

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

For Admission to DNB Post Graduate Courses
July 2014 Admission Session

***DNB*CET**



NATIONAL BOARD OF EXAMINATIONS

Medical Enclave, Ansari Nagar, Mahatma Gandhi Marg (Ring Road)

New Delhi-110029, Phone : 1800 11 1800 or 0124-6771700

Website: www.natboard.edu.in/cet

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IMPORTANT DATES

1. Availability of Information Bulletin : 23rd April 2014 onwards.
2. Online Registration and Scheduling for DNB-CET examination : 23rd April to 21st May 2014
3. Examination Dates for DNB-CET : 11th June to 14th June 2014
4. Declaration of Results : By 17th July 2014
5. Cut off date for completing internship : 31st July 2014

Instructions:

Registration and scheduling for appearing in the DNB-CET examination is to be undertaken online at the website www.natboard.edu.in/cet

Application forms CANNOT be submitted in offline /printed copy by post.

Online applications can be accessed and completed till 23:59 hrs on 21st May 2014 only.

Cut off date for completing internship: 31st July 2014



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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 of medical specialties. 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.



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 years course in the specialty of Plastic Surgery, Neuro-Surgery, Cardio-thoracic Surgery and Pediatric Surgery. (Annexure B)
- 2.2. Applicant may kindly note that appearance in DNB-CET does not confer any automatic rights to secure a seat in NBE accredited hospital /institute.
- 2.3. Online Registration and Scheduling for the examination must be completed by 21st May 2014 (by 23:59hrs).
- 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.natboard.edu.in/CET
- 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 favour 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 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.
- 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 shall be available on the website **www.natboard.edu.in/CET**

1. Candidates MUST bring to the test centre the following documents:
1. Printed copy of the Admit Card with photo attested by gazetted officer attached AND
 2. Photocopy of your 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 Licence
 - Voter ID
 - Passport

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

- Marriage Certificate
- 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.

- 2.16. 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.
- 2.17. 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 offciates of the applicant candidate. The following information shall not be revealed by phone or email:
- a. Internal documentation /status.
 - b. Internal Decision making process of National Board of Examinations



- c. Any claim /counter claim thereof.
 - d. Dates & venue of internal meetings or name of the staff/officers dealing.
 - e. Any information which in the opinion of NBE cannot be revealed.
- 2.18. Terms & Conditions of the DNB-CET as mentioned in the English version of information bulletin shall apply.
- 2.19. The DNB-CET shall be conducted by NBE at exam centres engaged for the purpose. Candidates will be able to schedule their exams based on the availability of test centre on the date, time and venue of their choice. Candidates are advised to familiarize themselves with the route and location of the exam centre; location maps for all test centres are available on the website.
- 2.20. Candidates are advised to browse www.natboard.edu.in/CET regularly for various information and notices pertaining to DNB-CET examination.
- 2.21. A Practice Test shall be available for the benefit of candidates to familiarize themselves with the Computer Based Testing format at website www.natboard.edu.in/CET. Applicants will be able to access the practice test in June 2014 on entering their Testing ID (issued at the end of registration and scheduling process).
- 2.22. Candidates kindly note that by registering for the DNB-CET, they are covered by Non Disclosure Agreement (NDA); as per NDA candidates cannot disclose any question or contents of question paper in part or otherwise with any person or party or website or such other media/publication. 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). Any act in breach of the NDA shall be liable for penal action as per law, kindly note that this is a punishable offence and shall lead to cancellation of candidature at the bare threshold.
- 2.23. The candidate is deemed to have read, agreed and accepted the Information Bulletin and the terms and conditions in the information bulletin for DNB-CET on completing the registration form the candidate.
- 2.24. Each candidate can schedule and appear in DNB-CET June 2014 once only. Any candidate found to register and/or appeared more than once DNB-CET June 2014 shall be automatically debarred from the exam. His/her candidature shall be cancelled and further action as deemed appropriate by NBE shall be taken.
- 2.25. Only Bonafide applicants are allowed to appear in the exam, NBE reserves its rights to take action as deemed appropriate against the applicants who are not bonafide admission seekers to DNB program.
- 2.26. Candidates already pursuing DNB program are not eligible to appear in the CET.
- 2.27. The jurisdiction for court cases/disputes shall be within the exclusive jurisdiction of competent courts at Delhi/New Delhi only.



3. ELIGIBILITY CRITERIA FOR DNB-CET JUNE 2014

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 and have completed one year of internship/likely to complete on or before 31st July 2014 may apply for DNB-CET examination through online application.
- 3.2. Candidates found to be ineligible at any stage of DNB-CET 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.
- 3.3. Requests for appearing in DNB-CET from candidates completing internship after 31st July 2014 shall be summarily rejected.

Candidates who are completing their internship after 31st July 2014 or are likely to complete after 31st July 2014 need not apply for the DNB-CET exam as they shall be ineligible to participate at any stage of the admission process.

- 3.4. Candidates already pursuing a 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.
- 3.5. Registration and/or appearance in DNB-CET 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.
- 3.7. A Candidate can register & appear for DNB-CET June 2014 only once for admission to DNB July 2014 session. Registration for CET, more than once shall constitute unfair means and lead to disqualification and/or penal action.



4. EXAMINATION FEE:

4.1. Amount

DNB-CET 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. For more information, please visit the website www.natboard.edu.in/CET

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



5. SCHEME OF EXAMINATION :

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

- 5.1. DNB-CET is an entrance examination and is an essential pre-requisite for entry to DNB Broad Specialty and Post MBBS Direct 6 years super specialty courses. The next session of entrance examination shall be held in June 2014 and conducted as computer-based test only.
- 5.2. The test comprises 200 multiple choice, single correct response questions in English language only.
- 5.3. Candidates successful in the DNB-CET shall be asked to participate in a Centralized merit based counseling conducted by National Board of Examinations for allotment of DNB seats at NBE accredited Institutions/hospitals/medical colleges in order of their merit and candidate shall be able to opt for the NBE accredited institution/hospital/medical college of their choice as per availability at their merit.
- 5.4. The provisional list of National Board of Examinations accredited institutes where candidates can pursue DNB is available at NBE website www.natboard.edu.in
- 5.5. The examination shall be a multiple choice questions test delivered using computer network as per scheme prescribed.
- 5.6. Kindly note that the weightage of MCQ's is indicative and purely provisional. NBE reserves its rights to alter /vary /amend the same.
- 5.7. Negative Marking: There shall be no negative marking.
- 5.8. Allocation of time for the DNB-CET shall be as follows:

	Forenoon Session	Afternoon Session
Candidate Entry Time at Reporting Counter	9:00 AM	2:15 PM
Reporting Counter Entry Closes	9:30 AM	2:45 PM
Check-in Procedure	9:00 AM to 10:00 AM	2:15 PM to 3:15 PM
Test Start Time	10:00 AM	3:15 PM
Test End Time	1:15 PM	6:30 PM

- 5.9. Kindly note that the applicant candidates shall be allocated to appear either in FORENOON session or in the AFTERNOON session i.e. the DNB-CET comprises of ONE session/candidate only.
- 5.10. Syllabus: The Syllabus for the test 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. An extract of the same is enclosed at Annexure DC, kindly refer to MCI website www.mciindia.org for complete document.



5.11. SUBJECT-WISE DISTRIBUTION OF QUESTIONS FOR DNB CET EXAM JULY 2014 ADMISSION SESSION

SL. NO	SUBJECT	SUBJECT WISE WEIGHTAGE IN DNB CET EXAM OF 200 QUESTIONS (IN NUMBERS)
1	ANATOMY	16
2	PHYSIOLOGY	16
3	BIOCHEMISTRY	16
4	PATHOLOGY	12
5	MICROBIOLOGY	12
6	PHARMACOLOGY	12
7	FORENSIC MEDICINE	8
8	OPHTHALMOLOGY	8
9	ENT	8
10	SPM, STATISTICS & BIOMEDICAL RESEARCH	16
11	GENERAL MEDICINE	18
12	PSYCHIATRY	4
13	DERMATOLOGY & STD	4
14	GENERAL SURGERY	17
15	ORTHOPEDICS	3
16	ANAESTHESIOLOGY	3
17	RADIOLOGY	3
18	OBSTETRICS & GYNAECOLOGY	16
19	PAEDIATRICS	8
	GRAND TOTAL	200

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



6. SCHEDULE OF EXAMINATION, ADMIT CARD AND PRACTICE TEST

- 6.1. The examination shall be conducted from 11th June 2014 to 14th June 2014, which is referred to as the testing window (This will be a continuous exam with no non-testing days in between the testing window).

Test centres shall be allotted to the candidates on as per random selection by the software. Candidates will be required to provide 3 choices of preferred location where they are willing to take the test

- 6.2. Candidates may note that each candidate will be required to appear only once during the testing window, in the session allocated i.e. either Forenoon or Afternoon on the particular date.
- 6.3. REQUESTS FOR CHANGE OF CENTRE ARE NOT ENTERTAINED once the the examination has been scheduled for the candidate. Candidates are advised not to canvass for the same.
- 6.4. At the end of Registration and Scheduling process the applicant will get a computer generated acknowledgment and an admit card at the registered e-mail ID of the applicant. A print out of this admit card constitutes the Admit Card-cum-Confirmation Slip. Candidate is required to affix a latest passport size photograph of the following specifications on this admit card. Candidate is required to bring a print out of this admit card to the Test centre along with an identification document as per para 6.6 below.

Specifications for Photograph –

- A photograph of minimum 35x45 mm with at least 75% coverage of face & head of the candidate.
 - A caption indicating name of candidate and date of taking photograph should be there at the bottom of photo.
 - Photograph should be taken in a white /very light colored background.
 - 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 colours must possess the natural appearance and skin tone.
 - The photograph must not have kinks, scratches and stains.
2. Candidates MUST bring to the test centre the following documents:
4. Printed copy of the Admit Card with photo attested by gazetted officer attached AND
5. Photocopy of your Permanent or Provisional SMC/MCI registration*, to be retained by the test centre AND



6. Any one of the following authorised photo IDs** (must be original and non-expired):

- PAN Card
- Driving Licence
- Voter ID
- Passport

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

- Marriage Certificate
- Divorce Decree
- Legal Name Change Document

6.5. Candidates may kindly note that they have to report by the time as indicated in the admit card and para 5.8 of this Information Bulletin. Candidates reporting late or beyond the prescribed time shall not be allowed to appear in the test.

6.6. A practice test to provide candidates with the feel and functionality of the actual test is available on DNB-CET website www.natboard.edu.in/CET. Candidates registered for DNB-CET can undertake the practice test prior to the actual test window. Candidates are advised to go through the practice test carefully to familiarize themselves with the screens, layout and navigation.



7. REPORTING TIME FOR DNB CET

Candidates may note that the reporting time refers to the time at which the candidate reaches the Reporting counter at the test centre. Candidate who fails to report to the reporting counter by the stipulated time as indicated in para 5.8 shall not be allowed to enter the examination premises that is Reporting counter and beyond. The candidate should arrive at the Reporting counter at least one hour before the commencement of test i.e. 9.00am for the morning session and 02.15 pm for the afternoon session. This allows for security checks, identity verification, image capture, biometric capture etc. The reporting counter will close 30 minutes prior to the test start time. The following shall be undertaken upon reporting at the counter:

- 7.1. ID verification – The original documents as have been indicated will be checked in original.
- 7.2. Security Checks including frisking.
- 7.3. Capture of finger prints – The finger prints of all candidates shall be captured electronically and candidates are requested to cooperate with the on duty staff with this process.
- 7.4. Capturing of digital image – As a security measure digital image of the reporting candidates shall be captured and taken on record.
- 7.5. The test centre administrator /on duty staff shall guide the candidate to the assigned work station
- 7.6. Signing-in to the computer system.
 - Kindly note that the reporting time has been indicated to timely complete the foregoing activities as well as to familiarize the candidate with the process.
 - Candidates may note that they will not be allowed entry to the test centre after 09.30am for the morning session and 02.45 pm for the afternoon session of the test.
 - Candidates are also advised to check the requirement for mandatory documents on Testing Day and comply with the same.
 - NBE/ Test centre / Designated Agency /Staff on duty shall not be liable under any circumstances for delayed reporting and /or non presentation of mandatory documents



8. CENTRES FOR DNB-CET, REPORTING AT CENTRE & TEST DAY PROCEDURE

8.1 The list of various cities where Examination centres are located is as under:

S. No.	City	S. No.	City
1	Ahmedabad	14	Nagpur
2	Bangalore	15	Pune
3	Chandigarh	16	Trivandrum
4	Chennai		
5	Cochin		
6	Delhi		
7	NOIDA		
8	Greater Noida		
9	Gurgaon		
10	Hyderabad		
11	Kolkata		
12	Mumbai		
13	Navi Mumbai		

8.2 The candidate shall appear at the centre as shown on his/her Admit Card at his/her own cost. Candidates will be required to provide 3 choices of preferred location where they are willing to take the test. Availability is on a first come, first serve basis.

8.2.1. Test Centre Location: Exact address and location of the test centres is available at the online registration and scheduling application at DNB CET website www.natboard.edu.in/CET. 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 test as per scheduled time only. Maps and directions to each centre are available on DNB-CET website www.natboard.edu.in/CET. Candidates are required to plan their travel accordingly.

8.2.2. Candidates are advised to familiarize themselves with the location of examination 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.

8.2.3. All candidates at the centre shall be frisked by security guards and biometric information shall be captured.



- 8.2.4. 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.
- 8.2.5. Please note that only the registered candidates will be allowed at the examination centre.
- 8.2.6. 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.

8.3 REPORTING OF CANDIDATES TO THE CENTRE

- 8.3.1. 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 examination.

- 8.3.2. Candidates MUST bring to the test centre the following documents:

Printed copy of the Admit Card with photo attested by gazetted officer attached AND

Photocopy of your Permanent or Provisional SMC/MCI registration*, to be retained by the test centre AND

Any one of the following authorised photo IDs** (must be original and non-expired):

- PAN Card
- Driving Licence
- Voter ID
- Passport

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

- Marriage Certificate
- Divorce Decree
- Legal Name Change Document

- 8.3.3. Candidates without valid ID proof shall not be allowed to enter the examination premises.



8.4 SECURITY AT THE TEST CENTRE

Candidates will not be allowed to take mobile phones, watches, food items, study material, lockets, bags, electronic gadgets or any other prohibited items inside the examination premises. To avoid any hardship candidates are advised not to bring such items along with them

Finger prints 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 also ensure that only genuine and bonafide candidate appear for the exam and allowed to join an institute for training.

8.5 TEST DAY PROCEDURES

- a. After verification of ID and biometrics, candidates will be escorted to the designated computer terminal at the examination centre, a Test Centre Administrator (TCA) will 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. Pencils, eraser and rough paper will be distributed to each candidate. No need to bring stationary /writing material to exam centre.
- d. Candidates are required to listen to the TCA's instructions to begin the test.
- e. During the test, candidate may use the rough paper to do the rough work.
- f. Each workstation will be blocked on three sides – front, left and right. Candidates are advised not to look around at other candidates as there will be surveillance cameras that record both audio and video.
- g. Any suspicious or disruptive behavior on part of the candidate may lead to cancellation of candidature.
- h. For any issues during the test, candidate may raise his or her hand to notify TCA/Invigilator.
- i. In case of any disruption, rest assured that a registered candidate will get to test again within the testing/examination window.
- j. All rough paper must be returned to the TCA after the test. Any attempt to take the rough papers out of the test centre will be considered disruptive behavior and liable for disqualification.



9. RESERVATIONS

9.1. 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).

9.2. Documentary requirements:

- a. Candidates opting for reserved seats under any category are required to furnish certificate issued by competent authority in respect of SC/ST.
- b. The prescribed format of Certificate for candidates in respect of OBC is enclosed at Annexure D-1.

9.3. 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:

- a. Vardhman Mahavir Medical College & Safdarjang Hospital, Ansari Nagar, (Ring Road), New Delhi-110029
- b. All India Institute of Physical Medicine and Rehabilitation, Hazi Ali Park, K.Khadya Marg, Mahalaxmi, Mumbai-400034
- c. Institute of Post Graduate Medical Education & Research, 244 Archarya J.C. Bose Marg, Kolkata – 700020
- d. 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 D-2.

9.4. 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.



10. INSTRUCTIONS FOR ONLINE REGISTRATION & SCHEDULING

- 10.1. The online registration & scheduling website for DNB-CET is available via www.natboard.edu.in/CET
- 10.2. Candidate may note that there is no option for submitting the form other than the online mode.
- 10.3. Candidates are advised to go through the registration guide (below) before proceeding to complete their registration & scheduling process. Once the candidate has completed his/her scheduling process, there will be no option to reschedule.
- 10.4. Online registration & scheduling must be completed by the prescribed cutoff date (see "Important Dates" section above). You will be able to print the acknowledgment of submission of online application on successful completion of online application. All fields marked * are mandatory.
- 10.5. Applications of candidates producing false or fabricated information will not be considered and candidates may be further debarred from appearing in any future examinations

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

11.1 Caution Notice

- a. Candidates are advised to refer to DNB-CET website www.natboard.edu.in/CET and Information Bulletin for authentic information and periodic updates about the DNB-CET and conduct of counseling thereafter.
- b. 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.
- c. Candidates are advised to bring any such information to the notice of NBE by e-mail: mail@natboard.edu.in

11.2 Non Disclosure Agreement

The DNB-CET is a proprietary examination and is conducted by National Board of Examinations. The contents of this test 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 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).

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.

- 11.3 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.

Unfair means includes:

- a. Obtaining or attempting support for his candidature by the following means, namely:-
 - (i) offering illegal gratification to ; or
 - (ii) applying pressure on; or
 - (iii) blackmailing, or threatening to blackmail any person connected with the conduct of the examination; or
- b. impersonation; or
- c. procuring impersonation by any person; or
- d. submitting fabricated documents or documents which have been tampered with; or
- e. making statements which are incorrect or false or suppressing material information; or
- f. Appearance in test by a person which in opinion of NBE is not a bonafide-candidate seeking admission.
- g. Candidate pursuing DNB & appearing/ registering for test shall be treated UMC.
- h. resorting to the following means in connection with his candidature for the examination, namely :-
 - (i) obtaining copy of question paper in part or total through any means;
 - (ii) finding out the particulars of the persons connected with secret work relating to the examination;
 - (iii) influencing the examiners; or influencing staff /officers deployed for exams; or
- i. using unfair means during the examination; or
- j. writing obscene matter or drawing obscene sketches; or
- k. misbehaving at test centre, provoking fellow examinees to boycott examination, creating a disorderly scene and the like; or
- l. harassing or doing bodily harm to the staff deployed by the NBE or its designated agency for the conduct of their examination; or
- m. being in possession of or using any mobile phone, pager or any electronic equipment or device or any other equipment capable of being used as a communication device during the examination; or
- n. violating any of the instructions issued to candidates along with their admission certificates permitting them to take the examination; or



- o. attempting to commit or, as the case may be, abetting the NBE of all or any of the acts specified in the foregoing clauses;

The candidate by indulging in unfair means, may in addition to rendering himself liable to criminal prosecution, be liable:-

- (i) To be disqualified by the NBE from the Examination for which he is a candidate; and/or
- (ii) To be debarred either permanently or for a specified period:-
 - (a) By the NBE, from any examination or selection held by them;
 - (b) By the Central /State Government from any employment under them; and
 - (iii) To disciplinary action under the appropriate rules if he is already in service under Government:

- 11.4 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 UMC.



12. RESULTS

12.1 QUALIFYING CRITERIA

Candidates who obtain a minimum score as per category below shall be declared as “Qualified” in DNB CET and issued a PASS /QUALIFYING Certificate.

- a. General Category–50% score
- b. SC/ST/OBC–40% score
- c. Persons with Disability–45% score

12.2 VALIDITY OF CET RESULT

The validity of the result of the DNB-CET shall be only for the current admission session i.e. July 2014 admission session only and cannot be carried forward for the next session of CET.

12.3 DECLARATION OF RESULT

The results for DNB-CET shall be declared by 17th July 2014. The mark sheet-cum-result certificate for the DNB-CET examination can be downloaded from NBE website www.natboard.edu.in/CET after the declaration of result.

12.4 TIE – BREAKER CRITERIA

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

- a. Candidate who has passed all MBBS professional Examinations in First attempt shall be placed at higher merit position.
- b. Candidate with higher aggregate marks (in percentage) in all MBBS professional Examinations shall be placed at higher merit position.
- c. Candidate with higher aggregate marks (in percentage) in 3rd MBBS professional Examination (Part I & Part- II) shall be placed at higher merit position.
- d. Candidate with higher aggregate marks (in percentage) in 2nd MBBS professional Examination shall be placed at higher merit position.
- e. Candidate with higher aggregate marks (in percentage) in 1st MBBS professional Examination shall be placed at higher merit position.

12.5 RESULTS – EQUATING & SCALING

The question paper of DNB-CET comprises of 200 multiple choice questions each with four options and only one correct response. Multiple question papers are used for DNB-CET for different sessions and days.

- A standard psychometrically-sound approach is employed for the scoring process of DNB CET. This approach has been applied to score all large scale Computer Based Examination utilizing multiple question papers.



- While all papers (forms) are carefully assembled to ensure that the content is comparable, the difficulty of each form may be perceived by different subjects undertaking the test to slightly vary. Such minor differences in the overall difficulty level are accurately measured after all the different question papers (forms) have been administered and the results analyzed. A post-equating process is necessary to ensure validity and fairness.

Equating is a psychometric process to adjust differences in difficulty so that performance from different test papers (forms) are comparable on a common metric and therefore fair to candidates testing across multiple papers (forms).

- During post-equating, test items are concurrently analyzed and the estimated item parameters (item difficulty and discrimination) are put onto a common metric. Item Response Theory (IRT), a psychometrically supported statistical model, is utilized in this process. The result is a score that takes into account the performance of the candidate along with the difficulty of the form administered.
- In order to ensure appropriate interpretation of performance, the scores must be placed on a common scale or metric. A linear transformation is used for this scaling process, which is a standard practice for such test administration.

Post equating takes into account any statistical differences in examination difficulty and ensures all candidates are evaluated on a common scale. The aforesaid steps ensure that all examination scores are valid, equitable and fair. Merit List shall be prepared on the basis of scores obtained by the candidates.

- 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.



13. CENTRALIZED MERIT BASED COUNSELING JULY 2014 ADMISSION SESSION

- 13.1 **ELIGIBILITY FOR COUNSELING:** Candidates who qualify the Centralized Entrance Test (CET) to be conducted by NBE in June 2014 and fulfill the eligibility criteria for admission to DNB (Post MBBS) courses (July 2014 admission session) at various NBE accredited Medical Colleges/ Institutions/Hospitals in India shall participate in the counseling for allocation of seats on merit cum choice basis.
- 13.2 Candidate pursuing any other post graduate medical course can join a DNB (Post MBBS) seat only after they resign from such course. Seat allotment letter to such candidates shall be issued by NBE (within the calendar of admission) only if the candidates has been relieved and discharged from the institution/University from where they are undergoing such post graduate medical course.
- 13.3 Ineligibility, if detected at any stage, NBE reserves its rights to take necessary actions as deemed fit including but not limited to cancellation of admission to DNB course and to debar the candidate from taking any further examinations conducted by NBE.
- 13.4 Candidates absent in the first round of counseling shall not be eligible for participation in subsequent round(s) of counseling.
- 13.5 Candidates appearing for counseling can either opt for a confirmed seat or exercise their option for participation in further round of counseling.
- 13.6 Candidates opting for a confirmed seat are NOT eligible for participation in subsequent round(s) of counseling irrespective of their joining/non-joining/resignation from the seat already opted for.
- 13.7 **SCHEDULE FOR COUNSELING:** The schedule of CET-Centralized counseling shall be made available on NBE website www.natboard.edu.in
- 13.8 Merit list of eligible candidates shall be notified on NBE website www.natboard.edu.in.
- 13.9 Eligible candidates will be able to download their Rank letter for participation from NBE website after the merit list is notified.
- 13.10 **AVAILABILITY OF SEATS:** The indicative seat matrix for DNB (Post MBBS) seats is available in the information bulletin and shall also be uploaded on NBE website. Final Seat matrix shall be displayed at the counseling venue before counseling.
- 13.11 Reserved seats will be allotted to the candidates of concerned category only. Candidates of reserved category can opt for either reserved seats earmarked for them or unreserved seats in order of their merit. Candidates may note that 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 as such.



- 13.12 The counseling shall be done purely on the basis of the CET Merit Position. In the event of two or more candidates obtaining same CET marks, the Tie breaker criteria are mentioned under clause 12.4 of this information bulletin.

13.13 COUNSELING FEE:

Candidates are required to deposit a counseling fee of Rs. 2500/- through demand draft in favour of National Board of Examinations, payable at New Delhi, on the day of counseling at counseling venue itself.

13.14 LIST OF PRESCRIBED DOCUMENTS

Candidates have to bring the following documents IN ORIGINAL. Candidates are required to bring self-certified photocopies of the documents mentioned at S.No. (c) to (i). Self Certified photocopies have to be submitted to NBE at the time of documents verification:

- i. Rank Letter downloaded from NBE website www.natboard.edu.in
- ii. DNB-CET Pass Certificate (June 2014) downloaded from NBE website www.natboard.edu.in
- iii. Attempt certificate of MBBS qualification. (In case of tie of merit position)
- iv. MBBS Degree certificate/ Provisional Pass Certificate*
- v. Permanent Registration certificate issued by MCI/State Medical Council for registration of MBBS qualification.
- vi. Proof of MBBS qualification being recognized as per IMC Act/Central Govt.
- vii. Internship Completion Certificate (Internship completion date must be an at before 31st July 2014)
- viii. Matriculation/High School/Higher Secondary Certificate as a proof of Date of Birth.
- ix. SC/ST/PWD/OBC certificate issued by competent authority, if applicable.
Caste certificate must be issued by competent authority. The sub-caste should tally with the central Govt. list.
- x. Any document (Bonafide certificate/Mark sheet/Attempt Certificate etc issued by concerned institution/medical college) confirming the name of the institution/medical college from where the MBBS qualification was pursued.
- xi. Any other relevant certificate or document.

In addition, candidates are also required to bring self certified photocopies of the documents mentioned at Sl.No. iii to xi along with their original. Self certified photocopies have to be submitted to NBE at the time of documents verification:

*Provisional certificate of passing MBBS Qualification is permissible only for those candidates who had passed the MBBS Qualification in the year 2013.



If the candidate has passed MBBS qualification before 2013 and the MBBS degree certificate has not been issued to him/her so far by the concerned university/Board, documentary evidence to this effect in form of a letter from competent authority of respective university/Board is to be furnished at the time of counseling.

- 13.15 Candidates without original documents will not be allowed to appear/participate in Centralized Counseling by NBE under any circumstances.
- 13.16 Seat Allotment letter will be issued to the candidate opting for a confirmed seat on the same day of counseling subject to fulfillment of eligibility criteria.
- 13.17 **JOINING OF THE COURSE:** Each candidate shall be given a prescribed time from the date of issuance of the seat allotment letter to report and join the allotted NBE accredited Medical college/Institution/Hospital. Joining means deposition of the prescribed fee by the candidate at the accredited hospital/institute and resuming his/her duties as DNB trainee.
- 13.18 Candidate has to begin his/her DNB (Post MBBS) training within the prescribed time only. Candidate is required to submit their joining report to NBE in the prescribed format.
- 13.19 The allotment made will be firm and final. Change of Institute/college from one place to another is not permitted under any circumstances. Requests for the same shall not be entertained by the NBE after the allotment of seats.
- 13.20 Joining of a candidate to a NBE accredited institute through Centralized Merit Based Counseling is subject to medical fitness of the candidate by the hospital/institution.
- 13.21 The medical examination of the candidate shall be done by the Medical Board of the concerned NBE accredited institute. Candidate found fit in the medical examination shall only be allowed to join the DNB course.
- 13.22 All disputes pertaining to conduct of COUNSELING by the NBE and allocation of seats in various specialties and colleges/institutions by the NBE shall be within the exclusive jurisdiction of competent courts at Delhi/New Delhi only.
- 13.23 **PROCEDURE FOR REGISTRATION WITH NBE FOR DNB COURSE:** Candidates are required to furnish following documents to NBE within one month of joining DNB training in order to get registered for DNB course:
 - a. A duly completed application form for July 2014 admission session.
 - b. A registration fee of Rs 5000/- (for 3 years course) or Rs. 10,000/- (for direct 6 years course) is to be deposited through challan/Pay-in-slip at any of the Indian Bank branch across India. NBE copy of this challan needs to be enclosed with the registration form.
 - c. Annexure – A (DNB CET July 2014)
- 13.24 Registration letter can be downloaded from NBE website.
- 13.25 In an unlikely event of an ineligible candidate getting admission to DNB course, NBE reserves its right to revoke his/her admission from DNB course.



14. (PROVISIONAL) AVAILABILITY OF SEATS FOR JULY 2014 ADMISSION SESSION

- An Indicative list of DNB seats available for July 2014 admission session can be seen at Annexure-F.
- 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.

15. OVERVIEW OF COMPUTER BASED TESTING

- 15.1 Obtain Information Bulletin-cum-Examination Fee Voucher
Online Registration & Scheduling for DNB-CET
Online Issue of admit cards to candidates
Practice test (At NBE website for registered candidates)
Reporting of candidates to the centre
Security Check in Process
Test tutorial (15 minutes)
Actual test/examination (3 hours)
Ending the test



16. CONTACT NBE

16.1	Candidate Care Helpline Number	0124-6771700/1800111800 (Toll Free)
	E-mail	nbe.candidatecare@prometric.com
	Official Website	www.natboard.edu.in/cet

16.2 Guidelines for communication

- a. The e-mail query shall be addressed only if it is not anonymous and contains the name, postal address and contact telephone number of sender
- b. An e-mail containing vague or general queries that are contained in the Information Bulletin shall not be entertained.
- c. The following information shall not be revealed:
 - Internal movement of file
 - Any claim /counter claim thereof.
 - Names of the staff/officers dealing.
 - Any information which in the opinion of NBE cannot be revealed.
- d. Queries shall not be entertained from person claiming themselves to be representative, associates or affiliates of the applicant /candidate.

16.3 Please refer to FAQ's section for detailed note on timings for contact centre.



17. AN OVERVIEW OF DNB-CET

1.	Purpose of Examination	Qualifying cum Ranking Examination for admission to DNB courses
2.	Periodicity	Twice a year
3.	Pattern of examination	MCQ based with single correct response
4.	No. of items (questions)	200
5.	Negative marking	No
6.	Syllabus	From subjects covered in MBBS
7.	Mode of conduct	Computer based
8.	Criteria for passing the examination	Minimum 50% score in the exam for General Category Minimum 40% score for SC/ST/OBC Minimum 45% score 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 23 April – 21 May 2014	



18. FREQUENTLY ASKED QUESTIONS

Format of DNB-CET

1. Is there a new testing format for DNB-CET?

Yes, starting from the August 2012 administration, the Diplomate of National Board Centralised Entrance Test (DNB-CET) has changed from a paper and pencil test to a computer-based test (CBT). This is not an Internet-based test, i.e. a candidate does not take the test over the Internet. Instead of reading the questions from a paper booklet and darkening the ovals in an answer sheet, a candidate will now read the questions on a computer screen and choose an answer by using a mouse to click on the appropriate option.

2. How is the computer-based format different from the paper and pencil format?

The only difference is in the way the questions are presented, and how responses are recorded.

3. What does a computer-based test look like?

A Practice Test will be made available on the NBE website www.natboard.edu.in/CET to provide candidates with the look and feel, as well as functionality of the actual test.

4. Can I take the test from any computer?

No, a candidate will have to test on a pre-assigned workstation, in the testing venue assigned to him/her during the time of registration and scheduling.

Test Duration & Pattern

1. What is the duration of the test?

The test duration is 3 hours and will be conducted in a single section. There will also be an additional 15-minute tutorial prior to the start of the test. Candidates will also need to accept a non-disclosure agreement (NDA) before beginning the test.

2. How many questions will there be?

There will be a total of 200 questions.

3. Can I move back and forth between the questions?

Yes, candidates will have the option to navigate between the questions via the Review Screen. Candidates are advised to make use of the Practice Test on the NBE website www.natboard.edu.in/CET to familiarise themselves with the navigation and functionality of the actual test. A 15-minute tutorial will also be available prior to the start of the actual test.

4. What type of questions will there be?

The test will only contain multiple choice questions, each with four (4) options and only one (1) correct response.



5. What is the syllabus / course on which the test would be based?

The test will include all subjects taught during the MBBS course including pre-clinical, para-clinical and clinical. Approximate weight age will be given to each subject as indicated in the bulletin.

6. What is the 15-minute tutorial?

The tutorial provides a series of screens that will orient you to the computer-based DNB-CET. This will give you an opportunity to try the various features, including how to navigate between questions, review them, select, de-select, change and mark responses etc. The tutorial has a total duration of 15 minutes and candidates are advised to go through it entirely before starting the actual test. At the end of the tutorial, candidates will be asked to accept a non-disclosure agreement (NDA) before beginning the test. For a similar preview, candidates can take a tour of the Practice Test which will be available on NBE website at www.natboard.edu.in/CET

7. What is the Practice Test?

The Practice Test is a sample computer-based test that is intended to familiarise candidates with the navigation and functionality of the DNB-CET. It includes a tutorial on using the various features of the test like moving between screens, selecting, de-selecting, marking and reviewing responses etc., as well as some sample questions which will allow candidates to try out these features. Note that these sample questions are not representative of the content of difficulty level of the actual test.

Registration & Scheduling

1. When will the next DNB-CET be conducted?

The next DNB-CET will be conducted between 11 June to 14 June 2014. There will be a total of 4 testing days within this testing window, with 2 testing sessions a day.

2. What are the timings for the testing sessions?

There will be 2 sessions – one at 10:00 AM and another at 3:15 PM.

3. Where will the test be conducted?

The test will be conducted at selected test centres in 16 cities: Ahmedabad, Bangalore, Chandigarh, Chennai, Cochin, Delhi, Noida, Greater Noida, Gurgaon, Hyderabad, Kolkata, Mumbai, Navi Mumbai, Nagpur, Pune and Trivandrum.

4. Where can I get the list of test centres for DNB-CET?

The list of test centres is available on the NBE website www.natboard.edu.in/CET

5. Will I be able to select my preferred date, time and location for the test?

No, the test centres shall be allotted to the candidates on as per random selection by the software. Availability will be based on a first come, first served basis, and only available options will be shown at the time of scheduling. Please note that no reschedule or cancellation will be allowed once your registration/ scheduling is completed.



6. How do I apply for the test?

Candidates may register for their test online via www.natboard.edu.in/CET from 23 April to 21 May 2014.

7. What is the test fee?

The fee for the DNB-CET is Rs. 4500.

8. How do I pay for the test?

The prescribed registration fee should be remitted through payment gateway provided using a Credit Card or a Debit Card issued by banks in India.

9. What is the last day for application?

The online registration window opens on 23 April and closes on 21 May 2014.

10. Can I use my friend's email address when registering for DNB-CET?

No, you need to use a valid and unique email address.

11. Is there a restriction on what can be entered within the address fields during the online registration?

Yes, you need to limit each address line to 30 characters including spaces. You may make use of Address line 1, 2 and 3 in case of longer addresses. Special characters are acceptable.

12. What happens after I've submitted my online application?

After the successful submission of the online application for DNB-CET, candidates will receive an Admit Card via email. Candidates may also log on to the DNB CET registration portal with their username and password to download and print a copy of their Admit Card. The Admit Card will specify the Registration Number / Testing ID of the candidate, test date, time and location. Candidates are required to appear for the test at the specified test centre, on the date and time indicated on the Admit Card.

13. Can I appear for DNB-CET more than once during the testing window?

No, you can only appear for DNB-CET only once during the June 2014 annual testing window. It will be deemed a fraudulent activity if one attempts to appear more than once. Admit Cards and photo IDs of the candidates will be checked, and digital images and fingerprints will be captured at the test centre.

14. If I have made any mistake(s) while registering for DNB-CET, can I make changes later to rectify?

If you make mistakes while entering your application data, you may log back in to the DNB-CET registration and scheduling website via www.natboard.edu.in/CET and select "Edit Profile" to make changes to your personal details such as address or "Edit Application" to make changes to your application data such as educational information. For



security reasons, editing of candidate's full name and username will not be allowed. The ability to edit application profile and application details will be available until the end of the registration window i.e. until 11:59 PM IST on 21 May 2014. Note that if you make any changes to your profile or application details, you will need to print and carry the most recent Admit Card.

Rescheduling & Cancellation

- a Can I reschedule my test date / time?

No, you will not be allowed to change your test location, time or date once you have completed your online registration and scheduling process. Please select your preferred choices carefully based on the availability shown to you at the time of your scheduling.

- b Can I cancel the test?

No, under no circumstances will a cancellation / refund be allowed.

- c If I do not take my test, will I be eligible for a refund?

No, your fees will not be refunded in case you do not appear for your test as per your scheduled location, date and time.

Testing Day

1. What is the reporting time for the test?

Candidates must arrive at their assigned test centre one (1) hour before their scheduled test start time. If the test begins at 10 AM, you must reach the reporting counter at test centre no later than 9 AM.

If the test begins at 3:15 PM, you must reach the reporting counter at test centre no later than 2:15 PM. This will allow for security checks, identity verification and check-in. The reporting counter will close 30 minutes prior to the test start time. Candidates who arrive late will not be allowed to test.

2. **What do I need to bring to the test centre?**

Candidates MUST bring to the test centre the following documents:

Printed copy of the Admit Card with photo attested by gazetted officer attached AND

Photocopy of your Permanent or Provisional SMC/MCI registration*, to be retained by the test centre AND

Any one of the following authorised photo IDs** (must be original and non-expired):

- PAN Card
- Driving Licence
- Voter ID
- Passport

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

- Marriage Certificate
- Divorce Decree
- Legal Name Change Document

Note: You will not be allowed to take personal items such as mobile phones, watches, food items, study material, lockets, bags, electronic gadgets or any other prohibited items into the testing room. You are advised not to bring these to the test centre.

3. Does the name appearing on the photo identification need to match the one shown on the Admit Card?

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

- Marriage Certificate
- Divorce Decree
- Legal Name Change Document

4. Where can I find directions for getting to my test centre?

Maps and directions to each test centre will be available on the NBE website www.natboard.edu.in/CET. Candidates are advised to plan their travel accordingly and make allowance for traffic and other unforeseen circumstances.

5. What happens during the security checks, identity verification and check-in?

Candidates will need to produce their Admit Card and one valid and original ID for verification upon arrival at the test centre. Only registered candidates will be allowed into the test centre. Candidates will be frisked before entering the testing room to ensure they are not carrying any prohibited items. A digital photo and fingerprint of all candidates will also be captured electronically as part of the check-in process.

6. Will there be any breaks during the test?

No, there will be no scheduled breaks during the test but candidates are allowed to go to the restroom by raising their hand to inform the test centre administrator. Note that the on-screen timer will continue running during restroom breaks.

7. What will I be provided with during the test?

At the test centre, each candidate will be seated at a desk with a computer terminal and he/she will be provided with pencils, eraser and rough/scratch paper. Rough work cannot be done on any other paper/sheet, as no other material will be allowed inside the testing room. On completion of the test, candidates will have to hand all the scratch paper and stationery back to the test centre administrator.



8. How do I know when the test time has ended?

There will be an on-screen timer on the top right corner of your screen which will count down from 3 hours. Candidates are advised to check this timer regularly and allocate their time carefully. A pop-up window will appear before the test ends to alert candidates.

9. Will I be able to leave early if I finish the test before the allocated test time has ended?

No, candidates will not be allowed to leave until the entire duration of the test is up with the exception of genuine medical conditions

RESULT

1. How will I know if I've been successful in the DNB-CET?

Candidates who obtain a minimum score as per category below shall be declared as "Qualified" in DNB CET and issued a PASS /QUALIFYING Certificate.

- | | | |
|-----------------------------------|---|-----------|
| a. General Category | – | 50% score |
| b. SC/ST/OBC | – | 40% score |
| c. Persons with Disability | – | 45% score |

Successful candidates will be given a merit position (rank) based on their scores obtained in the DNB-CET. They will then be asked, in order of their merit position, to participate in the centralised counseling to exercise their choice of specialty and institution. This will continue until the allotted seats are filled. The merit list will also be published on the NBE website.

2. How will the tie of marks be resolved ? What is tie breaker criteria?

In the event of two or more candidates obtaining same score the inter-se-merit position of candidates at the tie position shall be determined by the following criteria:

1. Candidate who has passed all MBBS professional Examinations in First attempt shall be placed at higher merit position.
2. Candidate with higher aggregate marks (in percentage) in all MBBS professional Examinations shall be placed at higher merit position.
3. Candidate with higher aggregate marks (in percentage) in 3rd MBBS professional Examination (Part-I & Part-II) shall be placed at higher merit position.
4. Candidate with higher aggregate marks (in percentage) in 2nd MBBS professional Examination shall be placed at higher merit position.
5. Candidate with higher aggregate marks (in percentage) in 1st MBBS professional Examination shall be placed at higher merit position.

3. When will the merit list be available?

The merit list is likely to be available by 17th July, 2014 .



4. **How long are my results valid for?**

The results for DNB-CET are only valid for the admission to July 2014 DNB session only.

Other Information

1. **If I do not get my Admit Card, who should I contact?**

You need to log in to the DNB-CET registration and scheduling website via www.natboard.edu.in/CET using your username & password and select "Email Admit Card". Your Admit Card will be emailed to the email address you provided during registration. There is also an option for you to print you Admit Card directly from the website.

2. **In case the website does not work and I am unable to schedule myself, how should I register?**

If the registration and scheduling website is not accessible for any reason, please close your Internet browser and try again. You can register for your test any time between 23 April to 21 May 2014.

3. **What are the timings to contact the NBE Candidate Care helpline?**

The FAQs, IVRS and online instructions are designed to enable self-service. You are requested to use these tools to guide you through the entire process and help answer most of your queries. In case you are still facing issues, then NBE Candidate Care Support is available by phone and email.

Phone: 0124 6771700

Webmail: Use Contact us form at www.natboard.edu.in

Phone support availability:

- Registration Phase: 23 April to 21 May 2014, 9:00AM to 5:00PM from Mondays to Fridays
- Pre-testing window: 22 May to 10 June 2014, 9:00AM to 5:00PM from Mondays to Fridays
- Testing window: 11 June to 14 June 2014, 8:00AM to 7:00 PM daily

NBE Candidate Care will be closed on the following national public holidays:

- 14th May 2014 (Wednesday): Buddha Purnima

Webmail support availability:

Webmail support will be available from 23 April 2014 until 18 June 2014.



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 M.N.A.M.S. (Family Medicine)

of Medical Science (Family Medicine)

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

of Medical Science (Biochemistry)

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

of Medical Science (Nuclear Medicine)

Membership of the National Academy 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".



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



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

Sd/-
(P.C. Jain)
UNDER SECRETARY to the
Govt. of India



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.
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



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 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
1. All Ministries/Departments of Government of India
2. All Universities.
3. The President, National Board of Examinations, All India Institute of Medical Sciences, Ansari Nagar, New Delhi.
4. 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)
5. JS(L), Ds(CHS), US(CHS), DIR (ME), PS TO JS (I)/US(ME)
6. Secretary, Medical Council of India, Temple Lane, Kotla Road, New Delhi

Yours faithfully,
sd/-

(ALOK PRETI)
Director (ME)



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.



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 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.

- (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 specialties 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/Ext.

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.



Annexure-B

List of Specialties and Eligibility Qualification for pursuing DNB

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

S.No.	Eligibility Criteria	Name of Course
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 3	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* (Old Rules)	MBBS* + CET
25.	DNB Family Medicine	MBBS* + CET

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



**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.

(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.
 - 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)

(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;

(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.

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.
- (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;
- (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.

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.

b) **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.

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.
- 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.
 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.

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. list 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.



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 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.
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.
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;
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 disorders 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;
 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.
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
 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 etiology, 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 advice of skeletal and related conditions at primary or secondary health care level.
- d. **INTEGRATION:** Integration with anatomy, surgery, pathology,



radiology and Forensic 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 realize 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
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.
- 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, Schiotz 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 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 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



**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 _____ District/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 19/10/94 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 04/04/2004.
- (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.
- (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. 12011/09/2004-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, 2011.



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

**(Specialist, Deptt..
PMR)**

**(Specialist, Deptt..
Ortho.)**

**(Specialist, Deptt..
PMR/Ortho)**



**"INDICATIVE SEAT MATRIXDNB-CET (POST MBBS)
JUL-2014 ADMISSION SESSION
(Seat(s) with asterick (*) mark is provisional: subject to completion
of accreditation process)"**

Name of Hospital/ Institution	State	Specialty	No of Seats
"Apollo Hospital Jubilee Hills, Hyderabad-34 Andhra Pradesh"	Andhra Pradesh	Anaesthesiology	2*
"Sri Sathya Sai Instt. of Higher Medical Scs. Prasantha Gram, ANANTHPUR-515134 Andhra Pradesh"	Andhra Pradesh	Anaesthesiology	2
"SunShine Hospitals 1-7-201 to 205PG Road, Beside Paradise Hotel, Secunderabad-03 Andhra Pradesh"	Andhra Pradesh	Anaesthesiology	2
"Base Hospital, Delhi Cantt., New Delhi - 10"	Delhi	Anaesthesiology	2*
"Batra Hospital & Med.Res. Centre1, Tuglakabad Instn. Area, M.B. Road, New Delhi-62"	Delhi	Anaesthesiology	3*
"Indraprastha Apollo HospitalsSarita Vihar, New Delhi - 110076"	Delhi	Anaesthesiology	3
"Jaipur Golden Hospital 2, Institutional Area, Sector 3, Rohini, New Delhi-85"	Delhi	Anaesthesiology	2
"Mata Chanan Devi Hospital C-1 Janakpuri, New Delhi - 58"	Delhi	Anaesthesiology	2*
"Rajiv Gandhi Cancer Instt. & Res. CentreSec-5, Rohini, New Delhi-85"	Delhi	Anaesthesiology	2*
"Sir Ganga Ram Hospital Rajinder Nagar, New Delhi-60"	Delhi	Anaesthesiology	4*
"GMERS Medical College & Hospital Sola, Ahmedabad-380060 Gujarat"	Gujarat	Anaesthesiology	2

Name of Hospital/ Institution	State	Specialty	No of Seats
"Tata Main Hospital JAMSHEDPUR-01 Jharkhand"	Jharkhand	Anaesthesiology	2*
"Tata Motors Hospital JAMSHEDPUR-01 Jharkhand"	Jharkhand	Anaesthesiology	2
"Apollo BGS Hospital Adichunchanagiri Road, Kuvempunagar, Mysore - 23, Karnataka"	Karnataka	Anaesthesiology	1
"Bangalore Baptist Hospital Bellary Road, Hebbal, Bangalore-24 Karnataka"	Karnataka	Anaesthesiology	1
"Narayana Hrudayalaya, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore-560099 Bnagalore"	Karnataka	Anaesthesiology	8*
"St. Martha's Hospital 5-Nruputhunga Rd, Bangalore-01Karnataka"	Karnataka	Anaesthesiology	1
"Ananthapuri Hospitals and Research Institute Chacka NH Bypass, Thiruvananthapuram Kerala-695024"	Kerala	Anaesthesiology	2
"Baby Memorial Hospital Indira Gandhi Road, Kozhikode, CALICUT- 673004, Kerala"	Kerala	Anaesthesiology	2
"Medical Trust Hospital M. G. Road, KOCHI-16 Kerala"	Kerala	Anaesthesiology	2
"Choithram Hospital & Res. Centre Manik Bagh Road, INDORE-14 Madhya Pradesh"	Madhya Pradesh	Anaesthesiology	2
"Bhabha Atomic Research Centre & Hospital, Anushakti Nagar, MUMBAI-94, Maharashtra"	Maharashtra	Anaesthesiology	2*



Name of Hospital/ Institution	State	Specialty	No of Seats
"Jehangir Hospital 32, Sassoon Road, Pune-411001, Maharashtra"	Maharashtra	Anaesthesiology	1*
"K.E.M. Hospital, 489, Rasta Peth, Sardar Moodliar Road, Pune-411011, Maharashtra"	Maharashtra	Anaesthesiology	2
"K.J. Somaiya Medical College Eastern Highway, Sion, Mumbai-400022 Maharashtra"	Maharashtra	Anaesthesiology	2*
"Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute Achyutrao Patwardhan Marg, 4 Bungalows, Andheri (w), Mumbai-51, Maharashtra"	Maharashtra	Anaesthesiology	3
"P.D. Hinduja National Hospital & Medical Research Centre, Veer Savarkar Marg, Mahim, Mumbai-16 Maharashtra"	Maharashtra	Anaesthesiology	4
"Poona Hospital & Research Centre 27 Sadashivpeth, Pune-30, Maharashtra"	Maharashtra	Anaesthesiology	2
"Sahyadri Speciality Hospital 30-C, Erandwane, Karve Road, Pune -411004 Maharashtra"	Maharashtra	Anaesthesiology	1
"Seth Nandlal Doot Hospital Marathwada Medical Res. & Rural Development Instt., A-1, MIDC, Chikalthana, Jalna Road, Aurangabad-431210 Maharashtra"	Maharashtra	Anaesthesiology	2
"Shija Hospitals & Res. Institute Langol, Imphal-795004, Manipur"	Manipur	Anaesthesiology	1
"Ispat General Hospital Rourkela Steel Plant, ROURKELA - 769005 Orissa"	Orissa	Anaesthesiology	2



Name of Hospital/ Institution	State	Specialty	No of Seats
"Indira Gandhi Govt. General Hospital & PG Institute Pondicherry - 605001 Pondicherry"	Pondicherry	Anaesthesiology	1
"Fortis Hospital Sector-62, Phase-VIII, Mohali-160062 Punjab"	Punjab	Anaesthesiology	2
"Apollo Hospital 21 Greaves lane, Off Greaves Rd, Chennai-06, Tamil Nadu"	Tamil Nadu	Anaesthesiology	2*
"K.G. Hospital & PG Medical Institute No.5, Arts College Rd, Coimbatore-18 Tamil Nadu"	Tamil Nadu	Anaesthesiology	2
"Meenakshi Mission Hosp. & Res. Centre Lake Area, Melur Road, Madurai-625107, Tamil Nadu "	Tamil Nadu	Anaesthesiology	2
"Pushpanjali Crosslay Hospital, W-3, Sector-1, Vaishali, NCR-201012 Uttar Pradesh"	Uttar Pradesh	Anaesthesiology	1
"Apollo Gleneagles Hospitals 58, Canal Circular Road, Kolkata-700054 West Bengal"	West Bengal	Anaesthesiology	3
"Rabindranath Tagore International Instt. of Cardiac Sciences 124, Mukundapur, Near Santoshpur Connector, KOLKATA - 99 West Bengal"	West Bengal	Anaesthesiology	2
"Max Super Specialty Hospital 1, Press Enclave Road, Saket, New Delhi-110017"	Delhi	Cardio Thoracic Surgery (Direct 6 Years Course)	2
"Skin Instt. & School of Dermatology Zamrudpur, Opp. LSR College N Block, G.K. Part-1, New Delhi-48"	Delhi	Dermatology & Venereology	1



Name of Hospital/ Institution	State	Specialty	No of Seats
"Care Hospital Road No.1, Banjara Hills, Hyderabad - 34 Andhra Pradesh"	Andhra Pradesh	ENT	1
"MAA Hospitals (P) Ltd. (Formerly Vasavi ENT Institute) 6-1-91, 2nd Floor, Opp. Meera Talkies, Lakdi Ka Pool, Hyderabad-500004 Andhra Pradesh"	Andhra Pradesh	ENT	1
"Yashoda Hospital Behind Hari Hara Kala Bhawan, S.P. Road, Secunderabad-3 Andhra Pradesh"	Andhra Pradesh	ENT	1
"Down Town Hospital G S Road, GUWAHATI-6 Assam"	Assam	ENT	2
"J.L.N. Main Hosp. & Res. CentreBhilai Steel Plant, BHILAI-01Chhatisgarh"	Chattisgarh	ENT	2*
"Deen Dayal Upadhyay Hospital, Hari Nagar, New Delhi-64"	Delhi	ENT	1*
"Jaipur Golden Hospital 2, Institutional Area, Sector 3,Rohini, New Delhi-85"	Delhi	ENT	1
"Bangalore Baptist Hospital Bellary Road, Hebbal, Bangalore-24 Karnataka"	Karnataka	ENT	1
"Lourdes Hospital Pachalam, Ernakulam, Kochi-12, Kerala"	Kerala	ENT	1
"Malabar Institute of Medical Sciences Ltd.Mini Bye Pass, Govindapuram, Kozhikode-16, Kerala"	Kerala	ENT	1
"Medical Trust Hospital M. G. Road, Kochi-16 Kerala"	Kerala	ENT	1*



Name of Hospital/ Institution	State	Specialty	No of Seats
"Apollo Hospital 21Greems lane, Off Greems Rd, Chennai - 06Tamil Nadu"	Tamil Nadu	ENT	1
"155 Base Hospital, Tezpur-901213 C/O 99 APO, Assam"	Assam	Family Medicine	4
"Batra Hospital & Med. Res. Centre1, Tuglakabad Instn. Area, M.B. Road, New Delhi-62"	Delhi	Family Medicine	2*
"Maharaja Agarsen Hospital Punjabi Bagh (General Store) New Delhi-26"	Delhi	Family Medicine	4
"St. Stephen's Hospital, Tees Hazari, New Delhi-7"	Delhi	Family Medicine	4
"Jehangir Hospital 32, Sassoon Road, Pune-411001, Maharashtra"	Maharashtra	Family Medicine	4
"Pushpanjali Crosslay Hospital,W-3, Sector-1, Vaishali, NCR-201012 Uttar Pradesh"	Uttar Pradesh	Family Medicine	2
"The Calcutta Medical Research Institute 7/2-Diamond Harbour Rd, Kolkata -27, West Bengal"	West Bengal	Family Medicine	4
"Apollo HospitalJubilee Hills, Hyderabad-34 Andhra Pradesh"	Andhra Pradesh	General Medicine	1*
"Down Town Hospital G S Road, GUWAHATI-6 Assam"	Assam	General Medicine	2
"Govt. Medical College & HospitalSector -32B, Chandigarh- 160030"	Chandigarh	General Medicine	4
"Chandulal Chandrakar Memorial HospitalNehru Nagar Chowk, G E Road, Bhilai-490020 Chhattisgarh"	Chhattisgarh	General Medicine	2



Name of Hospital/ Institution	State	Specialty	No of Seats
"Base Hospital, Delhi Cantt., New Delhi - 10"	Delhi	General Medicine	3
"Deen Dayal Upadhyay Hospital Hari Nagar, New Delhi-64"	Delhi	General Medicine	2
"Jaipur Golden Hospital 2, Institutional Area, Sector 3, Rohini, New Delhi-85"	Delhi	General Medicine	1
"Maharaja Agarsen Hospital Punjabi Bagh (General Store) New Delhi-26"	Delhi	General Medicine	4
"Max Super Specialty Hospital 1, Press Enclave Road, Saket, New Delhi-110017"	Delhi	General Medicine	1
"Shri Balaji Action Medical Instt., FC-34, A-4, Paschim Vihar, New Delhi - 63"	Delhi	General Medicine	2
"Sir Ganga Ram Hospital Rajinder Nagar, New Delhi-60"	Delhi	General Medicine	2*
"Sarvajanik Medical Trust Rampura, Chhade-ole, Surat-395003 Gujarat"	Gujarat	General Medicine	2
"Smt. Rasilaben Sevantilal Shah Venus Hospital Ashkashram Complex Rampura Surat-395003 Gujarat"	Gujarat	General Medicine	2*
"Tata Main Hospital Jamshedpur-01 Jharkand"	Jharkhand	General Medicine	3*
"Bangalore Baptist Hospital Bellary Road, Hebbal, Bangalore-24 Karnataka"	Karnataka	General Medicine	3*
"Hindustan Aeronautics Hospital Bangalore Complex, Bangalore-17 Karnataka"	Karnataka	General Medicine	1



Name of Hospital/ Institution	State	Specialty	No of Seats
"Mallige Medical Centre, 31/32 Crescent Road, Bangalore-01Karnataka"	Karnataka	General Medicine	1*
"Ananthapuri Hospitals and Research Institute Chacka NH Bypass, Thiruvananthapuram Kerala-695024"	Kerala	General Medicine	2
"Baby Memorial Hospital Indira Gandhi Road, Kozhikode, Calicut-673004 Kerala"	Kerala	General Medicine	2
"Medical Trust Hospital M. G. Road, Kochi-16 Kerala"	Kerala	General Medicine	2
"Bombay Hospital Ring Road, Indore-452010 Madhya Pradesh "	Madhya Pradesh	General Medicine	1
"Asian Instt. of Medical Sciences, Plot No P -72, Milap Nagar, MIDC, Dombivli (E), Maharashtra"	Maharashtra	General Medicine	2
"Bhabha Atomic Research Centre & Hospital, Anushakti Nagar, Mumbai-94, Maharashtra"	Maharashtra	General Medicine	4*
"Deenanath Mangeshkar Hospital & Res. Centre Erandwane, Pune - 411004 Maharashtra"	Maharashtra	General Medicine	4
"Jehangir Hospital 32, Sassoon Road, Pune-411001 Maharashtra"	Maharashtra	General Medicine	1*
"K.E.M. Hospital, 489, Rasta Peth, Sardar Moodliar Road, Pune-411011 Maharashtra"	Maharashtra	General Medicine	2
"K.J. Somaiya Medical College Eastern Highway, Sion, Mumbai-400022 Maharashtra"	Maharashtra	General Medicine	2*



Name of Hospital/ Institution	State	Specialty	No of Seats
"Lilavati Hospital & Res. CentreA-791, Bandra Reclamation, Bandra West, Mumbai-50 Maharashtra"	Maharashtra	General Medicine	2
"Mumbai Port Trust Hospital Wadala (East), Mumbai-37 Maharashtra"	Maharashtra	General Medicine	1
"Poona Hospital & Research Centre27 Sadashivpeth, Pune-30, Maharashtra"	Maharashtra	General Medicine	4*
"Ruby Hall Clinic 40 Sassoon Road, Pune-01 Maharashtra"	Maharashtra	General Medicine	2
"Nazareth Hospital Laitumkhrah, Shillong- 793003 Meghalaya"	Meghalaya	General Medicine	1*
"Ispat General Hospital Rourkela Steel Plant, Rourkela-769005, Orissa"	Orissa	General Medicine	2
"Indira Gandhi Govt. General Hospital & PG Institute, Pondicherry-605001 Pondicherry"	Pondicherry	General Medicine	2
"Christian Fellowship Hospital Oddanchatram Dindigul Dist - 624619 Tamil Nadu"	Tamil Nadu	General Medicine	2
"7 Air Force Hospital, Nathu Singh Road,Kanput Cantt., Kanpur-208004 Uttar Pradesh"	Uttar Pradesh	General Medicine	1*
"L.N. Mishra N.E. Rly Hospital, Gorakpur-273012 Uttar Pradesh"	Uttar Pradesh	General Medicine	1
"Pushpanjali Crosslay Hospital,W-3, Sector-1, Vaishali,NCR-201012 Uttar Pradesh"	Uttar Pradesh	General Medicine	2



Name of Hospital/ Institution	State	Specialty	No of Seats
"Peerless Hospital & B.K. Roy Res. Centre 360, Panchasayar, Kolkata-700094 West Bengal"	West Bengal	General Medicine	2*
"Apollo Hospital Jubilee Hills, Hyderabad-34 Andhra Pradesh"	Andhra Pradesh	General Surgery	1
"St. Theresa's Hospital, Sanath Nagar, Hyderabad-500018 Andhra Pradesh"	Andhra Pradesh	General Surgery	1
"J.L.N. Main Hosp. & Res. Centre Bhilai Steel Plant, Bhilai-01Chhatisgarh"	Chattisgarh	General Surgery	2
"Base Hospital, Delhi Cantt., New Delhi - 10"	Delhi	General Surgery	2
"Dr. Baba Saheb Ambedkar HospitalSector-06Rohini, New Delhi"	Delhi	General Surgery	1
"Jaipur Golden Hospital 2, Institutional Area, Sector 3,Rohini, New Delhi-85"	Delhi	General Surgery	2
"Maharaja Agarsen Hospital Punjabi Bagh (General Store) New Delhi-26"	Delhi	General Surgery	2
"Sir Ganga Ram Hospital Rajinder Nagar, New Delhi-60"	Delhi	General Surgery	2*
"Asian Institute of Medical Sciences Sector 21-A, Badkal Flyover Road, Faridabad, Haryana"	Haryana	General Surgery	2
"Fortis Health Management (North) India Limited Neelam Bata Road, Faridabad-121002 Haryana"	Haryana	General Surgery	2



Name of Hospital/ Institution	State	Specialty	No of Seats
"Tata Motors Hospital Jamshedpur-01 Jharkhand"	Jharkhand	General Surgery	2*
"Bangalore Baptist Hospital Bellary Road, Hebbal, Bangalore-24 Karnataka"	Karnataka	General Surgery	2
"Gopala Gowda Shanthaveri Memorial Hospital T. Narasipur Road, Nazarbad, Mysore-570010 Karnataka"	Karnataka	General Surgery	1*
"Mallya Hospital No.2 Vittal Mallya Road, Bangalore 01, Karnataka"	Karnataka	General Surgery	1
"Manipal Hospital 98 Rustum Bagh, Airport Road, Bangalore - 17 Karnataka"	Karnataka	General Surgery	2
"Jubilee Mission Hospital P B No- 737, Bishop Alapatt Road, Jubilee Mission P. O. Thrissur-05 Kerala"	Kerala	General Surgery	1
"Lisie Medical Institution, P.O. Box 3053, KOCHI-18 Kerala"	Kerala	General Surgery	2
"Little Flower Hospital, Post Box No. 23, Angamally - 683572 Kerala"	Kerala	General Surgery	2
"Medical Trust Hospital M. G. Road, Kochi-16 Kerala"	Kerala	General Surgery	2*
"MES Medical College & Hospital Perinthalmanna, Palachode Post, Kolathur Via, Malappuram Dist. Kerala-679338 Kerala"	Kerala	General Surgery	1*
"Choithram Hospital & Res. Centre Manik Bagh Road, INDORE-14 Madhya Pradesh"	Madhya Pradesh	General Surgery	2



Name of Hospital/ Institution	State	Specialty	No of Seats
"Bhabha Atomic Research Centre & Hospital, Anushakti Nagar, Mumbai-94 Maharashtra"	Maharashtra	General Surgery	2*
"Deenanath Mangeshkar Hospital & Res. Centre Erandwane, Pune-411004 Maharashtra"	Maharashtra	General Surgery	2*
"Holy Family Hospital St. Andrew's Road, Bandra West, Mumbai-400050 Maharashtra"	Maharashtra	General Surgery	1
"Jagjivan Ram Railway HospitalMaratha Mandir Road Mumbai Central-08 Maharashtra"	Maharashtra	General Surgery	2
"Jehangir Hospital 32, Sassoon Road, Pune-411001 Maharashtra"	Maharashtra	General Surgery	1*
"K.E.M. Hospital, 489, Rasta Peth, Sardar Moodliar Road, Pune-411011 Maharashtra "	Maharashtra	General Surgery	2
"Poona Hospital & Research Centre27 Sadashivpeth, Pune-30 Maharashtra"	Maharashtra	General Surgery	3
"Shija Hospitals & Res. Instiute Langol, Imphal-795004, Manipur"	Manipur	General Surgery	1
"Indira Gandhi Govt. General Hospital & PG Institute Pondicherry-605001 Pondicherry"	Pondicherry	General Surgery	2
"Kothari Medical & Research Centre Gajner Road, BIKANER-04 Rajasthan "	Rajasthan	General Surgery	1
"Dr. Jeyasekharan Hospital & Nursing Home, K P Road, Nagercoil-629003 Tamil Nadu"	Tamil Nadu	General Surgery	2



Name of Hospital/ Institution	State	Specialty	No of Seats
"K.G. Hospital & PG Medical Institute No.5, Arts College Rd, Coimbatore-18 Tamil Nadu"	Tamil Nadu	General Surgery	2
"Sri Ramakrishna Hospital 395 Sarojini Naidu Rd, Sidhapudur, Coimbatore-44 Tamil Nadu"	Tamil Nadu	General Surgery	2
"7 Air Force Hospital, Nathu Singh Road, Kanput Cantt., Kanpur-208004 Uttar Pradesh"	Uttar Pradesh	General Surgery	1*
"Asopa Hospital & Res. Centre Gailana Road, Off Bye Pass, AGRA-282007 Uttar Pradesh"	Uttar Pradesh	General Surgery	2
"Dr. Ram Manohar Lohia Combined Hospital Lucknow Uttar Pradesh"	Uttar Pradesh	General Surgery	2
"Pushpanjali Crosslay Hospital, W-3, Sector-1, Vaishali, NCR-201012 Uttar Pradesh"	Uttar Pradesh	General Surgery	2
"Vivekananda Polyclinic Vivekananda puram, Lucknow-7 Uttar Pradesh"	Uttar Pradesh	General Surgery	2
"Durgapur Steel Plant Hospital Durgapur, West Bengal"	West Bengal	General Surgery	2*
"South Eastern Rlys. Hospital Garden Reach Road, Kolkata-43 West Bengal"	West Bengal	General Surgery	2*
"Care Hospital Road No.1, Banjara Hills, Hyderabad-34 Andhra Pradesh"	Andhra Pradesh	Obstetrics and Gynecology	2
"Fernandez Hospital Pvt. Ltd. 4-1-1230, Bogulkunta, Hyderabad - 01 Andhra Pradesh"	Andhra Pradesh	Obstetrics and Gynecology	4

Name of Hospital/ Institution	State	Specialty	No of Seats
"St. Theresa's Hospital, Sanath Nagar, Hyderabad-5000 18 Andhra Pradesh"	Andhra Pradesh	Obstetrics and Gynecology	2*
"Kurji Holy Family Hospital PO Sadaquat Ashram, PATNA-10 Bihar"	Bihar	Obstetrics and Gynecology	2
"J.L.N. Main Hosp. & Res. Centre Bhilai Steel Plant, BHILAI-01 Chhatisgarh"	Chattisgarh	Obstetrics and Gynecology	3
"Base Hospital, Delhi Cantt., New Delhi - 10"	Delhi	Obstetrics and Gynecology	2*
"Indraprastha Apollo Hospitals Sarita Vihar, New Delhi - 110076"	Delhi	Obstetrics and Gynecology	1*
"Maharaja Agarsen Hospital Punjabi Bagh (General Store) New Delhi-26"	Delhi	Obstetrics and Gynecology	2
"Mata Chanan Devi Hospital C-1 Janakpuri, New Delhi - 58"	Delhi	Obstetrics and Gynecology	2*
"Sir Ganga Ram Hospital Rajinder Nagar, New Delhi-60"	Delhi	Obstetrics and Gynecology	3*
"Tata Main Hospital JAMSHEDPUR-01 Jharkand"	Jharkhand	Obstetrics and Gynecology	2*
"Dr. TMA Pai Hospital Karnataka" Udupi-576101,	Karnataka	Obstetrics and Gynecology	2
"Manipal Hospital 98 Rustum Bagh, Airport Road, Bangalore - 17 Karnataka"	Karnataka	Obstetrics and Gynecology	1*
"Narayana Hrudayalaya, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore-560099 Bnagalore"	Karnataka	Obstetrics and Gynecology	1*



Name of Hospital/ Institution	State	Specialty	No of Seats
"St. Philomena Hospital No. 4, Campbell Road, Viveknagar PO, Bangalore-560047 Karnataka"	Karnataka	Obstetrics and Gynecology	2
"Life line Super Specialty Hospital 14th Mile, Melood, PO- Adoor, Pathananmthitta Dist. Kerala-691523"	Kerala	Obstetrics and 1 Gynecology	
"Lourdes Hospital Pachalam, Ernakulam, KOCHI-12 kerala"	Kerala	Obstetrics and Gynecology	1
"Medical Trust Hospital M. G. Road, KOCHI-16 Kerala"	Kerala	Obstetrics and Gynecology	1
"Bhandari Hospital & Res. Centre 21-22 GF.No. 54, Vijay Nagar, INDORE-10 Madhya Pradesh"	Madhya Pradesh	Obstetrics and Gynecology	2
"Choithram Hospital & Res. Centre Manik Bagh Road, INDORE-14 Madhya Pradesh"	Madhya Pradesh	Obstetrics and Gynecology	2
"Bhabha Atomic Research Centre & Hospital, Anushakti Nagar, MUMBAI-94 Maharashtra"	Maharashtra	Obstetrics and Gynecology	2*
"Jehangir Hospital 32, Sassoon Road, Pune-411001 Maharashtra"	Maharashtra	Obstetrics and Gynecology	2*
"Ispat General Hospital Rourkela Steel Plant, ROURKELA - 769005 Orissa"	Orissa	Obstetrics and Gynecology	1
"Rajiv Gandhi Government Women and Children Hospital, (Formerly Indira Gandhi. General Hospital) Ellapillaichavady, Puducherry-605011"	Pondicherry	Obstetrics and Gynecology	4

Name of Hospital/ Institution	State	Specialty	No of Seats
"Sevayatan Maternity & General Hospital Hans D Rae Marg, Sodala, Ajmer Road, Jaipur 302006 Rajasthan"	Rajasthan	Obstetrics and Gynecology	1
"C.S.I. Kalyani General Hospital 15, Radhakrishnan Road, Mylapore, Chennai - 600004 Tamil Nadu"	Tamil Nadu	Obstetrics and Gynecology	2
"C.S.I. Rainy Multi Speciality Hospital 45 G A Road, CHENNAI - 21 Tamil Nadu"	Tamil Nadu	Obstetrics and Gynecology	2
"K.G. Hospital & PG Medical Institute No.5, Arts College Rd, COIMBATORE-18 Tamil Nadu"	Tamil Nadu	Obstetrics and Gynecology	2*
"Meenakshi Mission Hosp. & Res. Centre Lake Area, Melur Road, MADURAI-625107 Tamil Nadu "	Tamil Nadu	Obstetrics and Gynecology	2
"St. Isabel's Hospital 49, Oliver Road, Mylapore, Chennai-600004 Tamil Nadu "	Tamil Nadu	Obstetrics and Gynecology	2*
"The Voluntary Health Services & Medical Centre, Adyar, CHENNAI - 600113 Tamil Nadu"	Tamil Nadu	Obstetrics and Gynecology	1
"Vijaya Hospital 180 NSK Road, Vadapalani, CHENNAI -26 Tamil Nadu"	Tamil Nadu	Obstetrics and Gynecology	2
"Sankara Eye Hospital Pedakakani Guntur - 35, Andhra pradesh"	Andhra Pradesh	Ophthalmology	4



Name of Hospital/ Institution	State	Specialty	No of Seats
"Sri Sathya Sai Instt. of Higher Medical Scs. Prasantha Gram, ANANTHPUR-515134 Andhra Pradesh"	Andhra Pradesh	Ophthalmology	2
"Dr. Baba Saheb Ambedkar Hospital Sector-06Rohini, New Delhi"	Delhi	Ophthalmology	2
"Shroff Eye Centre A-9, Kailash Colony, New Delhi-110048"	Delhi	Ophthalmology	2*
"Sir Ganga Ram Hospital Rajinder Nagar, New Delhi-60"	Delhi	Ophthalmology	2*
"Venu Eye Institute1/31, Institutional Area Phase-II, Sheikh Sarai, New Delhi-110017"	Delhi	Ophthalmology	3
"Drashti Nethralaya Chakalia Road, Near GIDC,Delsar Road, Dahod-389151 Gujarat"	Gujarat	Ophthalmology	2
"Bokaro General Hospital Bokaro Steel City, BOKARO-01 Jharkhand"	Jharkhand	Ophthalmology	1*
"Mysore Race Club Eye Hospital H-1, Vinayamarga, Siddarthanagar, Mysore - 11 Karnataka"	Karnataka	Ophthalmology	2
"Nethradhama Super Specialty Eye Hospital 256/14 Kanakapura Main Rd, 7th Block, Jaya Nagar, Bangalore - 82 Karnataka"	Karnataka	Ophthalmology	2
"Ahalia Foundation Eye Hospital Palakkad, Kerala"	Kerala	Ophthalmology	1*

Name of Hospital/ Institution	State	Specialty	No of Seats
"Giridhar Eye Institute 28/2576 A Ponneth Temple Road, Kadavanthra, Kochi - 682020 Kerala"	Kerala	Ophthalmology	1
"Medical Trust Hospital M. G. Road, KOCHI-16 Kerala"	Kerala	Ophthalmology	2
"Dr. Babasaheb Ambedkar Central Railway Hospital Byculla, Mumbai-27 Maharashtra"	Maharashtra	Ophthalmology	1
"H. V. Desai Eye Hospital 93, Taravade Vasti, Mohammadwadi, Hadapur, Pune-411028 Maharashtra"	Maharashtra	Ophthalmology	2
"National Institute of Ophthalmology, 1187/30 off Ghole Road, Shivaji Nagar, PUNE -05 Maharashtra"	Maharashtra	Ophthalmology	2*
"Aravind Eye Hospital & PG Instt. of Ophthalmology Peryakulam Road, THENI Tamil Nadu"	Tamil Nadu	Ophthalmology	2
"Aravind Eye Hospital & PG Instt.of Ophthalmology S N High Road, TIRUNELVELI - 627001 Tamil Nadu"	Tamil Nadu	Ophthalmology	4
"Institute of Ophthalmology - Joseph Eye Hospital P.O. Box 138, TIRUCHIRAPALLI Tamil Nadu"	Tamil Nadu	Ophthalmology	2*
"Rajan Eye Care Hospital No.5 Vidyodaya East, 2nd Street, T. Nagar, CHENNAI -17 Tamil Nadu"	Tamil Nadu	Ophthalmology	2



Name of Hospital/ Institution	State	Specialty	No of Seats
"Sankara Eye Hospital No.1, 3rd Street, Sri Sankara Nagar, Pammal, Chennai 600075 Tamil Nadu"	Tamil Nadu	Ophthalmology	2*
"Shri Kanchi Kamakoti Medical Trust Hospital Shivanandapuram, Sathy Road, COIMBATORE-35 Tamil Nadu"	Tamil Nadu	Ophthalmology	4*
"I Care Hospital E3 A Sector 26 NOIDA-201301 Uttar Pradesh"	Uttar Pradesh	Ophthalmology	2
"Krishna Institute of Medical Sciences Ltd 1-8-31/1, Minister Road, Secunderabad - 500003 Andhra Pradesh"	Andhra Pradesh	Orthopedic Surgery	2
"SunShine Hospitals 1-7-201 to 205PG Road, Beside Paradise Hotel, Secunderabad-03 Andhra Pradesh"	Andhra Pradesh	Orthopedic Surgery	2
"Base Hospital, Delhi Cantt., New Delhi - 10"	Delhi	Orthopedic Surgery	2
"Indian Spinal Injuries CentreSector C, Vasant Kunj, New Delhi - 70"	Delhi	Orthopedic Surgery	2
"Max Super Specialty Hospital 1, Press Enclave Road, Saket, New Delhi-110017"	Delhi	Orthopedic Surgery	1*
"Rockland Hospital B-33-34, Qutub Institutional Area, Katwaria Sarai, New Delhi-110016"	Delhi	Orthopedic Surgery	1*
"Sant Parmanand Hospital 18 Shamnath Marg, Civil Lines, New Delhi-54"	Delhi	Orthopedic Surgery	1

Name of Hospital/ Institution	State	Specialty	No of Seats
"St. Stephen's Hospital, Tees Hazari, New Delhi-7"	Delhi	Orthopedic Surgery	2
"Bokaro General Hospital Bokaro Steel City, BOKARO-01 Jharkhand"	Jharkhand	Orthopedic Surgery	1*
"Tata Main Hospital JAMSHEDPUR-01Jharkand"	Jharkhand	Orthopedic Surgery	2
"Tata Motors Hospital JAMSHEDPUR-01 Jharkhand"	Jharkhand	Orthopedic Surgery	1*
"City Hospital, Pound Garden Kadri, MANGALORE-03 Karnataka"	Karnataka	Orthopedic Surgery	1*
"HOSMAT Hospital 45 Magrath Road, Off Richmond Rd, Bangalore - 25 Karnataka"	Karnataka	Orthopedic Surgery	2
"Sanjay Gandhi Accident Hospital & Res. Institute Byrasandra, Jayanagar East, Bangalore-560011 Karnataka"	Karnataka	Orthopedic Surgery	1
"Sparsh Hospital 29/P2, Hosur Road, Bommasandra, Bangalore-560099 Karnataka"	Karnataka	Orthopedic Surgery	2
"St. Martha's Hospital 5-Nruputhunga Rd, Bangalore-01 Karnataka"	Karnataka	Orthopedic Surgery	1
"Tejaswani Hospital & SSIOTKadri Temple Road, Mangalore-575002 Karnataka"	Karnataka	Orthopedic Surgery	2*
"Al Shifa Hospital, PO Box No. 26, Ooty Rd, Perintalmanna, MALAPURAM- 679322 Kerala"	Kerala	Orthopedic Surgery	2



Name of Hospital/ Institution	State	Specialty	No of Seats
"Little Flower Hospital, Post Box No. 23, ANGAMALLY - 683572 Kerala"	Kerala	Orthopedic Surgery	2
"Malabar Institute of Medical Sciences Ltd. Mini Bye Pass, Govindapuram, KOZHIKODE-16 Kerala"	Kerala	Orthopedic Surgery	1
"Medical Trust Hospital M. G. Road, KOCHI-16 Kerala"	Kerala	Orthopedic Surgery	2
"Deenanath Mangeshkar Hospital & Res. CentreErandwane, Pune - 411004 Maharashtra"	Maharashtra	Orthopedic Surgery	1
"Fortis Hospital Mulund Goregaon Link Road, Mumbai-400078 Maharashtra"	Maharashtra	Orthopedic Surgery	1
"P.D. Hinduja National Hospital & Medical Research Centre, Veer Savarkar Marg, Mahim, Mumbai-16 Maharashtra"	Maharashtra	Orthopedic Surgery	2
"Saifee Hospital Post Box 3771, 15/17, Maharshi Karve Marg, Mumbai - 400004 Maharashtra"	Maharashtra	Orthopedic Surgery	1*
"Satguru Pratap Singh Apollo Hospital Sherpur Chowk, Ludhiana -141003 Punjab"	Punjab	Orthopedic Surgery	1
"Santokbha Durlabji Memorial Hospital Bhawani Singh Marg, JAIPUR - 15 Rajasthan"	Rajasthan	Orthopedic Surgery	2



Name of Hospital/ Institution	State	Specialty	No of Seats
"Apollo Hospital 21Greams lane, Off Greams Rd, Chennai - 06 Tamil Nadu "	Tamil Nadu	Orthopedic Surgery	2*
"Meenakshi Mission Hosp. & Res. CentreLake Area, Melur Road, MADURAI-625107 Tamil Nadu "	Tamil Nadu	Orthopedic Surgery	1
"Southern Railway HQ Hospital Aynavaram, Perumbur, CHENNAI-23 Tamil Nadu"	Tamil Nadu	Orthopedic Surgery	2
"Vivekananda Polyclinic Vivekananda puram, Lucknow - 7 Uttar Pradesh"	Uttar Pradesh	Orthopedic Surgery	1
"Lotus Children's Hospital, 6-2-29, Lakdi Ka Pul, Hyderabad -500004 Andhra Pradesh"	Andhra Pradesh	Paediatrics	1
"Princess Durru Shevar Children's Hospital Purana Haveli, Hyderabad - 2 Andhra Pradesh"	Andhra Pradesh	Paediatrics	2
"Govt. General Hospital Sector - 16, CHANDIGARH"	Chandigarh	Paediatrics	2*
"Ekta Institute of Child Health, Shanti Nagar, CG. 492001 Raipur - 1 Chhattisgarh"	Chhattisgarh	Paediatrics	2
"J.L.N. Main Hosp. & Res. CentreBhilai Steel Plant, BHILAI-01 Chhattisgarh"	Chhattisgarh	Paediatrics	2
"Chacha Nehru Bal Chikitsalaya Geeta Colony, New Delhi-31"	Delhi	Paediatrics	4
"Indraprastha Apollo HospitalsSarita Vihar, New Delhi - 110076"	Delhi	Paediatrics	1



Name of Hospital/ Institution	State	Specialty	No of Seats
"Jaipur Golden Hospital2, Institutional Area, Sector 3, Rohini, New Delhi-85"	Delhi	Paediatrics	2
"Maharaja Agarsen Hospital Punjabi Bagh (General Store) New Delhi-26"	Delhi	Paediatrics	2
"Mata Chanan Devi Hospital C-1 Janakpuri, New Delhi - 58"	Delhi	Paediatrics	2*
"Max Super Specialty Hospital1, Press Enclave Road,Saket, New Delhi-110017"	Delhi	Paediatrics	1*
"Sir Ganga Ram Hospital Rajinder Nagar, New Delhi-60"	Delhi	Paediatrics	3*
"Fortis Health Management (North) India Limited Neelam Bata Road, Faridabad - 121002 Haryana"	Haryana	Paediatrics	1
"Tata Main Hospital JAMSHEDPUR-01 Jharkand"	Jharkhand	Paediatrics	2*
"Tata Motors Hospital JAMSHEDPUR-01 Jharkhand"	Jharkhand	Paediatrics	2*
"Apollo BGS Hospital Adichunchanagiri Road, Kuvempunagar, Mysore - 23 Karnataka"	Karnataka	Paediatrics	1
"Church of South India HospitalHazareth Kambal Posh Road, Bangalore-560051 Karnataka"	Karnataka	Paediatrics	1
"Dr. Bidari's Ashwani Hospital B.L.D.E Road Bijapur - 586103 Karnataka"	Karnataka	Paediatrics	1*

Name of Hospital/ Institution	State	Specialty	No of Seats
"Little Flower Hospital, Post Box No. 23, ANGAMALLY - 683572 Kerala"	Kerala	Paediatrics	1
"Lourdes Hospital Pachalam, Ernakulam, KOCHI-12 kerala"	Kerala	Paediatrics	1*
"Bhandari Hospital & Res. Centre 21-22 GF.No.54, Vijay Nagar, INDORE-10 Madhya Pradesh"	Madhya Pradesh	Paediatrics	1
"Aditya Birla Memorial Hospital P.O. Chinchwad, Pune-411033 Maharashtra"	Maharashtra	Paediatrics	2
"Bhabha Atomic Research Centre & Hospital, Anushakti Nagar, MUMBAI-94 Maharashtra"	Maharashtra	Paediatrics	1*
"Holy Family Hospital St. Andrew's Road, Bandra West, Mumbai-400050 Maharashtra"	Maharashtra	Paediatrics	1
"Jehangir Hospital 32, Sassoon Road, Pune-411001 Maharashtra"	Maharashtra	Paediatrics	2
"Lilavati Hospital & Res. Centre A-791, Bandra Reclamation, Bandra West, Mumbai - 50 Maharashtra"	Maharashtra	Paediatrics	2
"Surya Children's Hospital Above Indian Bank, S V Road, Santacruz (West), Mumbai 54 Maharashtra"	Maharashtra	Paediatrics	2
"Nazareth Hospital Laitumkhrah, Shillong- 793003 Meghalaya"	Meghalaya	Paediatrics	1



Name of Hospital/ Institution	State	Specialty	No of Seats
Ispat General Hospital Rourkela Steel Plant, ROURKELA - 769005 Orissa	Orissa	Paediatrics	2
Kanchi Kamakoti Childs Trust Hospital12A, Nageswara Road, Nungambakkam, CHENNAI - 34 Tamil Nadu	Tamil Nadu	Paediatrics	7
Vijaya Hospital 180 NSK Road, Vadapalani, CHENNAI -26 Tamil Nadu	Tamil Nadu	Paediatrics	2
Pushpanjali Crosslay Hospital,W-3, Sector-1, Vaishali,NCR-201012 Uttar Pradesh	Uttar Pradesh	Paediatrics	2
B.R. Singh Hospital & Centre for Med. Edn & Res.Eastern Railway, Sealdah, KOLKATA-14 West Bengal	West Bengal	Paediatrics	1
Dr. B C Roy Memorial Hospital for Children Kolkata West Bengal	West Bengal	Paediatrics	4
Apollo Hospital Jubilee Hills, Hyderabad-34 Andhra Pradesh"	Andhra Pradesh	Pathology	2
Mahavir Cancer Sansthan Phulwari Sharif, PATNA-801505 Bihar	Bihar	Pathology	2
Dharamshila Hospital and Research Centre, Dharamshila Marg, Vasundara Enclave, New Delhi-110096	Delhi	Pathology	2
Rajiv Gandhi Cancer Instt. & Res. CentreSec-5, Rohini, New Delhi-85	Delhi	Pathology	2*
Sir Ganga Ram Hospital Rajinder Nagar, New Delhi-60"	Delhi	Pathology	2



Name of Hospital/ Institution	State	Specialty	No of Seats
"Prince Aly Khan Hospital Aga Hall, Nesbit Road, Mazagaon, Mumbai-400010 Maharashtra"	Maharashtra	Pathology	2
"Apollo Hospital 21Greems lane, Off Greems Rd, Chennai - 06 Tamil Nadu"	Tamil Nadu	Pathology	2*
"B. R. Singh Hospital & Centre for Med. Edn & Res.Eastern Railway, Sealdah, KOLKATA-14 West Bengal"	West Bengal	Pathology	1
"National Institute of Medical Sciences Shobha Nagar, NH - 8, JAIPUR Rajasthan"		Rajasthan	Psychiatry1
"Yashoda Super Speciality HospitalNalgonda X Road, Malakpet, Hyderabad-36 Andhra Pradesh"	Andhra Pradesh	Radio Diagnosis	2
"J.L.N. Main Hosp. & Res. CentreBhilai Steel Plant, BHILAI-01 Chhatisgarh"	Chattisgarh	Radio Diagnosis	2
"Gujarat MRI Centre (P) Ltd Samved Hospital, Stadium-Commerce College Road, Navarangpura, Ahmedabad-380009 Gujarat"	Gujarat	Radio Diagnosis	2
"Artemis Health Institute Sector 51, Gurgaon-122001 Haryana"	Haryana	Radio Diagnosis	2
"Kidwai Memorial Institute Of Oncology Dr.MH. Marigowda Road, Bangalore - 29 Karnataka"	Karnataka	Radio Diagnosis	2
Kerala Institute of Medical Sciences P B No.1, Anayara P O, Trivandrum, Kerala"	Kerala	Radio Diagnosis	2



Name of Hospital/ Institution	State	Specialty	No of Seats
"Lourdes Hospital Pachalam, Ernakulam, KOCHI-12 kerala"	Kerala	Radio Diagnosis	1
"Medical Trust Hospital M. G. Road, KOCHI-16 Kerala"	Kerala	Radio Diagnosis	2
"Bombay Hospital Ring Road, Indore-452010 Madhya Pradesh"	Madhya Pradesh	Radio Diagnosis	1
"Holy Spirit Hospital Mahakali Road, Andheri (East), Mumbai-400093 Maharashtra"	Maharashtra	Radio Diagnosis	1
"Jehangir Hospital 32, Sassoon Road, Pune-411001 Maharashtra"	Maharashtra	Radio Diagnosis	2
"Lilavati Hospital & Res. CentreA-791, Bandra Reclamation, Bandra West, Mumbai - 50 Maharashtra"	Maharashtra	Radio Diagnosis	3
"P.D. Hinduja National Hospital & Medical Research Centre, Veer Savarkar Marg, Mahim, Mumbai-16 Maharashtra"	Maharashtra	Radio Diagnosis	2*
"Sahyadri Speciality Hospita I30-C, Erandwane, Karve Road, Pune -411004 Maharashtra"	Maharashtra	Radio Diagnosis	1
"Indira Gandhi Govt. General Hospital & PG Institute PONDICHERRY - 605001 Pondicherry"	Pondicherry	Radio Diagnosis	2
"Fortis Hospital Sector-62, Phase-VIII, Mohali-160062 Punjab"	Punjab	Radio Diagnosis	1*



Name of Hospital/ Institution	State	Specialty	No of Seats
"Apollo Hospital 21 Greams lane, Off Greams Rd, Chennai - 06 Tamil Nadu"	Tamil Nadu	Radio Diagnosis	2*
"Meenakshi Mission Hosp. & Res. CentreLake Area, Melur Road, MADURAI-625107 Tamil Nadu"	Tamil Nadu	Radio Diagnosis	2
"Apollo Hospital Jubilee Hills, Hyderabad-34 Andhra Pradesh"	Andhra Pradesh	Radio Therapy	1
"Max Super Specialty Hospital1, Press Enclave Road,Saket, New Delhi-110017"	Delhi	Radio Therapy	2
"Apollo Gleneagles Hospitals 58, Canal Circular Road, Kolkata-700054 West Bengal"	West Bengal	Radio Therapy	2
"Apollo Hospital 21Greams lane, Off Greams Rd, Chennai - 06 Tamil Nadu"	Tamil Nadu	Respiratory	2*

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