

Information Bulletin
for
Diplomate of National Board
Centralized Entrance Test
(DNB - CET)

For Admission to DNB Post Graduate Courses
2018 July Admission Session

DNB**CET**



NATIONAL BOARD OF EXAMINATIONS

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

Candidate Helpline: 022-62816979 /1800-11-1700 (Toll Free)

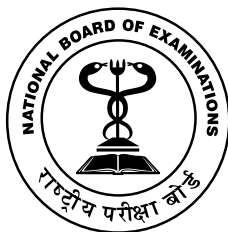
(Monday to Saturday: 09:30 AM to 06:00 PM)

Website: www.nbe.edu.in

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CONTACT US

1. Please make use of the information in this information bulletin & website (www.nbe.edu.in) to guide you through the entire process and help to answer most of your queries.
2. In case you are still facing issues, then the NBE Candidate Care Support is available by phone and email.
3. Phone support will be available during these times:
 - 11th May to 31st July 2018 : 9:30 AM to 6:00 PM from Monday to Saturday
 - 29th June 2018 (examination day): 7:00 AM to 7:00 PM
 - NBE Candidate Care will be closed on Sundays & Gazetted holidays
4. Contact NBE (for exam related queries)

Helpline Number	022-62816979/1800-11-1700 (Toll Free)
Email	nbehelpdesk2018@gmail.com
Official Website	www.nbe.edu.in

*Note : Possession/Use of Mobile Phones/Electronic Devices is strictly prohibited in the premises of NBE Examination Centres.
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i. DISCLAIMER

- a) Candidates are advised to read the Information Bulletin carefully and go through the instructions regarding submission of online application form given on DNB CET (2018 July Admission Session) website www.nbe.edu.in before starting online submission of application form for DNB CET. (2018 July Admission Session)
- b) Candidate should ensure that all the information entered during the online submission of application form is correct.
- c) Information such as personal details, educational qualification etc. provided by the candidates in the online application form shall be treated as correct and NBE will not entertain, under any circumstances, any request for change in the information provided by the candidates. Candidates have the option of changing the information entered in the application form till the last date of online submission of application form.

Candidates may note that the following fields of the application form are non-editable

- Name of the Candidate
 - Date of Birth
 - Gender
 - Nationality
 - Mobile No.
 - Email address
 - Testing City
 - Photograph
 - Signature
- d) NBE disclaims any liability that may arise to candidate(s) due to incorrect information provided by the candidate during online submission application form.
 - e) NBE does not edit /modify/alter any information entered by the candidates at the time of online submission of application form under any circumstances.

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ii. IMPORTANT DATES

1.	Availability of Information Bulletin	11 th May 2018 onwards
2.	Online submission of application form for DNB-CET(2018 July Admission Session)	11 th May to 31 st May 2018
3.	Examination Dates for DNB-CET (2018 July Admission Session)	29 th June 2018
4.	Declaration of Results	By 31 st July 2018
5.	Cut off date for completing internship	31 st August 2018

Instructions:

Online submission of application form begins from on 11th May 2018 from 3:00 PM onwards. Online applications can be accessed and completed till 11:55 PM on 31st May 2018.

NOTE: Candidates are advised to read the Information Bulletin and instructions for online submission of application form carefully before starting online submission of application form and ensure that no mandatory column in the online application form is left blank. In the event of rejection of the application form, no correspondence/request for re-consideration will be entertained.

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1. INTRODUCTION

The Government of India established the National Board of Examinations (NBE) in 1975 with the objective of improving the quality of the Medical Education by establishing high and uniform standards of postgraduate examinations in modern medicine on an all India basis and utilizing existing infrastructure for capacity building.

NBE at present conducts postgraduate and postdoctoral examinations in approved specialties leading to the award of Diplomate of National Board. The Medical Council of India has laid down standards for postgraduate examinations conducted by various medical colleges and affiliated to concerned universities and other institutions, yet the levels of proficiency and standards of evaluation vary considerably in these institutions.

The Examinations conducted by NBE provide a common standard and mechanism of evaluation of minimum level of attainment of the knowledge and competencies in medical discipline. Moreover, intra country and international comparisons are facilitated with the availability of common evaluation mechanism.

RECOGNITION OF DNB QUALIFICATIONS

The Nomenclature of the qualification awarded by the National Board of Examinations is “Diplomate of National Board”. The list of recognized qualifications awarded by the Board in various Broad and Super specialties as approved by the Government of India and included in the First Schedule of IMC Act 1956 is as given in Annexure A.

As per the Indian Medical Council Act 1956; the power to recognize medical qualification and determine their equivalence rests with the central government.

The Diplomate qualifications awarded by the National Board of Examinations are equated with the postgraduate and post doctorate degrees awarded by other Indian Universities for all purposes including appointment to teaching posts as lecture/Assistant Professor by the Government of India, Ministry of Health and Family Welfare; vide their notifications issued from time to time.

The holders of Board’s qualification awarded after an examination i.e. DNB are eligible to be considered for specialist’s post/faculty in any Hospital including a training/teaching institution on a teaching post/as a faculty member.

Diplomate National Board qualifications are well recognized and accepted as high standard specialist qualifications for practice of concerned medical discipline of super or sub specialties area.

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2. GENERAL INSTRUCTIONS FOR APPLICANT CANDIDATES

- 2.1. DNB-CET is a qualifying-cum-ranking examination for entry to various Post Graduate courses including Direct 6 year course in the specialty of Plastic Surgery, Neuro-Surgery, Cardio-thoracic Surgery and Pediatric Surgery.
- 2.2. Applicant may kindly note that appearance in DNB-CET (2018 July Admission Session) does not confer any automatic rights to secure a seat in NBE accredited hospital /institute.
- 2.3. Online submission of application form begins from 11th May 2018 onwards. Online submission of application form for the examination must be completed by 31st May 2018 (by 11:55 PM)..
- 2.4. Applications of candidates furnishing false or fabricated information will not be considered and candidates may be further debarred from appearing in any future examinations conducted by NBE.
- 2.5. Candidates should go through the bulletin carefully for eligibility criteria, scheme, pattern of examination etc before contacting NBE for any queries. Queries pertaining to eligibility and other issues will only be entertained if the information requested is not given in bulletin or on website www.nbe.edu.in
- 2.6. Incomplete applications or applications not in accordance with instructions will not be considered and are liable to be rejected. The examination fee will not be refunded under any circumstances.
- 2.7. Fee will neither be carried forward to a future date nor refunded under any circumstances. Online applications and/or their acknowledgment of submission received after the due date will not be entertained and exam fee will not be returned in such cases. Application once submitted cannot be withdrawn.
- 2.8. Instructions in the information-bulletin are liable to changes based on decisions taken by NBE from time to time. There is no equity or any rights that are /or deemed to be arising in favor of candidate.
- 2.9. NBE reserves the right to withdraw permission, if any, granted inadvertently to any candidate who is not eligible to appear in the DNB-CET(2018 July Admission Session) even though the admit card/roll number has been issued or name/roll number is displayed on NBE website.
- 2.10. Candidates' eligibility is purely provisional & is subject to the fulfillment of eligibility criteria as prescribed by NBE.
- 2.11. The existing schedule, pattern, policy and guidelines are for ready reference only but in no way they are or are ought to be treated as representative or acknowledgment of fact that NBE is bound to follow the same in future.

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- 2.12. In case of any ambiguity in interpretation of any of the instructions/ terms/ rules/criteria regarding the determination of eligibility/conduct of examinations/ registration of candidates/information contained herein, the interpretation of National Board of Examinations will be final and binding.
- 2.13 Requests are not entertained for change in date/ examination centre. Candidates are advised not to canvass for or submit such requests.
- 2.14 Absentees from the examination will forfeit their examination fee.
- 2.15 Result for DNB-CET (2018 July Admission Session) shall be available on the website **www.nbe.edu.in**
- 2.16 Candidates MUST bring to the test centre the following documents. Unfair means case shall be registered against the candidates submitting false/ forged documents:
1. Printed copy of the Admit Card with photo pasted on it. AND
 2. Photocopy of the Permanent or Provisional SMC/MCI registration*, to be retained by the test centre AND
 3. Any one of the following authorised photo IDs** (must be original and non-expired):
 - PAN Card
 - Driving License
 - Voter ID
 - Passport
 - Aadhar Card(with photograph)

“In case, any candidate reports to the test center with e-Aadhaar card as proof of identity, the e-Aadhaar card should be a good quality colour print out with clearly visible photograph. The photograph should not have kinks, scratches and stains, and should definitely match with the candidate presenting the e-Aadhaar card. Decision of NBE in this regard shall be final”.

*Candidates who have obtained their Primary Medical Qualification outside India and do not have SMC/MCI registration should bring their original screening test pass certificate issued on NBE letterhead.

**The name on photo identification must match the name as shown on Admit Card. If the name has been changed due to events such as marriage, candidate must show the relevant document mentioned below at the time of the exam.

- Marriage Certificate

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- Divorce Decree
- Legal Name Change Document

The examination test centre staff on duty is authorized to verify the identity of candidates and may take steps to verify and record the identity of candidates. Candidates are required to extend requisite cooperation.

- 2.17. Candidates should ensure before applying for the registration that their MBBS degree is recognized as per provisions of Indian Medical Council Act. If it is found at any time that MBBS degree is not recognized, the candidature/result shall be cancelled/ deemed to be cancelled.
- 2.18. All the correspondence should preferably be addressed by e-mail. The e-mail query shall be addressed only if it is not anonymous and contains the name, postal address and contact telephone number of the sender. An e-mail containing vague or general queries that are contained in the Information Bulletin shall not be entertained. Queries shall not be entertained from person claiming themselves to be representative, associates or officiates of the applicant candidate.
- 2.19. The DNB-CET (2018 July Admission Session) shall be conducted by NBE at test centres engaged for the purpose. Candidates are advised to familiarize themselves with the route and location of the test centre.
- 2.20. Candidates are advised to familiarize themselves with the route and location of the exam centre at least one day prior to the testing day.
- 2.21. Candidates are advised to look into www.nbe.edu.in regularly for various information and notices pertaining to DNB-CET (2018 July Admission Session)
- 2.22. Kindly note that by registering for the DNB-CET(2018 July Admission Session), candidates are covered by Non Disclosure Agreement (NDA). NBE explicitly prohibits the candidates from publishing, reproducing or transmitting any or some contents of this test, in whole or in part, in any form or by any means verbal or written, electronic or mechanical or for any purpose. No content of this test must be shared with friends, acquaintances or third parties including sharing through online means or via social media. Social media includes but not limited to SMS, Whatsapp, Facebook, Twitter, Hangouts, Blogs etc using either one's own account or proxy account(s).
- 2.23. Candidates are deemed to have read, agreed and accepted the Information Bulletin and the terms and conditions in the information bulletin for DNB-CET (2018 July Admission Session)
- 2.24. Submission of incomplete online application or applications not in accordance with instructions will not be considered and the candidates will be declared

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ineligible. In such cases, the entire fees will be forfeited. Applications of applicants producing false or fabricated records will not be considered and such applicants will be further debarred from appearing in the future examinations of NBE. Action as deemed appropriate by NBE will be taken if false or fabricated records/ information is submitted or any unfair means are used.

- 2.25. Possession/Use of mobile phones or any such Electronic devices is strictly prohibited in the premises of NBE test centers. Candidates shall be liable for penal action for Possession/use of Mobile phones/Electronic devices.
- 2.26. Candidates will not be allowed to leave the examination premises until the entire duration of the exam is up with the exception of genuine medical conditions.
- 2.27. Demo Test :A demo test shall be available for the benefit of candidates to familiarize themselves with the Computer Based Test format at website www.nbe.edu.in . Applicants will be able to access the Demo test from 15th June 2018 onwards.
- 2.28. The jurisdiction for court cases/disputes shall be within the exclusive jurisdiction of competent courts at Delhi/New Delhi only.

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3. ELIGIBILITY CRITERIA FOR DNB-CET (2018 JULY ADMISSION SESSION)

- 3.1. Candidates who are in possession of MBBS degree/Provisional Pass Certificate recognized as per the provisions of the Indian Medical Council Act 1956 and possess permanent / provisional registration certificate of MBBS qualification issued by the Medical Council of India/ State Medical Council and have completed one year of internship/likely to complete on or before 31st August 2018 may apply for DNB-CET examination through online application.

The cutoff date for completion of internship towards determination of eligibility for appearing in DNB-CET (2018 July Admission Session) 2018 shall be 31/08/2018.

- 3.2. Candidates found to be ineligible at any stage of DNB-CET (2018 July Admission Session) will not be permitted to appear in the examination. In an unlikely event of any ineligible candidate appearing and/or being successful in the DNB-CET, the results/candidature of such candidate shall be cancelled and/or are deemed to be cancelled as and when the ineligibility is detected.
- 3.3. Requests for appearing in DNB CET (2018 July Admission Session) from candidates completing internship after 31st August 2018 or having qualifications that are not recognized as per IMC Act shall be summarily rejected. Candidates are further advised not to canvass for the same.
- 3.4. Candidates already pursuing DNB course are not eligible to appear for the DNB-CET till such time they have completed the entire duration of the prescribed course or have been discharged from the course. Candidates who have joined DNB- Broad Specialty course in or after December 2014 session are not eligible to appear in DNB-CET (2018 July Admission Session). This shall be irrespective of their resignation or discontinuation from the course due to any reason.
- 3.5. Appearing in DNB-CET (2018 July Admission Session) does not confer any automatic rights upon the candidate for admission at NBE accredited hospital/ institute.
- 3.6. Registration with M.C.I./State Medical Council/ is necessary and its documentary proof has to be furnished at the time of counseling and at the test centre on the examination day.
- 3.7. A Candidate can register for DNB-CET (2018 July Admission Session) only once. Registration for CET, more than once shall constitute unfair means and lead to disqualification and/or penal action.

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4. EXAMINATION FEE

4.1 DNB-CET

Amount : Rs. 4500/-

The above fees is inclusive of examination fees and information bulletin; Information Bulletin shall be available at website for information.

4.2 How to pay

The prescribed registration fee should be remitted through payment gateway provided using a Credit Card or a Debit Card issued by banks in India or through net banking. For more information, please visit the website **www.nbe.edu.in**

4.3. Candidates remaining absent from the examination will forfeit their examination fee. Candidates are advised to read the rule position carefully and satisfy the terms and conditions for fulfillment of eligibility criteria before proceeding for payment of fees.

4.4. FEES SHALL NEITHER BE REFUNDED NOR CARRIED FORWARD IF THE APPLICATION FOR DNB-CET IS REJECTED/CANDIDATURE IS FOUND TO BE INELIGIBLE.

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5. SCHEME OF EXAMINATION

DIPLOMATE OF NATIONAL BOARD - CENTRALISED ENTRANCE TEST (DNB-CET)

- 5.1 The exam shall be conducted on a single day in a single session.
- 5.2 Allocation of time for the DNB-CET 2018 shall be as follows

Activities	Session (2:00 PM – 5:30 PM)
Allow Candidates to enter the examination centre and commence Biometric Registration	12:00PM
Entry closes at Examination Center	01:30 PM
Grant access for Candidate Login	01:45 PM
Candidates log in to read instructions	01:50 PM
Exam Start Time	02:00 PM
Exam End Time	05:30PM

- 5.3 **Syllabus:** The Syllabus for the exam shall comprise of subjects /knowledge areas as per the Graduate Medical Education Regulations issued by Medical Council of India with prior approval of Government of India.
- 5.4 **DNB-CET** shall be multiple choice questions exam delivered on computer based platform(CBT). The question paper shall comprise of PART-A and PART-B each having 150 MCQs with a total duration of 3½ hours.
- 5.5 The question paper shall consist of 300 MCQs with single correct response.
- 5.6 **Negative Marking:** There shall be 25% negative marking for incorrect answers. No marks will be deducted for unattempted questions.

Allocation of Marks for each MCQ:

S.No.	Response	Marks
1.	Correct Response	4 marks
2.	Incorrect Response	1 mark shall be deducted
3.	Unattempted Question	Zero

- 5.7 During the examination candidates are given an option to mark any question, whether attempted or not, for review which means that candidate has been given an option to go through these questions again before the examination time ends. **Candidates may note that such questions which are marked for review shall be evaluated as per the marking scheme indicated above.**

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5.8 SUBJECT-WISE DISTRIBUTION OF QUESTIONS FOR DNB CET EXAM (2018 JULY ADMISSION SESSION)

SL. NO.	SUBJECT	SUBJECT WISE WEIGHTAGE (OUT OF 300)
PART -A		
1	ANATOMY	24
2	PHYSIOLOGY	24
3	BIOCHEMISTRY	24
4	PATHOLOGY	18
5	MICROBIOLOGY	18
6	PHARMACOLOGY	18
7	FORENSIC MEDICINE	12
8	OPHTHALMOLOGY	12
PART -B		
9	ENT	12
10	SPM, STATISTICS & BIOMEDICAL RESEARCH	24
11	GENERAL MEDICINE	26
12	PSYCHIATRY	6
13	DERMATOLOGY & STD	6
14	GENERAL SURGERY	25
15	ORTHOPEDICS	5
16	ANAESTHESIOLOGY	5
17	RADIOLOGY	5
18	OBSTETRICS & GYNAECOLOGY	24
19	PAEDIATRICS	12
	GRAND TOTAL	300

Note: Kindly note that the aforementioned weightage of MCQs is indicative and purely provisional. NBE reserves its rights to alter /vary /amend the same.

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6. ADMIT CARD & TEST DAY DOCUMENTARY REQUIREMENTS

- 6.1 The examination shall be conducted on 29th June 2018.
- 6.2 At the time of submission of online application form, candidate will be required to choose the city in which he/she wants to take the test. The choice of city will depend on availability of the test centres in a particular city and the allotment shall be done on first come first serve basis.

During the submission of online application form, candidate will be able to see only those cities where testing seats are available. While the city will be chosen by the candidate himself / herself at the time of online submission of application form, allotment of test centre/venue in the chosen city shall be done by NBE.

In case testing seat is not available in the State in which you prefer to appear in DNB-CET June 2018, you can choose the option OTHERS from the list of States at the time of selection of the State during online submission of application form

NBE will make all efforts to ensure that the candidate is allotted a testing centre in the State of correspondence address of the candidate. In case testing seat is not available in the concerned State due to logistic, administrative and other reasons, testing centre in a nearby State shall be allocated. Such candidates shall be informed about their testing city by 15th of June 2018

Candidates will be informed regarding their test venue approximately 7 days before the examination day.

- 6.3 Requests for change of testing centre / city shall not be entertained. Candidates are advised not to canvass for the same.
- 6.4 At the end of online submission of application form, the candidate will get a computer generated acknowledgement at the registered email id of the candidate. Admit card will be issued to the candidate once testing venue has been allotted to the candidate by NBE in the city chosen by the candidate during online submission of online application form. Candidates are likely to get their admit card on their registered email ID approximately 7 days before the examination day. Candidates will be informed through SMS alerts and Public Notice regarding availability of the admit card on their registered email ID. Candidates are required to download their admit card from their registered email ID and affix their latest passport size photograph in the space provided on the admit card. Admit card will not be sent to the candidates by Post. The photograph should have the following specifications:
- Size of photograph : minimum 35x45 mm with at least 75% coverage of face & head of the candidate.

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- A caption indicating the name of the candidate and date of capturing the photograph should be there at the bottom of the photograph.
- Background of the Photograph : white
- The photograph needs to display full front view of the face. Please look directly into the camera with a neutral expression.
- Please avoid photograph with reflection or shadow on the face with red eyes.
- The photograph needs to be printed on a high quality paper with at least 600 dpi Resolutions.
- The photograph must not have kinks, scratches and stains.

6.5 Candidates MUST bring to the test centre the following documents: (Unfair means case shall be registered against the candidates submitting false/forged documents.)

- Printed copy of the Admit Card with Photo of the candidate pasted on it; &
- Photocopy of Permanent/Provisional SMC/MCI registration*, to be retained by the test centre &
- Any one of the authorized photo IDs** (must be original, valid and non-expired)
 - i. PAN card
 - ii. Driving License
 - iii. Voter ID
 - iv. Passport
 - v. Aadhar Card(with photograph)

“In case, any candidate reports to the test center with e-Aadhaar card with Aadhaar number printed on it as proof of identity, the e-Aadhaar card should be a good quality colour print out with clearly visible photograph. The photograph should not have kinks, scratches and stains, and should definitely match with the candidate presenting the e-Aadhaar card. Decision of NBE in this regard shall be final”.

* The name on the photo identification must match with the name as shown on the Admit card. If the name has been changed due to events such as marriage; candidate must show the relevant document at the time of exam.

6.6 Candidates my kindly note that they have to report by the time as indicated in the admit card and para 5.2 of this Information Bulletin. Candidates reporting late or beyond the prescribed time shall not be allowed to appear in the exam under any circumstances. Candidates are advised to acquaint themselves with the test centre location one day prior to the testing day and ensure that they report to the test centre within the prescribed time.

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7. TEST CENTRES FOR DNB CET (2018 JULY ADMISSION SESSION), REPORTING AT TEST CENTRE & TEST DAY PROCEDURE

7.1 The list of various tentative cities where DNB CET 2018 shall be conducted is as follows:

Sl. No.	City*	Sl. No.	City*	Sl. No.	City*
1	Ahmedabad	19	Jammu	37	Pune
2	Bengaluru	20	Kakinada	38	Raipur
3	Bhatinda	21	Kannur	39	Rajahmundry
4	Bhopal	22	Kanpur	40	Ranchi
5	Bhubaneswar	23	Karimnagar	41	Salem
6	Chandigarh	24	Kohima	42	Shillong
7	Chennai	25	Kolkata	43	Shimoga
8	Chirala	26	Kozhikode	44	Srinagar
9	Coimbatore	27	Kurnool	45	Thiruvananthapuram
10	Dehradun	28	Lucknow	46	Thrissur
11	Delhi	29	Madurai	47	Tiruchirappalli
12	Guntur	30	Meerut	48	Tirunelveli
13	Gurugram	31	Mohali	49	Tirupathi
14	Guwahati	32	Mumbai	50	Udupi
15	Hubballi(Hubli)	33	Mysuru(Mysore)	51	Vijaywada
16	Hyderabad	34	Nellore	52	Visakhapatnam
17	Indore	35	Noida	53	Vizianagram
18	Jaipur	36	Patna	54	Warangal

Candidates shall appear at the test centre indicated on their Admit Cards at their own cost.

7.2 At the time of online submission of application form candidate will be required to choose the city in which he/she wants to take the test. The choice of city will depend on availability of the test centres in a particular city and the allotment shall be done on first come first serve basis.

During submission of online application form, candidate will be able to see only those cities where testing seats are available. While the city will be chosen by the candidate himself / herself at the time of online submission of application form, allotment of test centre/venue in the chosen city shall be done by NBE.

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In case testing seat is not available in the State in which you prefer to appear in DNB CET (2018 July Admission Session), you can choose the option OTHERS from the list of States at the time of selection of the State during online submission of application form

NBE will make all efforts to ensure that the candidate is allotted a testing centre in the State of correspondence address of the candidate. In case testing seat is not available in the concerned State due to logistic, administrative and other reasons, testing centre in a nearby State shall be allocated. Such candidates shall be informed about their testing city by 15th of June 2018.

Candidates will be informed regarding their test venue approximately 7 days before the examination day.

Requests for change of testing centre/city shall not be entertained. Candidates are advised not to canvass for the same.

- 7.3 **Test Centre Location:** Exact address and location of the test centers is available at DNB CET website www.nbe.edu.in. Location map of the test centers are also available at the website. Candidates are advised to familiarize themselves with the test centre locations and ensure that they report for the exam as per scheduled time only. Maps and directions to each centre are available on DNB-CET website www.nbe.edu.in. Candidates are required to plan their travel accordingly.
- 7.4 Candidates are advised to familiarize themselves with the location of test centre and plan travel time accordingly. Candidates have to reach the test centres on or before the reporting time. Candidates may note that late entry to the examination premises is not permitted under any circumstances. NBE shall not be responsible for any delayed arrival of the candidate in reaching the centre due to any reason.
- 7.5 All candidates at the centre shall be frisked by security guards and biometric information shall be captured.
- 7.6 Identity checks will be made upon arrival at the test centre to ensure that there are no unauthorized candidates appearing for the exam. Candidates are required to cooperate with the security checks.
- 7.7 Please note that only the candidates who have been issued admit card will be allowed at the examination centre subject to fulfillment of documentary requirements.
- 7.8 Friends or relatives accompanying the candidates will not be allowed entry in the examination centre under any circumstances and will not be allowed to contact the candidate while the examination process is ongoing.

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7.9 Reporting of Candidates to the Centre

- a) The candidates should arrive at the test centre at the reporting time mentioned in the admit card on the day of scheduled appointment. This will allow time for security checks, identity verification and checking in for test
- b) Candidates MUST bring to the test centre the following documents. Unfair means case shall be registered against the candidates submitting false/ forged documents:
 - i) Printed copy of the Admit Card with photo pasted on it. AND
 - ii) Photocopy of Permanent or Provisional SMC/MCI registration*, to be retained by the test centre AND
 - iii) Any one of the following authorized photo IDs** (must be original and valid/non-expired):
 - PAN Card
 - Driving License
 - Voter ID
 - Passport
 - Aadhar Card (with photograph)

“In case, any candidate reports to the test center with e-Aadhaar card as proof of identity, the e-Aadhaar card should be a good quality colour print out with clearly visible photograph. The photograph should not have kinks, scratches and stains, and should definitely match with the candidate presenting the e-Aadhaar card. Decision of NBE in this regard shall be final”.

*Candidates who have obtained their Primary Medical Qualification outside India and do not have SMC/MCI registration should bring their original screening test pass certificate issued on NBE letterhead.

** The name on photo identification must match the name as shown on Admit Card. If the name has been changed due to events such as marriage, candidate must show the relevant document mentioned below at the time of the test.

- Marriage Certificate
 - Divorce Decree
 - Legal Name Change Document
- c) Candidates without valid ID proof shall not be allowed to enter the examination premises.

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7.10 Security at the test Centre

7.10.1 Candidates will not be allowed to take the following items inside the examination center under any circumstances. All the candidates will be subjected to compulsory frisking before entering the examination center:

- (a) **Any stationery item like textual material (printed or written), notes, Plastic Pouch, Calculator, Pen, Writing Pad, Pen Drives, Eraser, etc.**
- (b) **Any electronic device like Mobile Phone, Bluetooth, Earphones, Microphone, Pager, wrist watch/Health Band, Calculator, Electronic Pen/Scanner etc.**
- (c) **All ornaments like bracelets, Ring, Earrings, Nose-pin, Chain/Necklace, Pendants, Necklace with pendants, Badge, Brooch etc.**
- (d) **Other items like Wallet, Goggles, Handbags, Belt, Cap etc.**
- (e) **Any eatable item opened or packed, soft drinks, water bottle etc**
- (f) **Any other item which could be used for unfair means, for hiding communication devices like wireless/Bluetooth device, spy camera etc.**

7.10.2 No arrangement will be made at the centres for keeping any articles/items belonging to the candidates. In case any candidate is found in possession of any of the barred items inside the centre, it will be considered as use of unfair means and action will be taken against the candidate in accordance with the relevant provisions. To avoid any hardship candidates are advised not to bring such items along with them at the test center.

7.10.3 Left/Right thumb prints and photographs of all the candidates will be captured and candidates are requested to cooperate with this essential activity to avoid any cases of impersonation. This is a security feature which will ensure that only genuine and bonafide candidate appear for the exam and allowed to join an institute for training.

7.10.4 ID verification – The original documents as has been indicated in Para 6.5 will be checked in original. All candidates at the centre shall be frisked by security guards.

N.B. All candidates are required to cooperate with the above mentioned security measures at the test centre. This will help in preventing any use of unfair means and will be instrumental in maintaining the sanctity of the examination. Any candidate not adhering to the aforementioned security measures will not be allowed to take the test.

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7.11 Test Day Procedures

- a) After verification of Identity and biometrics, candidates will be escorted to the designated computer terminal at the examination centre and a invigilator check in the candidate.
- b) Candidates are required to keep their admit card and photo identification at all times during the conduct of examination.
- c) Candidates are required to listen to the invigilator's instructions to begin the test.
- d) Each workstation will be blocked on three sides – front, left and right. Candidates are advised not to look around at other candidates as peeping into the computer monitor screen of the other candidate(s) will be considered as use of unfair means and may lead to cancellation of candidature. Please also note that there will be surveillance cameras that record both video.
- e) Any suspicious or disruptive behavior on part of the candidate may lead to cancellation of candidature.
- f) In case of any disruption, rest assured that a registered candidate will get to test again within the testing/examination window.

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8. RESERVATIONS

- 8.1 At the time of counseling, Reservations as per rules at particular institution / medical college shall be provided for Scheduled Castes (SC), Schedule Tribes (ST), Persons With Disabilities (PWD), Other Backward Classes (OBC).
- 8.2 Documentary requirements:
- Candidates opting for reserved seats under any category are required to furnish certificate issued by competent authority in respect of SC/ST.
 - The prescribed format of Certificate for candidates in respect of OBC is enclosed at Annexure E-1.
- 8.3 For PWD seats, the qualified locomotor disabled candidates should get themselves certified at one of the under mentioned Disability Assessment Boards, constituted at the four metro-cities, before their scheduled date of counseling:
- Vardhman Mahavir Medical College & Safdarjang Hospital, Ansari Nagar, (Ring Road), New Delhi-110029
 - All India Institute of Physical Medicine and Rehabilitation, Hazi Ali Park, K.Khadya Marg, Mahalaxmi, Mumbai-400034
 - Institute of Post Graduate Medical Education & Research, 244 Archarya J.C. Bose Marg, Kolkata – 700020
 - Madras Medial College, Park Town, Chennai – 600003
- The Locomotor Disabled (LD) candidates are required to bring their treatment papers related to their disability, including the investigation reports at the time of reporting to the above mentioned designed institute to such disability certificate. The candidates are advised to obtain prescribed certificate before the date of counseling. Copy of the prescribed certificate is also enclosed at Annexure E-2.
- 8.4 NBE does not own or control any of its accredited hospitals. NBE neither employs a candidate nor makes any payment /stipend to the candidate. Reservation status of DNB seats at a particular institution/medical college is provided by the respective institution only based on the roster maintained by the concerned institution. NBE does not own, possess or fund any seat. Reserved seats will be allotted to the concerned category candidates only. Candidates of reserved category can opt for either reserved seats earmarked for them or unreserved seats in order of their merit.

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9. INSTRUCTIONS FOR FILLING APPLICATION FORM

- 9.1 The online submission of application form for DNB-CET (2018 July Admission Session) is available via www.nbe.edu.in from 11th May 2018 to 31st May 2018.
- 9.2. Online submission of application form begins on 11th May 2018 from 3:00PM onwards. The last date for submission of application form is 31st May 2018 (11:55 PM)
- 9.3. Candidate may note that there is no option for submitting the form other than the online mode, offline applications or printed copies will not be accepted.
- 9.4. Candidates are advised to go through the instructions given and overview of the application before proceeding to fill up the online application form
- 9.5. Candidates are advised to refer NBE website regarding details for online submission of application form.
- 9.6 Applications of candidates producing false or fabricated information will not be considered and candidates may be further debarred from appearing in any future examinations.
- 9.7 Candidates must preserve a hard copy of application form for future reference

Information such as personal details, educational qualification etc. provided by the candidates in the online application form shall be treated as correct and NBE will not entertain, under any circumstances, any request for change in the information provided by the candidates. Candidates have the option of changing the information entered in the application form till the last date of online submission of application form. NBE disclaims any liability that may arise to candidate(s) due to incorrect information provided by the candidate during online submission application form. NBE does not edit /modify/alter any information entered by the candidates at the time of online submission of application form under any circumstances.

Candidates may note that the following fields of the application form are non- editable:

- Name of the candidate
- Date of Birth
- Gender
- Nationality
- Mobile No.
- Email address
- Testing City
- Photograph
- Signature

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9.8 Steps in online submission of application form:

The following sequence shall be observed while filing the online application form:

- a) Fill the registration form for obtaining User ID and Password.
- b) User ID and Password will be sent through SMS and Email ID.
- c) Fill the application form and Upload your photograph & signature.
- d) Choose your Test City.
- e) Submission of fees.
- f) Take a print out of the filled Application form with Transaction ID printed on it.

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10. CAUTION NOTICE, NON DISCLOSURE AGREEMENT, UNFAIR MEANS & DISCLAIMER

10.1 Caution Notice

- Candidates are advised to refer to DNB-CET website www.nbe.edu.in and Information Bulletin for authentic-information and periodic updates about the DNB-CET and conduct of counseling thereafter.
- Candidates are advised not to be allured by claims of any party or person or institute for qualifying DNB-CET examination or securing seat as per the regulations.
- Candidates are advised to bring any such information to the notice of NBE by e-mail: mail@natboard.edu.in

10.2 Non Disclosure Agreement

The DNB-CET is a proprietary examination and is conducted by National Board of Examinations. The contents of this exam are confidential, proprietary and are owned by National Board of Examinations. NBE explicitly prohibits the candidate from publishing, reproducing or transmitting any or some contents of this exam, in whole or in part, in any form or by any means verbal or written, electronic or mechanical or for any purpose.

No content of this exam must be shared with friends, acquaintances or third parties including sharing through online means or via social media. Social media includes but not limited to SMS, Whatsapp, Facebook, Twitter, Hangouts, Blogs etc using either one's own account or proxy account(s).

By registering for and/or appearing in DNB-CET the candidate explicitly agrees to the above Non Disclosure Agreement and general terms of use for DNB-CET as contained in this Information Bulletin, DNB-CET website. Violation of any act or breach of the same shall be liable for penal action and cancellation of the candidature at the bare threshold.

Violation of any act or breach of the same shall be liable for penal action and cancellation of the candidature at the bare threshold.

10.3 Unfair means – NBE reserves its absolute rights to take penal action under applicable civil/criminal procedure/guideline or any other action deemed appropriate against candidates found using unfair means.

- Candidate undergoing DNB training if by himself or in connivance with the accredited Institute authorities tries to abstain himself from DNB training or submits false/ forged certificate towards DNB training.

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- Maintaining incomplete/incorrect log book, attendance records, training schedule, thesis work etc.
- Submission of DNB training certificate with wrong dates of joining and completion of training.
- Candidate misbehaving or using abusive language with other DNB trainees or patients or staff of accredited institute or with the faculty of the accredited institute.
- Candidate who has resigned from DNB course (after joining the DNB course) if appears for DNB entrance during the scheduled duration of training.
- If a candidate is found to have made a wrong statement in his/her application form for admission to the examinations / counseling /training or has attempted to secure or has secured admission to any of the examinations of NBE by making a false statement or by production of a false document
- If at any stage a candidate has tampered with any entry in the certificate or statement of marks or any certificate issued by any governmental or non-governmental body or any other document that has been issued to him/her by the Board.
- In the answer book, a candidate is not permitted to write his/her name or put his/her signature or put any sign or mark(except the jacket of the answer sheet) which may disclose his/her identity to the examiner.
- Use/possession of any kind of electronic gadgets including mobile phones with or without internet (whether the gadgets are actually used or not).
- Having in possession of any note-book(s) or notes or chits or any other unauthorized material concerning the subject pertaining to the examination paper.
- Anything written on any part of clothing, body, desk, table or any instrument such as setsquare, protractor, blotting paper and question paper etc.
- Giving or receiving assistance directly or indirectly of any kind or attempting to do so.
- Change of seat without the permission of Examination Superintendent/ In charge Computer Laboratory.
- Writing questions or answers on any material other than the answer book given by the Centre Superintendent for writing answers.

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- Tearing of any page of the answer book or supplementary answer book etc.
- Contacting or communicating or trying to do so with any person, other than the Examination Staff, during the examination time in the examination center Computer Laboratory.
- Consulting notes, books or any other material or outside person while going out of the examination hall/Computer Laboratory to toilet or to any other place.
- Taking away the answer book out of the examination hall/room.
- Impersonation.
- Candidate appearing multiple times with same or different identity in different sessions of same examination conducted on Computer Based Testing platform.
- Using or attempting to use any other undesirable method or means in connection with the examination.
- Smuggling out Question Paper or its part; or smuggling out answer book/ supplementary answer sheet or part thereof.
- Running away or swallowing or destroying any note or paper or material found with him/her.
- If the answer books show that a candidate has received or given help to any other candidate through copying.
- Threatening any of the officials connected with the conduct of the examinations or threatening of any of the candidates.
- Found exchanging answer book or question paper with solution or copying from unauthorized material.
- Peeping into the computer monitor screen of the other candidate.
- Disclosing his/her identity or making distinctive mark in the answer book for that purpose or fails to deliver his/her answer book/ continuation sheet before leaving the examination hall.
- Hacking or attempting to hack or causing interference with the website of NBE or its Technology Partner(s) or their Information Technology systems.
- Tampering with Information Technology systems of NBE or Technology Partner(s) or Computer Laboratory.

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- Damaging the computer systems of computer Laboratory.
- Candidate appearing in FMGE is ineligible to appear in any other NBE exams till such time the candidate qualifies FMGE and is registered by Medical Council of India / State Medical Council, a candidate appearing in FMGE and other exams in the same session is an unfair means case and is to be dealt accordingly.
- Candidate found to have attempted or trying to attempt personally or through another person to influence or pressurize an examiner, or any officer or official connected with the examinations of the NBE or its technology partner, either at the Board or at the office of technology partner or their respective residence(s), in any matter concerned with the examinations.
- All candidates appearing or have appeared in examinations conduct by NBE are governed by Non-Disclosure Agreement (NDA) which prohibits the candidate from publishing, reproducing or transmitting any or some contents of the test, in whole or in part, in any form or by any means verbal or written, electronic or mechanical or for any purpose. Any candidate violating the NDA will be treated as UMC.
- If at any stage if it is found that the candidate has appeared multiple times in the same session of examination or has appeared in same or different examination of NBE with different names, unfair means case shall be registered against such candidate and dealt accordingly.
- Any act of candidate/any person which is detrimental to safe, secure and smooth conduct of examination and the decision of EEC in this regard shall be final.
- Candidate is found talking/peeping to another candidate during the examination hours in the examination room.
- A candidate who refuses to obey the Superintendent of Examination center/ Computer Lab and changes his/her seat with another candidate and/or creates disturbance of any kind during the examination and/or otherwise misbehaves in the examination hall.
- A candidate found copying from notes written on any part of his/her clothing, body, desk or table or instrument like setsquares, protractors, scales etc. or who is found guilty of concealing, disfiguring, rendering illegible, swallowing or destroying any notes or papers or material found with him/her or found exchanging answer book or question paper with solution or talking to a

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person or consulting notes or books outside the Examination Hall, while going to the toilet or in the toilet.

- Any candidate found guilty of having adopted anyone or more of the above Unfair means/misconduct is liable to be penalized with a penalty by the Ethics Committee, which may vary from cancellation of the examination/ expulsion up to next 14 attempts/7 yrs and/or cancellation of candidature as may be decided by Examinations Ethics Committee after considering each case.

The above list is purely indicative. If any act of omission or commission attributed to the candidate/intent by the candidate to vitiate the sanctity of the examination in decision of NBE shall be taken up as unfair means.

- 10.4 **Disclaimer** – The decision of NBE shall be final and binding for declaration of any person /candidate guilty of foregoing or such offence as shall be classified as Unfair Means Case.
- 10.5. The candidate by indulging in unfair means, may in addition to rendering himself liable to criminal prosecution, be liable:-
- a) To be disqualified by the NBE from the Examination for which he is a candidate; and/or
 - b) To be debarred either permanently or for a specified period:-
 - i) By the NBE, from any examination or selection held by them;
 - ii) By the Central /State Government from any employment under them; and
 - c) To disciplinary action under the appropriate rules if he is already in service under Government.

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11. RESULTS

11.1 QUALIFYING CRITERIA

Candidates who obtain a minimum percentile as per category below shall be declared as “Qualified” in DNB CET (2018 July Admission Session).

Qualifying Criteria for DNB CET (2018 July Admission Session)

S.NO.	CATEGORY	QUALIFYING CRITERIA
1.	General	50 th Percentile
2.	SC/ST/OBC	40 th Percentile
3.	PWD	45 th Percentile

11.2 VALIDITY OF CET RESULT

The validity of the result of the DNB-CET shall be only for the current admission session i.e. (2018 July Admission Session) only and cannot be carried forward for the next session of CET.

11.3 DECLARATION OF RESULT

The results for DNB-CET (2018 July Admission Session) shall be declared by 31st July 2018. The mark sheet-cum-result certificate for the DNB-CET (2018 July Admission Session) examination can be downloaded from NBE website www.nbe.edu.in after the declaration of result.

There is no provision for re-checking /re-totaling /re-evaluation of the question paper, answers, score and no query in this regard shall be entertained.

11.4 TIE – BREAKER CRITERIA

In the event of two or more candidates obtaining same marks, the merit position shall be determined using following tie breaker criteria in descending order:

- Candidate with lesser number of incorrect response in over all paper shall be place at higher merit position.

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- ii. Candidate with higher score in Part B of the question paper shall be placed at higher merit position.
- iii. Failing which, date of birth of the candidate will be taken into consideration. Older candidate will be placed at a better merit position.

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12. CENTRALIZED MERIT BASED COUNSELING (2018 JULY ADMISSION SESSION)

12.1 **ELIGIBILITY FOR COUNSELING:** Candidates who have qualified the Centralized Entrance Test (DNB-CET) conducted by NBE in June 2018 and fulfill the eligibility criteria for admission to DNB Broad Specialty including Direct 6 Years courses (July 2018 admission session) at various NBE accredited Medical Colleges/Institutions/Hospitals in India shall participate in the counseling for allocation of seats purely on merit cum choice basis.

Guidelines for online centralized merit-based counseling shall be available at NBE website in due course.

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13. (PROVISIONAL) AVAILABILITY OF SEATS FOR 2018 JULY ADMISSION SESSION

- An Indicative list of DNB (2018 July Admission Session) seats shall be available at NBE website.
- The availability of seats varies based on decision of NBE and response of participating hospitals /institutions.
- It is mandatory that all DNB seats at NBE accredited hospitals/ institutions shall be filled through centralized counseling only.
- The final list of seats available shall be notified at NBE website prior to start of counseling.

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14. OVERVIEW OF COMPUTER BASED TESTING

Online submission of application form for DNB-CET



Demo test (At DNB-CET Website)



Issue of admit cards to eligible candidates



Reporting of candidates to the centre



Security Check in Process



Actual examination



Ending the Test

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15. AN OVERVIEW OF DNB-CET (2018 July Admission Session)

1.	Purpose of Examination	Qualifying cum Ranking Examination for admission to DNB courses
2.	Periodicity	Once a year
3.	Pattern of examination	MCQ based with single correct response
4.	No. of items (questions)	300
5.	Negative marking	Yes, 1 marks shall be deducted for incorrect response 4 Marks shall be awarded for correct response
6.	Syllabus	From subjects covered in MBBS
7.	Mode of conduct	Computer based
8.	Criteria for passing the examination	Minimum 50th percentile in the exam for General Category Minimum 40th percentile for SC/ST/OBC Minimum 45th percentile for PWD
9.	Seat Allotment	Merit Based Counseling conducted by NBE
10.	Reservation of seats	For SC/ST/OBC/Persons with disability (PWD) at hospitals/institutions which are covered as per rules (Govt./Public Sector)
11.	Online Registration	From 11th May 2018 to 31st May 2018.

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No. V 11015/17/83-ME. (Policy)
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
(DEPT. OF HEALTH)

New Delhi, Dated the 19th September, 1983 NOTIFICATION

S. O. In exercise of the power conferred by sub-section (2) of section (ii) of the Indian Medical Council Act, 1956 (102 of 1956), the Central Government after consulting the Medical Council of India, hereby makes the following further amendments in the First Schedule of the Act, namely:

- (i) In the entries relating to National Board of Examinations, New Delhi after the entry Membership of National Academy of Medical Sciences (Microbiology)

..... M.N.A.M.S. (micro) the following entries shall be inserted, namely:

Membership of the National Academy of Medical Science (Family Medicine) M.N.A.M.S. (Family Medicine)

Membership of the National Academy of Medical Science (Biochemistry) M.N.A.M.S Biochemistry)

Membership of the National academy of Medical Science (Nuclear Medicine) M.N.A.M.S (Nuclear Medicine)

Membership of the National Academy of Medical Science (Clinical Pharmacology and therapeutics) M.N.A.M.S of the Medical Sciences (Clinical Pharmacology and therapeutics)

(Clinical Pharmacology and therapeutics)

- (ii) "The M.N.A.M.S. qualifications in various disciplines granted by the National Board of Examinations, New Delhi as included in this Schedule, shall be recognized medical qualifications only when granted on or before 30th August, 1982"

- (iii) As a result of the change of nomenclature of the medical qualification granted by the National Board of Examinations, New Delhi, from M.N.A.M.S. (Membership of the National Academy of Medical Sciences) to Diplomate NB (Diplomate of National Board), in the entries relating to National Board of Examinations, New Delhi, after the foot note related to M.N.A.M.S. qualification, etc. following entries shall be inserted, namely. "The Diplomate of National Board qualification in various disciplines granted by the National Board of Examination, New Delhi, shall be recognized medical qualifications when granted on or after 30th August 1982".

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Diplomate National Board (Physiology)	...Diplomate N.B. (Phy)
Diplomate National Board (General Medicine)	...Diplomate N.B. (Gen. Med)
Diplomate National Board (General Surgery)	...Diplomate N.B. (Gen. Sur.)
Diplomate National Board (Ophthalmology)	...Diplomate N.B. (Ophth)
Diplomate National Board (Anesthesiology)	...Diplomate N.B. (Anaes)
Diplomate National Board (Social and Preventive Medicine... (S.P.M)	...Diplomate N.B.
Diplomate National Board (Psychiatry)	...Diplomate N.B. (Psy)
Diplomate National Board (Paediatrics)	...Diplomate N.B. (Paed)
Diplomate National Board (Orthopaedics)	...Diplomate N.B. (Ortho)
Diplomate National Board (Radio-diagnosis)	...Diplomate N.B. (Radio Dig)
Diplomate National Board (Radio Therapy)	...Diplomate N.B. (Radio Therapy)
Diplomate National Board (Health Administration including Hospital Administration including Hospital Admn.)	...Diplomate N.B. (Health Admn.)
Diplomate National Board	...Diplomate N.B. (Oto-rhinolaryngology) (Oto rhinolaryngology)
Diplomate National Board (Dermatology & Venereology)	... Diplomate N.B. (Derm. & Vener)
Diplomate National Board (Obstetrics & Gynaecology)	... Diplomate N.B. (Obst. & Gyne)
Diplomate National Board (Respiratory Diseases)	... Diplomate N.B. (Resp. Diseases)
Diplomate National Board (Neuro Surgery)	... Diplomate N.B. (Neuro Surgery)
Diplomate National Board (Paediatric Surgery)	... Diplomate N.B. (Paed. Surgery)
Diplomate National Board (Neurology)	... Diplomate (Neurology)
Diplomate National Board (Plastic Surgery)	Diplomate N.B. (Plastic Surgery)
Diplomate National Board (Genito-Urinary Surgery)	Diplomate N.B. (Genito-Urinary Surgery)
Diplomate National Board (Cardio-Thoracic Surgery)	Diplomate N.B. (Cardio-thoracic Surgery)
Diplomate National Board (Physical Medicine Rehabilitation)	Diplomate N.B. (Phy. Med. & Rehab.)

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Diplomate National Board (Forensic Medicine)	Diplomate N.B. ...(Forensic Medicine)
Diplomate National Board (Maternal Child Health)	Diplomate N.B. ...(Maternal Child Health)
Diplomate National Board (Nephrology)	Diplomate N.B. (Nephrology)
Diplomate National Board (Cardiology)	Diplomate N.B. (Cardiology)
Diplomate National Board (Gastro-enterology)	Diplomate N.B. (Gastro-enterology)
Diplomate National Board (Microbiology)	Diplomate N.B. (Microbiology)
Diplomate National Board (Family Medicine)	Diplomate N.B. (Family Medicine)
Diplomate National Board (Pathology)	...Diplomate N.B. (Pathology)
Diplomate National Board (Biochemistry)	...Diplomate N.B. (Biochem)
Diplomate National Board (Nuclear Medicine)	...Diplomate N.B. (Nuclear Medicine)
Diplomate National Board (Clinical Pharmacology and Therapeutics)	...Diplomate N.B. ...(Clinical Pharm. and Therapeutic)

Sd/-

(P.C. Jain)

UNDER SECRETARY
to the Govt. of India

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Annexure A-2

No.V.11025/13/2004-ME(P-I)
Government of India
Ministry of Health & Family Welfare
(Department of Health & Family Welfare)
New Delhi, Dated the 1st June, 2006

To

The Health Secretaries of all States/U.T.s

Sub: D.N.B. qualification awarded by the National Board of Examinations-
Equivalence of Board's qualification for appointment as teachers-
Regarding

Sir,

I am directed to invite your kind attention to this Ministry's letter No. V.11025/6/94-ME(UG), dated 2.10.1994 (copy enclosed) on the above mentioned subject wherein it was stated that due importance to NBE qualifications may be given and the same may be treated at par with MD/MS degrees of Indian Universities or all posts, including teaching posts as National Board of Examinations is an autonomous body directly under the control of the Central Government and is keeping high standard of medical education. It was also provided therein that for teaching appointments in Broad specialities, the holder of Diplomate NBE should have at least one year teaching experience as Tutor/Registrar / Demonstrator or equivalent post in a recognized medical college imparting undergraduate training to be eligible for appointment as Lecturer, and the holder of Diplomate NBE in Super-Specialities is required to undergo training for two years in a recognized medical college having recognized postgraduate medical degree in the concerned speciality to be eligible for appointment as Lecturer.

2. The Government has reviewed in detail the issue of the above requirement of additional one/two years teaching experience for DNB degree holders for appointment as Lecturer in Broad Specialities/Super-specialities. After taking into consideration all facts of the matter, the Government has come to the conclusion that for the purpose of appointment of DNB degree holders to the teaching posts, the requirement of additional one/two years teaching experience as stipulated in the above instructions dated 3.10.1994 needs to be discontinued. Accordingly, these instructions stand amended to this extent.

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3. It was also brought to the notice of this Ministry that some of the employing organizations are not considering the medical qualifications awarded by the National Board of Examinations as equivalent to MD/MS, DM/M.Ch. degrees awarded by various other universities for appointment to various posts. The advertisements issued for specialist/faculty positions by various recruiting agencies thus do not invited applications from the holders of the DNB qualifications. As clarified in the above instructions dated 3.10.94, it is reiterated that the medical qualifications awarded by NBE are recognized qualifications included in the First Schedule to IMC Act, 1956 and are considered at par with MD/MS, DM/M.Ch qualifications of other universities.
4. It is therefore requested that the above position may please be brought to the notice of recruiting agencies under your control that while advertising for various positions for which MD/MS, DM/M.Ch. qualifications are required, it may also be specifically mentioned therein that those candidates possessing the DNB qualifications are also eligible to apply for such positions. Further, in view of the above decision to discontinue the requirement of teaching experience of one/two years for those having Diplomate NBE qualifications in broad/super-speciality disciplines for appointment to teaching posts, the candidates possessing the DNB qualifications may be considered for appointment to teaching posts as Lecturer in speciality/ super speciality disciplines without insisting on the additional teaching experience.

Yours faithfully,
sd/-

(K.V.S Rao)

Under Secretary to the Government of India.

Copy forwarded to the following for information and necessary action:

1. The Secretary, Union Public Service Commission, New Delhi
2. All Ministries/Departments of Government of India
3. All Universities
4. The President, National Board of Examinations, Ansari Nagar, New Delhi
5. The Secretary, Medical Council of India, Pocket 14, Sector-8, Dwarka, Phase-I New Delhi
6. DGHS
7. JS(VC)/JS (BT)
8. Director (ME)/US (ME-I)/US (ME-III)/IV/US (DE)/US (ME)
9. ME (P-I)/ME (P-II), ME-I/ME-II/DE Section
10. CHS-I/CHS-II/CHS-III/CHS-IV/CHS-V Section

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Annexure A-3

No.V. 11025/6/94-ME (UG)
Government of India
Ministry of Health & Family Welfare
New Delhi, the 3.10.94

To

Health Secretaries of all State/U.T. Govts.

Sub : NBE qualifications awarded by the National board of Examination-Equivalence of

Sir,

I am directed to say that medical qualification awarded by the National Board of Examinations are included in the First Schedule to the Indian Medical Council Act, 1956 and are considered at par with Postgraduate Medical qualifications of the Indian universities. However, it has been brought to our notice that employing organizations are not recognizing these degrees at par with MD/MS degrees of other universities. As the National Board of Examinations, an autonomous body directly under the control of the Central Govt., is keeping high standard of medical examinations and it is requested that all concerned may please be instructed to give due importance to NBE qualifications and treat them at par with MD/MS of Indian Universities for all posts, including teaching post.

The Medical Council of India while considering the question of equivalence of MAMC/ MNAMS/Dip. N.B. qualification awarded by the National Board of Examinations with M.D./M.S. and D.M./M.Ch. qualifications granted by the university/medical Institutions, has adopted the following recommendation, which was circulated to all the authorities concerned by the Council on 6.12.93 for information and necessary guidance:

It is recommended that for teaching appointments in the broad specialities the holder of Diplomate NBE should have at least 1 year teaching experience as Tutor/ Registrar/Demonstrator or equivalent post in a recognized medical college imparting undergraduate teaching and training for appointment as Lecturer. Regarding the

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candidates holding Diplomate NBE in super specialities, the training shall be for 2 years in a recognized medical college having recognised postgraduate medical degree in the concerned speciality for appointment as Lecturers”

It is requested that the above may please be brought to the notice of all recruiting agencies under control for information and compliance.

Yours faithfully,
sd/-
(AKOL PRETI)
Director (ME)

Copy forwarded for information and necessary action to :

1. The Secretary, Union Public Service Commission, New Delhi
2. All Ministries/Departments of Government of India
3. All Universities.
4. The President, National Board of Examinations, All India Institute of Medical Sciences, Ansari Nagar, New Delhi.
5. Dte. G.H.S., C.H.S.I.,C.H.S.II., C.H.S.III, C.H.S.I.C., C.H.S.V. ME (PG)
6. JS(L), Ds(CHs), US(CHs), DIR (ME), PS TO JS (I)/US(ME)
7. Secretary, Medical Council of India, Temple Lane, Kotla Road, New Delhi

Yours faithfully,
sd/-
(ALOK PRETI)
Director (ME)

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Annexure A-4

No.V.11025/12/2004-MEP-(I)
Government of India
Ministry of Health & Family Welfare
(Department of Health & Family Welfare)
New Delhi, Dated the 20th February, 2009

NOTIFICATION

1. S.O. 522 (E).- In exercise of the powers conferred by sub-section (2) of the Section II of the Indian Medical Council Act, 1956 (Act 102 of 1956), the Central Government, after consulting the Medical Council of India, hereby makes the following further amendments to the First Schedule to the said Act, namely :-
2. In the Medical Council Act, 1956, in First Schedule “National Board of Examination”, after the entry “Diplomate National Board (Pharmacology) [Diplomate in N.B. (Pharm)]”, the following note shall be inserted, namely :-
“**Note :-** 1. The Diplomate National Board (DNB), qualifications included in this Schedule shall be treated as equivalent to M.D., M.S., D.M. and M.Ch. qualifications of the respective specialty or super specialty, as the case may be, for all purposes including appointment to the teaching posts in the medical institutions.
3. The teaching experience gained while pursuing DNB courses shall be treated as teaching experience for appointment to the teaching posts in the medical institutions”

Yours faithfully,

Sd/-

(Debasish Panda)

Jt. Secretary to the Government of India.

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**AMENDMENT NOTIFICATION
New Delhi, the 11th June, 2012**

No. MCI-12(2)/2010-Med.Misc.-In exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India with the previous sanction of the Central Government, hereby makes the following, Regulations to further amend the “Minimum Qualifications for Teachers in Medical Institutions Regulations 1998”, namely:-

1. (i) These Regulations may be called the “Minimum Qualifications for Teachers in Medical Institutions (Amendment) Regulations, 2012”.
- (ii) They shall come into force from the date of their publication in the official Gazette.
2. In the “Minimum Qualification for Teachers in Medical Institutions Regulations, 1998”, the following additions/modifications/deletions/ substitutions, shall be as indicated therein:-

The clauses 4(i) (ii) and (iii) shall be substituted as under:-

4(i), In the “Minimum Qualification for Teachers in Medical Institutions Regulations, 1998,” in “TABLE-1 & TABLE-2” under the heading “REQUIREMENTS OF ACADEMIC QUALIFICATIONS, TEACHING AND RESEARCH EXPERIENCE,’ as amended vide notifications dated 21/07/2009, 28/10/2009, 15/12/2009 & 03.11.2010, in the column of ‘Academic qualifications’ for all the specialties, the following shall be substituted:-

“DNB (-----)

‘Broad/Super-specialties’

(ii) In the “Minimum Qualification for Teachers in Medical Institutions Regulations, 1998, in “TABLE-I & TABLE-2” under the heading “REQUIREMENTS OF ACADEMIC QUALIFICATIONS, TEACHING AND RESEARCH EXPERIENCE, as amended vide notifications dated 21/07/2009, 28/10/2009, 15/12/2009 & 03.11.2010, in the column of “Teaching Experience” against the post of “Associate Professor/Reader”, for all the specialties, the following shall be substituted :-

If a DNB qualified candidate (broad/super speciality) having fulfilled the

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requirements as per clause 4(iii) mentioned below for appointment as Assistant Professor or is already working in a MCI recognized medical college / central institute, he/she would be further promoted as per Minimum Qualification for Teachers in Medical Institutions Regulations, 1998 as amended.

- (iii) In the “Minimum Qualification for Teachers in Medical Institutions Regulations, 1998”, in “TABLE-1 (broad speciality) & TABLE-2(super-speciality)” under the heading “REQUIREMENTS OF ACADEMIC QUALIFICATIONS, TEACHING AND RESEARCH EXPERIENCE”, as amended vide notifications dated 21/07/2009, 28/10/2009, 15/12/2009 & 03.11.2010, the “Teaching Experience” against the post of “Assistant Professor/Lecturer”, for all the specialities, shall be substituted :-

(I) For the candidates possessing MD/MS Degree from M.C.I. recognized medical college

Three years teaching experience in the subject as Resident / Registrar / Demonstrator / Tutor in a recognized medical college either during the post-graduation course or after obtaining postgraduate degree in the subject.

(ii) Equivalence of qualification of DNB (broad specialities) with MD/MS & DNB(super-specialities) with DM/M.Ch.

- (a) Those candidates who have undergone DNB training in an institution which now run MCI, recognized postgraduate degree courses in a given subject, their DNB qualifications shall be considered at par with MCI recognized qualifications that subject only.
- (b) Those candidates who have undergone DNB training in a multi speciality teaching hospital with atleast 500 beds, involved in various postgraduate/ super-speciality teaching programmes provided that the one out of three DNB supervisors (teachers) qualify as postgraduate teacher as per MCI norms in their previous appointment, and one out of remaining two should qualify as postgraduate teacher as per MCI regulations with the following bed requirement for teaching unit:

Postgraduate broad specialities	30 beds per unit	50% beds should be
Postgraduate superspecialties	20 beds per unit	teaching beds.

Such qualifications shall be considered at par with MCI recognized qualification.

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(iii) Additional training of one year for equivalence of qualification of DNB (broad specialities) with MD/MS & DNB (super-specialities) with DM/M.Ch.

Those candidates who have undergone DNB training (both broad specialities and super-specialities) in hospital/institution other than mentioned in (ii) above, shall undergo one additional year of senior residency or equivalence training or research job in a MCI recognized hospital/institution, provided such qualifications are notified in the Postgraduate Medical Education Regulations, 2000”.

Prof. SANJAY SHRIVASTAVA, Secy.
ADVT-III/4/100/12/Exty.

Foot Note: The Principal Regulations namely, “Minimum Qualifications for Teachers in Medical institutions Regulations 1998” were published in Part-III, Section (4) of the Gazette of India on the 5th December, 1998, and amended vide MCI notifications dated 16/03/2005, 21/07/2009, 15/12/2009, 03.11.2010 & 08.07.2011.

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Annexure A-6

MINISTRY OF HEALTH & FAMILY WELFARE Nirman Bhawan, New Delhi

Dated: August 22nd, 2014

The Medical Professionals and General Public are hereby informed that the Medical Education in the country is governed by the Indian Medical Council (IMC) Act, 1956 and various rules and regulations made thereunder which are mandatory and binding in nature.

The letter No. MCI-12(1)/2014-Med.Misc./101884 dated 09.04.2014 issued by Medical Council of India (MCI) to the Health Secretaries/DMEs of States/UTs in connection with instructions relating to the amendment in Teachers' Eligibility Qualification Regulations, 1998 is void ab-initio. Such kind of instructions which contrary to the provisions contained in IMC Act, 1956, rules and regulations issued by Medical Council of India (MCI) without prior approval of the Ministry of Health & Family Welfare are not valid.

Further, the observations made by the Executive Committee in its meeting held on 14.03.2014 regarding permissibility and equivalence of DNB degree are untenable in view of Teachers' eligibility Regulations Amendment Notification dated 11.06.2012 which was notified after wide consultation and approval of the Competent Authority.

By Order Joint Secretary to the Government of India
Ministry of health & Family Welfare

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Annexure B

A : List of Specialties and Eligibility Qualification for pursuing DNB

S. No.		Name of Course Eligibility Criteria
1.	DNB Anatomy	MBBS* + CET
2.	DNB Physiology	MBBS* + CET
3.	DNB Biochemistry	MBBS* + CET
4.	DNB Pathology	MBBS* + CET
5.	DNB Microbiology	MBBS* + CET
6.	DNB Forensic Medicine	MBBS* + CET
7.	DNB Pharmacology	MBBS* + CET
8.	DNB General Medicine	MBBS* + CET
9.	DNB Paediatrics	MBBS* + CET
10.	DNB Psychiatry	MBBS* + CET
11.	DNB Radio Therapy	MBBS* + CET
12.	DNB Radio Diagnosis	MBBS* + CET
13.	DNB Anesthesiology	MBBS* + CET
14.	DNB Dermatology & Venereology	MBBS* + CET
15.	DNB Respiratory Diseases	MBBS* + CET
16.	DNB Nuclear Medicine	MBBS* + CET
17.	DNB General Surgery	MBBS* + CET
18.	DNB Obstetrics & Gynaecology	MBBS* + CET
19.	DNB Ophthalmology	MBBS* + CET
20.	DNB Otorhinoaryngology	MBBS* + CET
21.	DNB Physical Medicine & Rehabilitation	MBBS* + CET
22.	DNB Social & Preventive Medicine	MBBS* + CET
23.	DNB Health Administration including Hospital Administration	MBBS* + CET
24.	DNB Family Medicine	MBBS* + CET
25.	DNB Rural Surgery	MBBS* + CET
26.	DNB Immuno Hematology & Transfusion Medicine	MBBS* + CET
27.	DNB Orthopedics Surgery	MBBS* + CET
28.	DNB Emergency Medicine	MBBS* + CET
29.	DNB Maternal & Child Health	MBBS* + CET
30.	DNB Field Epidemiology	MBBS* + CET

- *Denotes a recognized graduate qualification i.e. MBBS or equivalent degree as per provisions of Indian Medical Council Act.

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**CURRICULUM (SUBJECT-WISE)
AS PER THE GRADUATE MEDICAL
EDUCATION REGULATIONS –
MEDICAL COUNCIL OF INDIA
(WWW.MCIINDIA.ORG)**

Pre-clinical subjects - Phase I: In the teaching of these subjects stress shall be laid on basic principles of the subjects with more emphasis on their applied aspects.

(1) HUMAN ANATOMY

(I) Goal

The broad goal of the teaching of undergraduate students in Anatomy aims at providing comprehensive knowledge of the gross and microscopic structure and development of human body to provide a basis for understanding the clinical correlation of organs or structures involved and the anatomical basis for the disease presentations.

ii) Objectives :

A) **Knowledge :** At the end of the course the student should be able to

- a. comprehend the normal disposition, clinically relevant interrelationships, functional and cross sectional anatomy of the various structures in the body.
- b. identify the microscopic structure and correlate elementary ultra-structure of various organs and tissues and correlate the structure with the functions as a prerequisite for understanding the altered state in various disease processes.
- c. comprehend the basic structure and connections of the central nervous system to analyse the integrative and regulative functions of the organs and systems. He/She should be able to locate the site of gross lesions according to the deficits encountered.
- d. demonstrate knowledge of the basic principles and sequential development of the organs and systems, recognise the critical stages of development and the effects of common teratogens, genetic mutations and environmental hazards.

He/She should be able to explain the developmental basis of the major variations and abnormalities.

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(B) **Skills:** At the end of the course the student should be able to:

- (a) Identify and locate all the structures of the body and mark the topography of the living anatomy.
 - (b) Identify the organs and tissues under the microscope.
 - (c) understand the principles of karyotyping and identify the gross congenital anomalies.
 - (d) understand principles of newer imaging techniques and interpretation of Computerised Tomography (CT) Scan, Sonogram etc.
 - (e) understand clinical basis of some common clinical procedures i.e., intramuscular & intravenous injection, lumbar puncture and kidney biopsy etc.
- (C) **Integration :** From the integrated teaching of other basic sciences, student should be able to comprehend the regulation and integration of the functions of the organs and systems in the body and thus interpret the anatomical basis of disease process.

(2) HUMAN PHYSIOLOGY INCLUDING BIO-PHYSICS

(A) PHYSIOLOGY

- i) **GOAL:** The broad goal of the teaching of undergraduate students in Physiology aims at providing the student comprehensive knowledge of the normal functions of the organ systems of the body to facilitate an understanding of the physiological basis of health and disease.
- ii) **OBJECTIVES**
 - a) **KNOWLEDGE :** At the end of the course the student will be able to :
 - (1) explain the normal functioning of all the organ systems and their interactions for well coordinated total body function.
 - (2) assess the relative contribution of each organ system to the maintenance of the milieu interior.
 - (3) elucidate the physiological aspects of normal growth and development.
 - (4) describe the physiological response and adaptations to environmental stresses.
 - (5) list the physiological principles underlying pathogenesis and treatment of disease.

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- b) **SKILLS** : At the end of the course the student should be able to :
- (1) conduct experiments designed for study of physiological phenomena.
 - (2) interpret experimental/investigative data.
 - (3) distinguish between normal and abnormal data derived as a result of tests which he/she has performed and observed in the laboratory.
- c) **INTEGRATION** : At the end of the integrated teaching the student should acquire an integrated knowledge of organ structure and function and its regulatory mechanisms.

(B) BIOPHYSICS

- (a) **GOAL & OBJECTIVES** : The broad goal of teaching Biophysics to undergraduate students is that they should understand basic physical principles involved in the functioning of body organs in normal and diseased conditions.

Total time for teaching Biophysics = 5 hours

Out of which : 1. Didactic lectures = 3 hours

2. Tutorial/group discussion = 1 hour

3. Practical = 1 hour

(b) Topic distribution

1. Lectures :

- (i) Physical principles of transport across cell membranes and across capillary wall.
- (ii) Biopotentials.
- (iii) Physical principles governing flow of blood in heart and blood vessels.

Also physical principles governing flow of air in air passages.

2. Tutorial/group discussion: On the topic covered in didactic lectures.

3. Practical: Demonstration of :

- a. Biopotential on oscilloscope
- b) Electro Encephalogram (EEG)
- c) Electro Myelogram (EMG)
- d) Electro Cardiogram (ECG)

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(3) **BIOCHEMISTRY** : Biochemistry including medical physics and Molecular Biology.

i) **GOAL** : The broad goal of the teaching of undergraduate students in biochemistry is to make them understand the scientific basis of the life processes at the molecular level and to orient them towards the application of the knowledge acquired in solving clinical problems.

ii) **OBJECTIVES**

a) **KNOWLEDGE**: At the end of the course, the student should be able to:

- (1) describe the molecular and functional organization of a cell and list its subcellular components;
- (2) delineate structure, function and inter-relationships of biomolecules and consequences of deviation from normal;
- (3) summarize the fundamental aspects of enzymology and clinical application wherein regulation of enzymatic activity is altered;
- (4) describe digestion and assimilation of nutrients and consequences of malnutrition;
- (5) integrate the various aspects of metabolism and their regulatory pathways;
- (6) explain the biochemical basis of inherited disorders with their associated sequelae;
- (7) describe mechanisms involved in maintenance of body fluid and pH homeostasis;
- (8) outline the molecular mechanisms of gene expression and regulation, the principles of genetic engineering and their application in medicine;
- (9) summarize the molecular concepts of body defence and their application in medicine;
- (10) outline the biochemical basis of environmental health hazards, biochemical basis of cancer and carcinogenesis;
- (11) familiarize with the principles of various conventional and specialized laboratory investigations and instrumentation analysis and interpretation of a given data;
- (12) the ability to suggest experiments to support theoretical concepts and clinical diagnosis.

b. **SKILLS**: At the end of the course, the student should be able to:

- (1) make use of conventional techniques/instruments to perform biochemical analysis relevant to clinical screening and diagnosis;

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- (2) analyze and interpret investigative data;
- (3) demonstrate the skills of solving scientific and clinical problems and decision making;
- c. **INTEGRATION** : The knowledge acquired in biochemistry should help the students to integrate molecular events with structure and function of the human body in health and disease.

(4) INTRODUCTION TO HUMANITIES & COMMUNITY MEDICINE

Including Introduction to the subjects of Demography, Health Economics, Medical Sociology, Hospital Management, Behavioral Sciences inclusive of Psychology.

OBJECTIVES

- a) **KNOWLEDGE**: The student shall be able to :
 1. explain the principles of sociology including demographic population dynamics;
 2. identify social factors related to health, disease and disability in the context of urban and rural societies;
 3. appreciate the impact of urbanization on health and disease;
 4. observe and interpret the dynamics of community behavior;
 5. describe the elements of normal psychology and social psychology;
 6. observe the principles of practice of medicine in hospital and community setting;
- b). **SKILLS**: At the end of the course, the student should be able to make use of:
 1. Principles of practice of medicine in hospital and community settings and familiarization with elementary nursing practices.
 2. Art of communication with patients including history taking and medico-social work.

Teaching of community medicine, should be both theoretical as well as practical. The practical aspects of the training programme should include visits to the health establishments and to the community where health intervention programmes are in operation.

In order to inculcate in the minds of the students the basic concepts of community medicine to be introduced in this phase of training, it is suggested that the detailed curriculum drawn should include at least 30 hours of lectures, demonstrations, seminars etc. together with atleast 15 visits of two hours each.

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5. PARA CLINICAL SUBJECTS OF PHASE II

1 PATHOLOGY:

i) **GOAL** : The broad goal of the teaching of undergraduate student in Pathology is to provide the students with a comprehensive knowledge of the mechanisms and causes of disease, in order to enable him/her to achieve complete understanding of the natural history and clinical manifestations of disease.

ii) OBJECTIVES

a) **KNOWLEDGE** : At the end of the course, the student should be able to :-

- (1) describe the structure and ultrastructure of a sick cell, mechanisms of cell degeneration, cell death and repair and be able to correlate structural and functional alterations.
- (2) explain the pathophysiological processes which govern the maintenance of homeostasis, mechanisms of their disturbance and the morphological and clinical manifestations associated with it.
- (3) describe the mechanisms and patterns to tissue response to injury such that she/he can appreciate the pathophysiology of disease processes and their clinical manifestations.
- (4) correlate normal and altered morphology (gross and microscopic) of different organ systems in common diseases to the extent needed for understanding of disease processes and their clinical significance.

SKILLS: At the end of the course, the student should be able to:-

- (1) describe the rationale and principles of technical procedures of the diagnostic laboratory tests and interpretation of the results;
- (2) perform the simple bed-side tests on blood, urine and other biological fluid samples;
- (3) draw a rational scheme of investigations aimed at diagnosing and managing the cases of common disorders;
- (4) understand biochemical/physiological disturbances that occur as a result of disease in collaboration with pre clinical departments.

c. **INTEGRATION:** At the end of training he/she should be able to integrate the causes of disease and relationship of different etiological factors (social, economic and environmental) that contribute to the natural history of diseases most prevalent in India.

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2. MICROBIOLOGY

i) **GOAL** : The broad goal of the teaching of undergraduate students in Microbiology is to provide an understanding of the natural history of infectious disease in order to deal with the etiology, pathogenesis, laboratory diagnosis, treatment and control of infections in the community.

ii) **OBJECTIVES**

a. **KNOWLEDGE**: At the end of the course, the student should be able to:

1. state the infective micro-organisms of the human body and describe the host parasite relationship.
2. list pathogenic micro-organisms (bacteria, viruses, parasites, fungi) and describe the pathogenesis of the diseases produced by them.
3. state or indicate the modes of transmission of pathogenic and opportunistic organisms and their sources, including insect vectors responsible for transmission of infection.
4. describe the mechanisms of immunity to infections.
5. acquire knowledge on suitable antimicrobial agents for treatment of infections and scope of immunotherapy and different vaccines available for prevention of communicable diseases.
6. apply methods of disinfection and sterilization to control and prevent hospital and community acquired infections.
7. recommend laboratory investigations regarding bacteriological examination of food, water, milk and air.

(b). **SKILLS** : At the end of the course, the student should be able to:

- (1) plan and interpret laboratory investigations for the diagnosis of infectious diseases and to correlate the clinical manifestations with the etiological agent.
- (2) identify the common infectious agents with the help of laboratory procedures and use antimicrobial sensitivity tests to select suitable antimicrobial agents.
- (3) perform commonly employed bed-side tests for detection of infectious agents such as blood film for malaria, filaria, gram staining and AFB staining and stool sample for ova cyst.
- (4) Use the correct method of collection, storage and transport of clinical material for microbiological investigations.

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c. **INTEGRATION:** The student should understand infectious diseases of national importance in relation to the clinical, therapeutic and preventive aspects.

3. PHARMACOLOGY

i) **GOAL:** The broad goal of the teaching of undergraduate students in Pharmacology is to inculcate a rational and scientific basis of therapeutics.

ii) OBJECTIVES

a. **KNOWLEDGE :** At the end of the course, the student should be able to:

1. describe the pharmacokinetics and pharmacodynamics of essential and commonly used drugs.
 2. list the indications, contraindications, interactions and adverse reactions of commonly used drugs.
 3. indicate the use of appropriate drug in a particular disease with consideration to its cost, efficacy and safety for
 - i) individual needs.
 - ii) mass therapy under national health program.
 4. describe the pharmacokinetic basis, clinical presentation, diagnosis and management of common poisonings.
 5. list the drugs of addiction and recommend the management.
 6. classify environmental and occupational pollutants and state the management issues.
 7. indicate causations in prescription of drugs in special medical situations such as pregnancy, lactation, infancy and old age.
 8. integrate the concept of rational drug therapy in clinical pharmacology.
 9. state the principles underlying the concept of 'Essential Drugs'
 10. evaluate the ethics and modalities involved in the development and introduction of new drugs.
- b. **SKILLS** At the end of the course, the student should be able to:
1. prescribe drugs for common ailments.
 2. recognise adverse reactions and interactions of commonly used drugs.

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3. observe experiments designed for study of effects of drugs, bioassay and interpretation of the experimental data.
4. scan information on common pharmaceutical preparations and critically evaluate drug formulations.
- c. **INTEGRATION:** Practical knowledge of use of drugs in clinical practice will be acquired through integrated teaching with clinical departments and pre clinical departments.

4. **FORENSIC MEDICINE INCLUDING TOXICOLOGY**

- i) **GOAL :** The broad goal of the teaching of undergraduate students in Forensic Medicine is to produce a physician who is well informed about medicolegal responsibilities in practice of medicine. He/She will also be capable of making observations and inferring conclusions by logical deductions to set enquiries on the right track in criminal matters and connected medicolegal problems.

He/She acquires knowledge of law in relation to medical practice, medical negligence and respect for codes of medical ethics.

- ii) **OBJECTIVES**

- a. **KNOWLEDGE :** At the end of the course, the student should be able to:
 1. Identify the basic medicolegal aspects of hospital and general practice.
 2. Define the medicolegal responsibilities of a general physician while rendering community service either in a rural primary health centre or an urban health centre.
 3. Appreciate the physician's responsibilities in criminal matters and respect for the codes of medical ethics.
 4. Diagnose, manage and identify also legal aspects of common acute and chronic poisonings.
 5. Describe the medicolegal aspects and findings of post-mortem examination in case of death due to common unnatural conditions & poisonings.
 6. Detect occupational and environmental poisoning, prevention and epidemiology of common poisoning and their legal aspects particularly pertaining to Workmen's Compensation Act.
 7. Describe the general principles of analytical toxicology.

The following has been added in terms of notification published on 15.12.2008 in the Gazette of India and the same is annexed as Annexure V.

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8. Medical jurisprudence in view of the Consumer Protection Act – wherein doctors have been covered under its ambit. They have both rights as well as responsibilities. Under medical insurance acts of negligence covered as well as rights for effective service delivery.
- b) **SKILLS:** At the end of the course, the student should be able to :-
1. make observations and logical inferences in order to initiate enquiries in criminal matters and medicolegal problems.
 2. diagnose and treat common emergencies in poisoning and manage chronic toxicity.
 3. make observations and interpret findings at postmortem examination.
 4. observe the principles of medical ethics in the practise of his profession.
- (c) **INTEGRATION:** Department shall provide an integrated approach towards allied disciplines like Pathology, Radiology, Forensic Sciences, Hospital Administration etc. to impart training regarding medicolegal responsibilities of physicians at all levels of health care. Integration with relevant disciplines will provide scientific basis of clinical toxicology e.g. medicine, pharmacology etc.
- (5) **COMMUNITY MEDICINE**
- i) **GOAL :** The broad goal of the teaching of undergraduate students in Community Medicine is to prepare them to function as community and first level physicians in accordance with the institutional goals.
- ii) **OBJECTIVES**
- a) **KNOWLEDGE:** At the end of the course, the student should be able to :-
1. describe the health care delivery system including rehabilitation of the disabled in the country;
 2. Describe the National Health Programmes with particular emphasis on maternal and child health programmes, family welfare planning and population control.
 3. Dist epidemiological methods and describe their application to communicable and non-communicable diseases in the community or hospital situation.
 4. Apply biostatistical methods and techniques;
 5. Outline the demographic pattern of the country and appreciate the roles of the individual, family, community and socio-cultural milieu in health and disease.
 6. Describe the health information systems.

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7. Enunciate the principles and components of primary health care and the national health policies to achieve the goal of 'Health for All'.
8. Identify the environmental and occupational hazards and their control.
9. Describe the importance of water and sanitation in human health.
10. to understand the principles of health economics, health administration, health education in relation to community.

b) **SKILLS:** At the end of the course, the student should be able to :-

1. Use epidemiology as a scientific tool to make rational decisions relevant to community and individual patient intervention.
 2. Collect, analyse, interpret and present simple community and hospital based data.
 3. Diagnose and manage common health problems and emergencies at the individual, family and community levels keeping in mind the existing health care resources and in the context of the prevailing socio-cultural beliefs.
 4. Diagnose and manage maternal and child health problems and advise a couple and the community on the family planning methods available in the context of the national priorities.
 5. Diagnose and manage common nutritional problems at the individual and community level.
 6. Plan, implement and evaluate a health education programme with the skill to use simple audio-visual aids.
 7. Interact with other members of the health care team and participate in the organisation of health care services and implementations of national health programmes.
- c). **INTEGRATION** : Develop capabilities of synthesis between cause of illness in the environment or community and individual health and respond with leadership qualities to institute remedial measures for this.

(1) **CLINICAL SUBJECTS OF PHASE II & PHASE III**

The teaching and training in clinical subjects will commence at the beginning of Phase II and continue throughout the clinical subjects will be taught to prepare the MBBS graduates to understand and manage clinical problems at the level of a practitioner. Exposure to subject matter will be limited to orientation and

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knowledge required of a general doctor. Maximum attention to the diagnosis and management of the most common and important conditions encountered in general practice should be emphasised in all clinical subject areas. Instructions in clinical subjects should be given both in out patient and in-patient during clinical posting. Each of the clinical departments shall provide integrated teaching calling on pre-clinical, para-clinical and other clinical departments to join in exposing the students to the full range of disciplines relevant to each clinical area of study. Problem approach will be emphasized based on basic social sciences and a continuation of clinical and laboratory syllabi to optimally understand and manage each clinical condition.

The course shall comprise of:

(1) **MEDICINE & ITS ALLIED SPECIALITIES:**

(A) **MEDICINE:**

i) **GOAL:** The broad goal of the teaching of undergraduate students in Medicine is to have the knowledge, skills and behavioral attributes to function effectively as the first contact physician.

ii) **OBJECTIVES**

(a) **KNOWLEDGE :** At the end of the course, the student should be able to:

- (1) Diagnose common clinical disorders with special reference to infectious diseases, nutritional disorders, tropical and environmental diseases.
- (2) Outline various modes of management including drug therapeutics especially dosage, side effects, toxicity, interactions, indications and contra-indications.
- (3) Propose diagnostic and investigative procedures and ability to interpret them.
- (4) Provide first level management of acute emergencies promptly and efficiently and decide the timing and level of referral, if required.
- (5) Recognize geriatric disorders and their management.

b. **SKILLS:** At the end of the course, the student should be able to:

1. Develop clinical skills (history taking, clinical examination and other instruments of examination) to diagnose various common medical disorders and emergencies.
2. Refer a patient to secondary and/or tertiary level of health care after having instituted primary care.

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3. Perform simple routine investigations like haemogram, stool, urine, sputum and biological fluid examinations.
4. Assist the common bedside investigative procedures like pleural tap, lumbar puncture, bone marrow aspiration/biopsy and liver biopsy.

c. **INTEGRATION:**

1. with community medicine and physical medicine and rehabilitation to have the knowledge and be able to manage important current national health programs, also to be able to view the patient in his/her total physical, social and economic milieu.
2. With other relevant academic inputs which provide scientific basis of clinical medicine e.g. anatomy, physiology, biochemistry, microbiology, pathology and pharmacology.

(B) **PEDIATRICS : Pediatrics including Neonatology**

The course includes systematic instructions in growth and development, nutritional needs of a child, immunization schedules and management of common diseases of infancy and childhood, scope of Social Pediatrics and counselling.

- i) **GOAL** : The broad goal of the teaching of undergraduate students in Pediatrics is to acquire adequate knowledge and appropriate skills for optimally dealing with major health problems of children to ensure their optimal growth and development.

ii) **OBJECTIVES**

a. **KNOWLEDGE**

At the end of the course, the student should be able to:

1. Describe the normal growth and development during foetal life, neonatal period, childhood and adolescence and outline deviations thereof.
2. Describe the common paediatric disorders and emergencies in terms of epidemiology, etiopathogenesis, clinical manifestations, diagnosis, rational therapy and rehabilitation.
3. state age related requirements of calories, nutrients, fluids, drugs etc. in health and disease.
4. describe preventive strategies for common infectious disorders, malnutrition, genetic and metabolic disorders, poisonings, accidents and child abuse.

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5. outline national programmes relating to child health including immunisation programmes.
- b. **SKILLS** : At the end of the course, the student should be able to:
 1. Take a detailed pediatric history, conduct an appropriate physical examination of children including neonates, make clinical diagnosis, conduct common bedside investigative procedures, interpret common laboratory investigation results and plan and institute therapy.
 2. Take anthropometric measurements, resuscitate newborn infants at birth, prepare oral rehydration solution, perform tuberculin test, administer vaccines available under current national programs, perform venesection, start an intravenous saline and provide nasogastric feeding.
 3. Conduct diagnostic procedures such as lumbar puncture, liver and kidney biopsy, bone marrow aspiration, pleural tap and ascitic tap.
 4. Distinguish between normal newborn babies and those requiring special care and institute early care to all new born babies including care of preterm and low birth weight babies, provide correct guidance and counselling in breast feeding.
 5. Provide ambulatory care to all sick children, identify indications for specialized/ inpatient care and ensure timely referral of those who require hospitalization.
- c. **INTEGRATION** : The training in pediatrics should prepare the student to deliver preventive, promotive, curative and rehabilitative services for care of children both in the community and at hospital as part of a team in an integrated form with other disciplines, e.g. Anatomy, Physiology, Biochemistry, Microbiology, Pathology, Pharmacology, Forensic Medicine, Community Medicine and Physical Medicine and Rehabilitation.

(C) **PSYCHIATRY**

- i) **GOAL** : The aim of teaching the undergraduate student in psychiatry is to impart such knowledge and skills that may enable him to diagnose and treat common psychiatric disorders, handle psychiatric emergencies and to refer complications /unusual manifestations of common disorders and rare psychiatric disorders to the specialist.
- ii) **OBJECTIVES**
 - a. **KNOWLEDGE** : At the end of the course, the student should be able to:
 1. Comprehend nature and development of different aspects of normal human Behaviour like learning, memory, motivation, personality and intelligence;

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2. Recognize differences between normal and abnormal behaviour;
 3. Classify psychiatric disorders;
 4. Recognize clinical manifestations of the following common syndromes and plan their appropriate management of organic psychosis, functional psychosis, schizo-phrenia, affective disorders, neurotic disorders, personality disorders, psycho-physiological disorders, drug and alcohol dependence, psychiatric disorders of childhood and adolescence;
- (5) Describe rational use of different modes of therapy in psychiatric disorders.
- b. **SKILLS:** The student should be able to:
1. Interview the patient and understand different methods of communications in patient-doctor relationship;
 2. Elicit detailed psychiatric case history and conduct clinical examination for assessment of mental status;
 3. Define, elicit and interpret psycho-pathological symptoms and signs.
 4. Diagnose and manage common psychiatric disorders;
 5. Identify and manage psychological reactions and psychiatric dis-orderes in medical and surgical patients in clinical practice and in community setting.
- c. **INTEGRATION:** Training in Psychiatry should prepare the students to deliver preventive, promotive, curative and re-habilitative services for the care of patients both in the family and community and to refer advance cases to a pecialised Psychiatry/Mental Hospital. Training should be integrated with the departments of Medicine, Neuro Anatomy, Behavioral Sciences and Forensic medicine.

D **DERMATOLOGY AND SEXUALLY TRANSMITTED DISEASES**

- i) **GOAL:** The aim of teaching the undergraduate student in Dermatology,S.T.D. and Leprology is to impart such knowledge and skills that may enable him to diagnose and treat common ailments and to refer rare diseases or complications/ unusual manifestations of common diseases, to the specialist.
- ii) **OBJECTIVES:**
- a. **KNOWLEDGE :** At the end of the course of Dermato-S.T.D. and Leprology, the student Shall be able to:
1. Demonstrate sound knowledge of common diseases, their clinical manifestations, including emergent situations and of investigative procedures to confirm their diagnosis:

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2. Demonstrate comprehensive knowledge of various modes of therapy used in treatment of respiratory diseases;
 3. Describe the mode of action of commonly used drugs, their doses, side effects /toxicity, indications and contra-indications and interactions;
 4. Describe commonly used modes of management including the medical and surgical procedures available for the treatment of various diseases and to offer a comprehensive plan of management for a given disorder;
- b. **SKILLS:** The student should be able to:
1. Interview the patient, elicit relevant and correct information and describe the history in a chronological order.
 2. Conduct clinical examination, elicit and interpret physical findings and diagnose common disorders and emergencies;
 3. Perform simple, routine investigative and office procedures required for making the bed-side diagnosis, especially the examination of scrapings for fungus, preparation of slit smears and staining for AFB for leprosy patients and for STD cases;
 4. take a skin biopsy for diagnostic purposes;
 5. Manage common diseases recognizing the need for referral for specialized care, in case of inappropriateness of therapeutic response;
 6. Assist in the performance of common procedures, like laryngoscopic examination, pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo-thoracic drainage/aspiration.
- c. **INTEGRATION:** The broad goal of effective teaching can be obtained through integration with departments of Medicine, Surgery, Microbiology, Pathology, Pharmacology and Preventive & Social Medicine.

(2) **SURGERY & ITS ALLIED SPECIALITIES**

(A) **SURGERY - including Paediatric Surgery:**

- I) **GOAL:** The broad goal of the teaching of undergraduate students in Surgery is to produce graduates capable of delivering efficient first contact surgical care.
- ii) **OBJECTIVES:**
- a. **KNOWLEDGE :** At the end of the course, the student should be able to:
1. Describe aetiology, pathophysiology, principles of diagnosis and management of common surgical problems including emergencies, in adults and children.

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2. Define indications and methods for fluid and electrolyte replacement therapy including blood transfusion.
3. Define asepsis, disinfection and sterilization and recommended judicious use of antibiotics.
4. Describe common malignancies in the country and their management including prevention.
5. enumerate different types of anaesthetic agents, their indications, mode of administration, contraindications and side effects.
- b. **SKILLS:** At the end of the course, the student should be able to:
 1. Diagnose common surgical conditions both acute and chronic, in adult and children.
 2. Plan various laboratory tests for surgical conditions and interpret the results.
 3. Identify and manage patients of hemorrhagic, septicaemic and other types of shock.
 4. Be able to maintain patent air-way and resuscitate
 - i) A critically injured patient
 - ii) Patient with cardio-respiratory failure
 - iii) A drowning case
 5. Monitor patients of head, chest, spinal and abdominal injuries, both in adults and children.
 6. Provide primary care for a patient of burns.
 7. Acquire principles of operative surgery, including pre-operative, operative and post operative care and monitoring.
 8. Treat open wounds including preventive measures against tetanus and gas gangrene.
 9. Diagnose neonatal and pediatric surgical emergencies and provide sound primary care before referring the patient to secondary/tertiary centres.
 10. Identify congenital anomalies and refer them for appropriate management.In addition to these he should have observed/assisted/ performed the following:
 1. Incision and drainage of abscess
 2. Debridement and suturing open wound
 3. Venesection

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4. Excision of simple cyst and tumours
 5. Biopsy of surface malignancy
 6. Catheterisation and nasogastric intubation
 7. Circumcision
 8. Meatotomy
 9. Vasectomy
 10. Peritoneal and pleural aspirations
 11. Diagnostic proctoscopy
 12. Hydrocele operation
 13. Endotracheal intubation
 14. Tracheostomy and cricothyroidotomy
 15. Chest tube insertion
- (c) **INTEGRATION:** The undergraduate teaching in surgery should be integrated at various stages with different pre and para and other clinical departments.
- B. ORTHOPEDICS:**
- a. **KNOWLEDGE:** The student should be able to:
 1. Explain the principles of recognition of bone injuries and dislocation.
 2. apply suitable methods to detect and manage common infections of bones and joints.
 3. Identify congenital, skeletal anomalies and their referral for appropriate correction or rehabilitation.
 4. Recognize metabolic bone diseases as seen in this country.
 5. Explain etiogenesis, manifestations, diagnosis of neoplasm affecting bones.
 - b. **SKILLS :** At the end of the course, the student should be able to:
 1. Detect sprains and deliver first aid measures for common fractures and sprains and manage uncomplicated fractures of clavicle, Colles's, forearm, phalanges etc.
 2. Techniques of splinting, plaster, immobilization etc.
 3. Management of common bone infections, learn indications for sequestration, amputations and corrective measures for bone deformities.
 4. Aspects of rehabilitation for Polio, Cerebral Palsy and Amputation.
 - c. **APPLICATION:** Be able to perform certain orthopedic skills, provide sound advise of skeletal and related conditions at primary or secondary health care level.
 - d. **INTEGRATION:** Integration with anatomy, surgery, pathology, radiology and Forensic

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Medicine be done.

C. RADIO-DIAGNOSIS AND RADIOTHERAPY

A RADIODIAGNOSIS & IMAGING:

i) **GOAL:** The broad goal of teaching the undergraduate medical students in the field of Radio-diagnosis should be aimed at making the students realise the basic need of various radio-diagnostic tools in medical practice. They should be aware of the techniques required to be undertaken in different situations for the diagnosis of various ailments as well as during prognostic estimations.

ii) OBJECTIVES

a. **KNOWLEDGE:** The student should be able to:

1. understand basics of X-ray production, its uses and hazards.
2. appreciate and diagnose changes in bones - like fractures, infections, tumours and metabolic bone diseases.
3. Identify and diagnose various radiological changes in disease conditions of chest and mediastinum, skeletal system, G.I. Tract, Hepatobiliary system and G.U. system.
4. learn about various imaging techniques, including isotopes C.T., Ultrasound, M.R.I. and D.S.A.

b. **SKILL:** At the end of the course the student should be able to:

1. Use basic protective techniques during various imaging procedures.
2. Interpret common X-ray, radio-diagnostic techniques in various community situations.
3. Advise appropriate diagnostic procedures in specialized circumstances to appropriate specialists.

B RADIOTHERAPY

i) **GOAL:** The broad goal of teaching the undergraduate medical students in the field of Radiotherapy is to make the students understand the magnitude of the ever-increasing cancer problem in the country. The students must be made aware about steps required for the prevention and possible cure of this dreaded condition.

ii) OBJECTIVES

a. **KNOWLEDGE:** The students should be able to:

1. Identify symptoms and signs of various cancers and their steps of investigations and management.
2. Explain the effect of radiation therapy on human beings and the basic principles involved in it.
3. Know about radio-active isotopes and their physical properties

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4. Be aware of the advances made in radiotherapy in cancer management and knowledge of various radio therapeutic equipment while treating a patient.

b. **SKILL:** At the completion of the training programme, the student should be able to:

1. Take a detailed clinical history of the case suspected of having a malignant disease.
2. Assist various specialists in administration of anticancer drugs and in application and use of various radiotherapeutic equipment, while treating a patient.

(3) **OTO-RHINO-LARYNGOLOGY**

i) **GOAL:** The broad goal of the teaching of undergraduate students in Otorhinolaryngology is that the undergraduate student have acquired adequate knowledge and skills for optimally dealing with common disorders and emergencies and principles of rehabilitation of the impaired hearing.

ii) **OBJECTIVES**

a. **KNOWLEDGE:** At the end of the course, the student should be able to:

1. Describe the basic pathophysiology of common ENT diseases and emergencies.
2. Adopt the rational use of commonly used drugs, keeping in mind their adverse reactions.
3. Suggest common investigative procedures and their interpretation.

b. **SKILLS:** At the end of the course, the student should be able to:

1. Examine and diagnose common ENT problems including the pre-malignant and malignant disorders of the head and neck.
2. Manage ENT problems at the first level of care and be able to refer whenever necessary.
3. Assist/carry out minor surgical procedures like ear syringing, ear dressings, nasal packing etc.
4. Assist in certain procedures such as tracheostomy, endoscopies and removal of foreign bodies.

c. **INTEGRATION:** The undergraduate training in ENT will provide an integrated approach towards other disciplines especially neurosciences, ophthalmology and general surgery.

(4.) **OPHTHALMOLOGY**

i) **GOAL:** The broad goal of the teaching of students in ophthalmology is to provide such knowledge and skills to the students that shall enable him to practice as a clinical and as a primary eye care physician and also to function effectively as a community health leader to assist in the implementation of National Programme for the prevention of blindness and rehabilitation of the visually impaired.

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ii) OBJECTIVES

a. **KNOWLEDGE** : At the end of the course, the student should have knowledge of:

1. Common problems affecting the eye:
2. Principles of management of major ophthalmic emergencies
3. Main systemic diseases affecting the eye
4. Effects of local and systemic diseases on patient's vision and the necessary action required to minimise the sequelae of such diseases;
5. Adverse drug reactions with special reference to ophthalmic manifestations;
6. Magnitude of blindness in India and its main causes;
7. National programme of control of blindness and its implementation at various levels
8. Eye care education for prevention of eye problems
9. Role of primary health centre in organization of eye camps
10. Organization of primary health care and the functioning of the ophthalmic assistant.
11. Integration of the national programme for control of blindness with the other national health programmes;

12. eye bank organization

b. **SKILLS**: At the end of the course, the student should be able to:

1. Elicit a history pertinent to general health and ocular status;
2. Assist in diagnostic procedures such as visual acuity testing, examination of eye, Schiottz tonometry, Staining for Corneal pathology, confrontation perimetry, Subjective refraction including correction of presbyopia and aphakia, direct ophthalmoscopy and conjunctival smear examination and Cover test.
3. Diagnose and treat common problems affecting the eye;
4. Interpret ophthalmic signs in relation to common systemic disorders;
5. Assist/observe therapeutic procedures such as subconjunctival injection, Corneal/Conjunctival foreign body removal, Carbolic cautery for corneal ulcers, Nasolacrimal duct syringing and tarsorrhaphy;
6. Provide first aid in major ophthalmic emergencies;
7. Assist to organise community surveys for visual check up;
8. Assist to organise primary eye care service through primary health centres;
9. Use effective means of communication with the public and individual to motivate for surgery in cataract and for eye donation;
10. Establish rapport with his seniors, colleagues and paramedical workers, so

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as to effectively function as a member of the eye care team.

- c. **INTEGRATION** : The undergraduate training in Ophthalmology will provide an integrated approach towards other disciplines especially neurosciences, Otorhino-laryngology, General Surgery and Medicine.
- (5.) **OBSTETRICS AND GYNAECOLOGY** : Obstetrics and Gynaecology to include family welfare and family planning.
- i) **GOAL**: The broad goal of the teaching of undergraduate students in Obstetrics and Gynaecology is that he/she should acquire understanding of anatomy, physiology and pathophysiology of the reproductive system and gain the ability to optimally manage common conditions affecting it.
- ii) **OBJECTIVES**
- a. **KNOWLEDGE** : At the end of the course, the student should be able to:
1. Outline the anatomy, physiology and pathophysiology of the reproductive system and the common conditions affecting it.
 2. detect normal pregnancy, labour puerperium and manage the problems he/she is likely to encounter therein.
 3. list the leading causes of maternal and perinatal morbidity and mortality.
 4. understand the principles of contraception and various techniques employed, methods of medical termination of pregnancy, sterilisation and their complications.
 5. identify the use, abuse and side effects of drugs in pregnancy, re-menopausal and post-menopausal periods.
 6. describe the national programme of maternal and child health and family welfare and their implementation at various levels.
 7. identify common gynaecological diseases and describe principles of their management.
 8. state the indications, techniques and complications of surgeries like Caesarian section, laparotomy, abdominal and vaginal hysterectomy, Fothergill's operation and vacuum aspiration for M.T.P.
- b. **SKILLS** : At the end of the course, the student should be able to:
1. examine a pregnant woman; recognise high risk pregnancies and make appropriate referrals.
 2. conduct a normal delivery, recognise complications and provide postnatal care.
 3. resuscitate the newborn and recognise congenital anomalies.
 4. advise a couple on the use of various available contraceptive devices and assist in insertion in and removal of intra-uterine contraceptive devices.
 5. perform pelvic examination, diagnose and manage common gynaecological

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problems including early detection of genital malignancies.

6. make a vaginal cytological smear, perform a post coital test and wet vaginal smear examination for Trichomonas vaginalis, moniliasis and gram stain for gonorrhoea.
7. Interpretation of data of investigations like biochemical, histopathological, radiological, ultrasound etc.
- c. **INTEGRATION:** The student should be able to integrate clinical skills with other disciplines and bring about coordinations of family welfare programmes for the national goal of population control.
- d. **GENERAL GUIDELINES FOR TRAINING:**
 1. attendance of a maternity hospital or the maternity wards of a general hospital including :
 - (i) antenatal care
 - (ii) the management of the puerperium and
 - (iii) a minimum period of 5 months in-patient and out-patient training including family planning.
 2. of this period of clinical instruction, not less than one month shall be spent as a resident pupil in a maternity ward of a general hospital.
 3. During this period, the student shall conduct at least 10 cases of labour under adequate supervision and assist in 10 other cases.
 4. A certificate showing the number of cases of labour attended by the student in the maternity hospital and/or patient homes respectively, should be signed by a responsible medical officer on the staff of the hospital and should state:
 - A) That the student has been present during the course of labour and personally conducted each case, making the necessary abdominal and other examinations under the supervision of the certifying officer who should describe his official position.
 - B) That satisfactory written histories of the cases conducted including wherever possible antenatal and postnatal observations, were presented by the student and initialed by the supervising officer.
 - (6.) **FAMILY PLANNING:** Training in Family Planning should be emphasized in all the three phases and during internship as per guideline provided in Appendix A.
 - (7.) **COMMUNITY MEDICINE :** The teaching and training of community medicine will continue during the first two semesters of phase III (clinical Phase). The goals, objectives and skills to be acquired by the student has already been outlined in Phase II (Para Clinical Phase).
 - (8.) **EMERGENCY MEDICINE**

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Annexure D-1

Proforma for Other Backward Class (OBC) Certificate

(CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kum. _____ Son/Daughter of Shri/Smt. _____ of Village/Town _____ Distric/Division _____ in the _____ State belongs to the _____

Community which is recognized as a Backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/1 0/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/10/2004.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section 1 No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.

Note : Possession/Use of Mobile Phones/Electronic Devices is strictly prohibited in the premises of NBE Examination Centres. Candidates Shall be liable for penal action for Possession/Use of Mobile Phones/Electronic Devices



(xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.

(xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.

(xv) Resolution No. 120 11/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.

Shri/Smt. / Kum. _____ and/or his family ordinarily reside(s) in the
_____ District/Division of _____ State.

This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09/03/2004 or the latest notification of the Government of India.

Dated: _____ District Magistrate/Competent Authority

Seal

NOTE:

- (a) The Term ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - (i) District Magistrate/Additional Magistrate/Collector/Deputy Commissioner Additional Deputy Commissioner/ Deputy Collector/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/ Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar.
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.
- (c) The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2015.

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Candidates Shall be liable for penal action for Possession/Use of Mobile Phones/Electronic Devices**



**CERTIFICATE OF LOCOMOTOR DISABILITY
(For Admission to Medical Courses in All India Quota)**

Vardhman Mahavir Medical College & Safdarjang Hospital, New Delhi-11 0029 All India Institute of Physical Medicine and Rehabilitation, Hazi Ali, Mumbai-400034 Institute of Post Graduate Medical Education & Research, Kolkata-700020 Madras Medical College, Park Town, Chennai-600003

(select and tick-mark any one of the above)

Certificate No. _____ Dated _____

This is to certify that Dr./Mr./Ms. _____

Aged _____ years Son/daughter of Mr. _____

R/o _____

Rank No. _____ is suffering From _____ (Name of the Disease) And has Permanent Physical Impairment (PPI) of Left/Right/Both Lower Limb. He/She is Locomotor disabled and has the percentage of _____ (in words) _____ (in figure) of (40%-70%) disability of lower limbs.

He/she is eligible /NOT eligible for admission in Medical/dental courses as per the MCI/DCI guidelines subject to his being otherwise medically fit.

Recent Passport size photograph of the candidate duly attested by the issuing authority

Sign. & Name

Sign. & Name

Sign. & Name

(Specialist,
Deptt. PMR)

(Specialist,
Deptt. Ortho.)

(Specialist,
Deptt. PMR/Ortho)

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DNBCET



NATIONAL BOARD OF EXAMINATIONS

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

Candidate Helpline: 022-62816979 /1800-11-1700 (Toll Free)

(Monday to Saturday: 09:30 AM to 06:00 PM)

Website: www.nbe.edu.in