DNB/DrNB Training Completion Certificate (Provisional)

Date of issue.....

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

The Executive Director			Candidate's
National Board of Examinations in Medical Sciences			Photograph
Medical Enclave, Ansari Na	agar,		
Mahatma Gandhi Marg (Ri			
New Delhi-110029	0		
Sub: Furnishing of DNB/	DrNB Training Completion Certif	ficate (PROVISIONAL)	
Sir,			
	n certificate has been issued t who was registered with		
	who was registered withvide Registration N		
	ing in the specialty of		
appearing in DNB/DrNI			1 1
It is hereby certified that:			
,	e DNB/DrNB course on		WILL BE COMPLETING
mandatory Two/ Thi	ree years of training on	<u>.</u>	
0 11 1 1 1	9 11 4 11 (91 1)	C 11	
2. The details of leave av	vailed by the candidate till date ar	e as follows:	
Year of Training	Period of Leave	N	N (5
(First/ Second/ Third)	(Specify Dates of leave availed)	Nature of Leave	No. of Days
	availed)		
Total number of leave	availed by the candidate during	his/her DNB/DrNB	
training till date (Gran	,		
	•		
3. He/She has appeared	l in the Formative Assessments	Test (FAT) conducted by	NBEMS and the Internal
* *	ed by our hospital/institution as	3	
Year of Training	Year of appearing in FA		
(First/ Second/ Third)	conducted by NBEMS	Assessment con	ducted by the hospital

Office dispatch No.:....

To,

- 4. He/She has completed his/her thesis under supervision of an approved thesis guide and submitted his/her thesis for assessment to NBEMS on/before 15.09.2023.
- 5. He/She has worked during his/her DNB/DrNB 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 DNB/DrNB 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,
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

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 NBEMS for DrNB training.

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

Office dispatch No.:			Date of issue	
To, The Executive Director National Board of Exami Medical Enclave, Ansari N Mahatma Gandhi Marg (R New Delhi-110029				Candidate's Photograph
Sub: Furnishing of DrNE	(D6Y) Part I Training Completion	n Cer	tificate (Provisional)	
Sir,				
Sciences w.e.f	: ne DrNB (Direct 6 Years) course datory Two years of training on	h Na Num spital,	tional Board of Example to the pure to the	minations in Medical for Six years of urpose of appearing in
2. The details of leave a	vailed by the candidate till date a	e as f	follows:	
Year of Training (First/ Second)	Period of Leave (Specify Dates of leave availed)	Na	ture of Leave	No. of Days
Total number of leave	availed by the candidate during	hic/L	ou DuNR training	
till date (Grand Total	,	1115/1	iei Diivb tianining	
3. He/She has appeared	d in the Formative Assessments of			
Year of Training (First/ Second)	Year of appearing in F/conducted by NBEMS	AT	Year of appearing in Assessment conduction	

- 4. 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 NBEMS/NMC recognized centres.
- 5. He/She has worked during his/her DrNB 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 DrNB Direct 6 Year Par I 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
Acknowledgement of the candidate under his/her Signature	Name & Designation: Official Stamp of the Issuing Authority with Name, Designation and Institute

Date of issue.....

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 NBEMS 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.

The Executive Director			Candidate's
	nations in Medical Sciences		Photograph
Medical Enclave, Ansari Na	ıgar,		
Mahatma Gandhi Marg (Ri	ng Road)		
New Delhi-110029			
Sub: Furnishing of DrNB	(D6Y) Part II Training Completion	on Certificate (Provisional)	
Sir,			
This training completion	n certificate has been issued	to DrSon/	Daughter/ Wife of
2-:	who was registered with	n National Board of Exami	inations in Medical
ociences w.e.f	vide Registration	Number	for Six years of
DrNB (Direct 6 Year) Fina	cialty of in our hos	pital/institution, for the pur	pose of appearing in
Direct o fear) Fina	ii (i art ii) Examination.		
t is hereby certified that:			
l. He/She has joined the	e DrNB (Direct 6 Year) course o	on .	and WILL BE
,	latory Five years of training o		
2. The details of leave av	railed by the candidate till date a	re as follows:	
	Period of Leave		
Year of Training (1st/2nd/3rd/4th/5th)	(Specify Dates of leave availed)	Nature of Leave	No. of Days
	,		
Total number of leave	availed by the candidate during	his/her DrNB training	
till date (Grand Total i	•		
3. He/She has appeared	in the Formative Assessments	Test (FAT) conducted by NBF	EMS and the Internal
* *	ed by our hospital/institution as	3	
Year of Training		AT Year of appearing in Ir	
(1st/2nd/3rd/4th/5th)	conducted by NBEMS	Assessment conducte	

Office dispatch No.:....

To,

- 4. He/She has completed his/her thesis under supervision of an approved thesis guide and submitted his/her thesis for assessment to NBEMS on/before **15.09.2023**.
- 5. He/She has worked during his/her DrNB 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 DrNB 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,

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

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 NBEMS for DNB/DrNB training.

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

Office dispatch No.:	Date of issue			
To, The Executive Director National Board of Exami Medical Enclave, Ansari N Mahatma Gandhi Marg (R New Delhi-110029	0		Candidate's Photograph	
This training completion	on certificate has been issued to who was registered with vide Registration	o DrSon n National Board of Exa Number	minations in Medical for Two/ Three	
appearing in DNB/DrN				
•	training onvailed by the candidate till date an			
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	his/her entire DNB/		
	I Total in Days) I in the Formative Assessments of the desired by our hospital/institution as			
Year of Training (First/ Second/ Third)	Year of appearing in FA conducted by NBEMS	Year of appearing in Assessment conduction		

- 4. He/She has completed his/her thesis under supervision of an approved thesis guide and his/her thesis has been ACCEPTED by NBEMS vide acceptance letter dated ______.
- 5. He/She has worked during his/her DNB/DrNB 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 DNB/DrNB Final Examination and his/her candidature for the same shall stand cancelled and result, if any declared, shall be treated as null and void.

Signature of Head of the Institution____

Yours sincerely,

Name, Designation and Institute

Acknowledgement of the candidate under his/her

Name & Designation

Official Stamp of the Issuing Authority with

Signature

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 NBEMS for DrNB training.

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

Office dispatch No.:	Date of issue			
To, The Executive Director National Board of Exami Medical Enclave, Ansari N Mahatma Gandhi Marg (R New Delhi-110029				Candidate's Photograph
Sub: Furnishing of DrNB	(D6Y) Part I Training Completion	n Cei	rtificate (Final)	
Sir,				
Sciences w.e.f	e DrNB (Direct 6 Years) course o s of training on vailed by the candidate till date an	h Na Nun pital n	ational Board of Examber	minations in Medical for six years of urpose of appearing in
Year of Training (First/ Second)	Period of Leave (Specify Dates of leave availed)	Na	ature of Leave	No. of Days
	·			
Total number of leave till date (Grand Total	availed by the candidate during in Days)	his/	her DrNB training	
	l in the Formative Assessments 'ed by our hospital/institution as		•	
Year of Training (First/ Second)	Year of appearing in F/conducted by NBEMS	AT	Year of appearing in Assessment conduct	

- 4. 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 NBEMS/NMC recognized centres.
- 5. He/She has worked during his/her DrNB 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 DrNB Direct 6 Year Part I 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

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 NBEMS for DrNB training.

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

Office dispatch No.:		Date of issue			
To, The Executive Director National Board of Exami Medical Enclave, Ansari N Mahatma Gandhi Marg (R New Delhi-110029			Candidate's Photograph		
Sub: Furnishing of DrNE	3 (D6Y) Part II Training Completion	on Certificate (Final)			
Sir,					
Sciences w.e.f	on certificate has been issued who was registered wit vide Registration the specialty of ect 6 Year) Final (Part II) Examinate : e DrNB (Direct 6 Year) course or ars of training on vailed by the candidate till date a	h National Board of Numberin our hospital/instation.	of Examinations in Medical for Six years of titution, for the purpose of		
Year of Training (1st/2nd/3rd/4th/5th)	Period of Leave (Specify Dates of leave availed)	Nature of Leave	No. of Days		
Total number of leave till date (Grand Total	availed by the candidate during in Days)	; his/her DrNB traini	ng		
* *	d in the Formative Assessments ed by our hospital/institution as		2		
Year of Training (1st/2nd/3rd/4th/5th)	Year of appearing in Faconducted by NBEMS		ring in Internal conducted by the hospital		

~	nis/her thesis under supervision of an approved thesis guide and his/her thesis NBEMS vide acceptance letter dated
	ing his/her DrNB training as a resident doctor strictly in accordance with leave lines of National Board of Examinations in Medical Sciences.
incomplete, he/she shall be	details mentioned herein above are found at any stage to be incorrect/false/declared INELIGIBLE for DrNB Final Examination and his/her candidature for ed 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

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 NBEMS for DrNB training.

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

Office dispatch No.:			Date of issue	2
To, The Executive Director National Board of Exami Medical Enclave, Ansari N Mahatma Gandhi Marg (R New Delhi-110029				Candidate's Photograph
Sub: Furnishing of DrNB	(D6Y) Training Completion Cert	ifical	te (Final)	
Sir,				
Sciences w.e.f	who was registered with vide Registration e specialty of in our Final (Part II) Examination. The DrNB (Direct 6 Year) course or sof training on vailed by the candidate till date as	n Num	nber pital/institution, for th a	for Six years of ne purpose of eligibility
Year of Training (1st/2nd/3rd/ 4th/5th/6th)	Period of Leave (Specify Dates of leave availed)	Na	ature of Leave	No. of Days
+unounout)	avanou)			
Total number of leave training (Grand Total	availed by the candidate during in Days)	his/	her entire DrNB	
	I in the Formative Assessments ed by our hospital/institution as		2	
Year of Training (1st/2nd/3rd/ 4th/5th/6th)	Year of appearing in Faconducted by NBEMS	ΔT	Year of appearing in Assessment condu	

	d his/her thesis under supervision o by NBEMS vide acceptance letter da	of an approved thesis guide and his/her thesis ated
the discipline of	0	one supervised DrNB training and practice in /NMC recognized centre(s), as per guidelines
	luring his/her DrNB training as a reidelines of National Board of Examin	esident doctor strictly in accordance with leave ations in Medical Sciences.
incomplete, he/she shall		are found at any stage to be incorrect/false/ Final Examination and his/her candidature for I be treated as null and void.
		Yours sincerely,
	Signature of Head	of the Institution
	Signature of Fread	of the institution
	Name & Designati	on
cknowledgement of the		Official Stamp of the Issuing Authority
andidate under his/her		with Name, Designation and Institute
Signature		