

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 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.

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 DNB/DrNB 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 Two/ Three years of DNB/DrNB training in the specialty of _____ in our hospital/institution, for the purpose of appearing in DNB/DrNB Final Examination.

It is hereby certified that:

1. He/She has joined the DNB/DrNB course on _____ and **WILL BE COMPLETING** mandatory Two/ Three years of training on _____.
2. The details of leave availed by the candidate till date are 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 his/her DNB/DrNB training till date (Grand Total in Days)			

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/ Third)	Year of appearing in FAT conducted by NBEMS	Year of appearing in Internal Assessment conducted by the hospital

-
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 **30.11.2024**.
 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,

Signature of Head of the Institution _____

Name & Designation _____

I hereby acknowledge that the information provided in this TCC is complete, factual and correct.

Signature of Candidate

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.*

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 in Medical Sciences
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,

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 Six years of DrNB training in the specialty of _____ in our hospital/institution, for the purpose of appearing in DrNB (Direct 6 Years) Part I Examination.

It is hereby certified that:

1. He/She has joined the DrNB (Direct 6 Years) course on _____ and **WILL BE COMPLETING** mandatory 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
Total number of leave availed by the candidate during his/her DrNB training till date (Grand Total in Days)			

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

-
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,

I hereby acknowledge that the information provided in this TCC is complete, factual and correct.

Signature of Candidate

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.

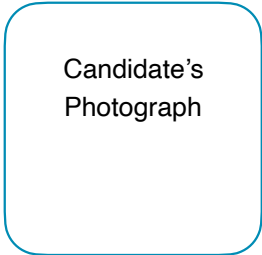
❖ *Submission of False/Fabricated information/documents shall be liable for penal action.*

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.....

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



Sub: Furnishing of DrNB (D6Y) Part II 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 Six years of DrNB training in the specialty of _____ in our hospital/institution, for the purpose of appearing in DrNB (Direct 6 Year) Final (Part II) Examination.

It is hereby certified that:

1. He/She has joined the DrNB (Direct 6 Year) course on _____ and **WILL BE COMPLETING** mandatory Five years of training on _____.
2. The details of leave availed by the candidate till date are 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 of leave availed by the candidate during his/her DrNB training till date (Grand Total in Days)			

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 (1st/2nd/3rd/4th/5th)	Year of appearing in FAT conducted by NBEMS	Year of appearing in Internal Assessment conducted by the hospital

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 **30.11.2024**.
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,

I hereby acknowledge that the information provided in this TCC is complete, factual and correct.

Signature of Candidate

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.*

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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Mahatma Gandhi Marg (Ring Road)
New Delhi-110029

Candidate's
Photograph

Sub: Furnishing of DNB/DrNB 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 Two/ Three years of DNB/DrNB training in the specialty of _____ in our hospital/institution, for the purpose of appearing in DNB/DrNB Final Examination.

It is hereby certified that:

1. He/She has joined the DNB/DrNB course on _____ and **HAS COMPLETED** mandatory Two/ Three years of training on _____.

2. The details of leave availed by the candidate till date are 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 his/her entire DNB/ DrNB training (Grand Total in Days)			

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/ Third)	Year of appearing in FAT conducted by NBEMS	Year of appearing in Internal Assessment conducted by the hospital

-
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.

Yours sincerely,

Signature of Head of the Institution _____

Name & Designation _____

I hereby acknowledge that the information provided in this TCC is complete, factual and correct.

Signature of Candidate

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.*

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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To,
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Mahatma Gandhi Marg (Ring Road)
New Delhi-110029



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

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 six years of DrNB training in the specialty of _____ in our hospital/institution, for the purpose of appearing in DrNB (Direct 6 Years) Part I Examination.

It is hereby certified that:

1. He/She has joined the DrNB (Direct 6 Years) course on _____ and **HAS COMPLETED** mandatory 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
Total number of leave availed by the candidate during his/her DrNB training till date (Grand Total in Days)			

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

-
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,

I hereby acknowledge that the information provided in this TCC is complete, factual and correct.

Signature of Candidate

Signature of Head of the Institution _____

Name & Designation _____

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.*

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.....

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



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

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 Six years of DNB/DrNB training in the specialty of _____ in our hospital/institution, for the purpose of appearing in DrNB (Direct 6 Year) Final (Part II) Examination.

It is hereby certified that:

1. He/She has joined the DrNB (Direct 6 Year) course on _____ and **HAS COMPLETED** mandatory Five years of training on _____.
2. The details of leave availed by the candidate till date are 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 of leave availed by the candidate during his/her DrNB training till date (Grand Total in Days)			

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 (1st/2nd/3rd/4th/5th)	Year of appearing in FAT conducted by NBEMS	Year of appearing in Internal Assessment conducted by the hospital

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 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,

I hereby acknowledge that the information provided in this TCC is complete, factual and correct.

Signature of Candidate

Signature of Head of the Institution _____

Name & Designation _____

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.*

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.:.....

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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,

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 Six years of DNB/DrNB training in the specialty of _____ in our hospital/institution, for the purpose of eligibility for DrNB (Direct 6 Year) Final (Part II) Examination.

It is hereby certified that:

1. He/She has joined the DrNB (Direct 6 Year) course on _____ and **HAS COMPLETED** mandatory Six years of training on _____.
2. The details of leave availed by the candidate till date are as follows:

Year of Training (1st/2nd/3rd/ 4th/5th/6th)	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 DrNB training (Grand Total in Days)			

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 (1st/2nd/3rd/ 4th/5th/6th)	Year of appearing in FAT conducted by NBEMS	Year of appearing in Internal Assessment conducted by the hospital

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. During the 6th year of training, the candidate has undergone supervised DrNB training and practice in the discipline of _____, only at NBEMS/NMC recognized centre(s), as per guidelines prescribed for DrNB Direct 6 year course curriculum.
6. 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,

I hereby acknowledge that the information provided in this TCC is complete, factual and correct.

Signature of Candidate

Signature of Head of the Institution _____

Name & Designation _____

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