

CENTRAL INDIA INSTITUTE OF MEDICAL SCIENCES

88/2 BAJAJ NAGAR - NAGPUR-10.

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APPLICATION FORM FOR ADMISSION TO [DNB \(NEUROLOGY\) COURSE.](#)

(To be filled in two separate copies)

(Recognized by National Board of Examination, New Delhi, letter Ref
No.12 (14) ACC/ Maha/NBE/28315 dated 23rd March, 2000)

Eligibility: - Candidates who have passed MD/DNB examination in Medicine
or Paediatrics & CET of NBE

Course Period: to



Photograph of the candidate

Full Name of the Candidate: _____
Surname First Name

(Father's/Husband's Name)

Date of Birth _____ Sex _____

Permanent Address: _____

Tel No.....,

Address for Communication: _____

Tel No.....,

Fax No:

E.Mail:

Educational Qualifications:

- MBBS (Passing year) _____ University _____
- Internship completion date _____
- Date and year of completion of MD/DNB in Medicine/Paediatrics
_____ University _____

- Maharashtra Medical Council Registration No:
(In case of other states medical registration certificate, candidate will have to obtain Maharashtra Medical Council registration certificate)
- CET Super Speciality clearance proof
- Post-MD/DNB Professional Experience (Name the Departments, Institutions, Post held and period)
1. _____
2. _____
3. _____

- Copies of the above documents should be attached and originals to be produced at the time of interview. In addition, copies of Final MBBS/MD/DNB marklist and character certificate from the head of the Institute to be enclosed.

Undertaking

- I. If selected for the DNB (Neurology) programme, I undertake to abide by all the rules and regulations of the Institute.

Name in full and Signature of the Candidate.

For Official use

- Verified the originals of the copies submitted
- Interview on.....
- Selected/Not selected

Chairman
Interview Board

Note:

- **Interview date & venue will be confirmed at the time of submission of application form.**
 - **Selected Candidate should join within 10 days of selection.**
 - **If fees paid through DD it should be in the name of “Director, CIIMS Hospital, Nagpur”**
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