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**APPLICATION FORM FOR DNB TRAINING REGISTRATIONS  
(JANUARY 2010 SESSION)**

FORM NO. \_\_\_\_\_

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NAME \_\_\_\_\_ DOB \_\_\_\_\_ SEX \_\_\_\_\_ MARRIED/SINGLE

FATHER/HUSBAND'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PH. NO \_\_\_\_\_ MOBILE NO \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_  
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EDUCATION : Attach photiocopies of all documents

MBBS YEAR FROM \_\_\_\_\_ TO \_\_\_\_\_

Institution \_\_\_\_\_ University \_\_\_\_\_

REGISTRATION No \_\_\_\_\_ Date \_\_\_\_\_ Medical Council \_\_\_\_\_

DNB PRIMARY EXAMINATION : Passed in \_\_\_\_\_

POST GRADUATE DIPLOMA : Title of Diploma \_\_\_\_\_ Year \_\_\_\_\_

University \_\_\_\_\_

OTHER ( House job,work done after MBBS with dates)

EXTRACURRICULAR ACTIVITIES : \_\_\_\_\_  
\_\_\_\_\_

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I certify that the information provided above is true. I am in full knowledge of various rules and regulations as contained in the information pamphlet and also NBE guidelines. I am aware that if any wrong information or false documents are detected even on a later date, my registration is liable to be cancelled. I am also aware that in case of any dispute regarding selection or training, the decision of management of Vishesh Diagnostic pvt ltd will be final and binding on me. Legal jurisdiction will be Indore only.

Date:

Signature of Candidate

Name

\_\_\_\_\_

Affix/paste self Photograph here and sign across

