board of Examinations in Medical Sciences w.e.f \_\_\_\_\_ vide Registration Number \_\_\_\_\_ for One/Two years of FNB training in the specialty of \_\_\_\_\_ in our hospital/institution, for the purpose of appearing in FNB Exit Examination.

It is hereby certified that:

1. He/She has joined the FNB course on \_\_\_\_\_ and **WILL BE COMPLETING** mandatory One/Two years of training on \_\_\_\_\_.
2. The details of leave availed by the candidate till date are as follows:

Year of Training (First/ Second)	Period of Leave (Specify Dates of leave availed)	Nature of Leave	No. of Days
<b>Total number of leave availed by the candidate during his/her FNB training till date (Grand Total in Days)</b>			

3. He/She has appeared in the Formative Assessments Test (FAT) conducted by NBEMS and/or the Internal Assessments conducted by our hospital/ institution as per details mentioned below:

Year of Training (First/ Second)	Year of appearing in FAT conducted by NBEMS	Year of appearing in Internal Assessment conducted by the hospital
	Not Applicable	

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4. He/She has worked during his/her FNB training as a resident doctor strictly in accordance with leave and other training guidelines of National Board of Examinations in Medical Sciences.

It is understood that if the details mentioned herein above are found at any stage to be incorrect/false/incomplete, he/she shall be declared INELIGIBLE for FNB Exit Examination and his/her candidature for the same shall stand cancelled and result, if any declared, shall be treated as null and void.

Yours sincerely,

\_\_\_\_\_  
Acknowledgement of the  
candidate under his/her  
Signature

Signature of Head of the Institution \_\_\_\_\_

Name & Designation \_\_\_\_\_

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 NBEMS 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 in Medical Sciences  
Medical Enclave, Ansari Nagar,  
Mahatma Gandhi Marg (Ring Road)  
New Delhi-110029

Candidate's  
Photograph

### Sub: Furnishing of FNB Training Completion Certificate (Final)

This training completion certificate has been issued to Dr \_\_\_\_\_ Son/ Daughter/ Wife of \_\_\_\_\_ who was registered with National Board of Examinations in Medical Sciences w.e.f \_\_\_\_\_ vide Registration Number \_\_\_\_\_ for One/Two years of FNB training in the specialty of \_\_\_\_\_ in our hospital/institution, for the purpose of appearing in FNB Exit Examination.

It is hereby certified that:

1. He/She has joined the FNB course on \_\_\_\_\_ and **HAS COMPLETED** mandatory One/Two years of training on \_\_\_\_\_.

2. The details of leave availed by the candidate till date are as follows:

Year of Training (First/ Second)	Period of Leave (Specify Dates of leave availed)	Nature of Leave	No. of Days
<b>Total number of leave availed by the candidate during his/her entire FNB training (Grand Total in Days)</b>			

3. He/She has appeared in the Formative Assessments Test (FAT) conducted by NBEMS and the Internal Assessments conducted by our hospital/institution as per details mentioned below:

Year of Training (First/ Second)	Year of appearing in FAT conducted by NBEMS	Year of appearing in Internal Assessment conducted by the hospital
	Not Applicable	

4. He/She has worked during his/her FNB training as a resident doctor strictly in accordance with leave and other training guidelines of National Board of Examinations in Medical Sciences.

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It is understood that if the details mentioned herein above are found at any stage to be incorrect/false/incomplete, he/she shall be declared INELIGIBLE for FNB Final Examination and his/her candidature for the same shall stand cancelled and result, if any declared, shall be treated as null and void.

Yours sincerely,

Signature of Head of the Institution \_\_\_\_\_

Name & Designation \_\_\_\_\_

\_\_\_\_\_  
Acknowledgement of the  
candidate under his/her  
Signature

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