



APPLICATION FORM - REGISTRATION AS (DNB Post MBBS) TRAINEE - 2021 ADMISSION SESSION

(To be Uploaded on NBEMS website after duly signed and attested by HOI)

DNB Seat Allotment Details:

Merit Position	Roll Number	Date of Joining	Allotted Seat Category
20589	2166026386	26.04.2022	UR
Specialty Name	DNB Training Institute/Hospital Name		
General Surgery	Ramkrishna Care Hospital, Aurobindo Enclave, Pachpedhi Naka, Dhamtari Road,		

Personal Details:

Candidate Name	Father's/Husband's Name	Mother's Name
RAVI MADARIA	SHESHNARAYAN MADARIA	SHARDA MADARIA
Gender	Date of Birth(DD.MM.YYYY)	Category
MALE	26.03.1995	OBC

Scanned Photograph and Sign



Ravi Madaria

Contact Details:

Primary Mobile Number	Secondary Mobile Number	E-mail Address
7587199961	9770832997	26RAVIMADARIA@GMAIL.COM

Permanent Address

BLOCK -B, MOGRA 113, TALPURI BHILAI,
DURG, CHHATTISGARH - 490006

Communication Address

BLOCK -B, MOGRA 113, TALPURI BHILAI,
DURG, CHHATTISGARH - 490006

Registration Fee Details:

Amount	Transaction ID	Date of Payment
5000	2022090910115	09-09-2022

Medical Education and Qualification Details

MCI/SMC Registration:

Registration Number	Name of Medical Council	State	Date of Registration
F-1/366	Chhattisgarh Medical Council	Chhattisgarh	28.01.2021

MBBS Passing Details:

Admission Session/Year	Name of College/Institute	Name of University	State	Passing Month/Year
09.2014	LATE BALIRAM KASHYAP MEMORIAL GOVT MEDICAL COLLEGE DIMRAPA JAGDALPUR	Pt DEENDAYAL UPADHYAY MEMORIAL HEALTH SCIENCES AND AYUSH UNIVERSITY OF CHHATTISGARH	Chhattisgarh	11.19

Thesis Details:

Name of Guide: Dr. Jawwad Wasi Naqvi	Designation of Guide: Sr. Consultant
Thesis Topic:(Protocol is to be submitted within 3 months of Joining the Institution)	NOT DECIDED YET

**DECLARATION AND CERTIFICATION**

I hereby declare and certify that:

- I have read the general instructions and the rules and regulations of the Information Bulletin for DNB Post MBBS and/or Handbook for DNB Post MBBS Centralized Counseling - 2021 admission session and shall abide by them.
- Particulars given in the application form submitted online are true and accurate to the best of my knowledge and belief.
- The documents submitted as evidence of above facts herein and at the time of Centralized counseling are true copies of original documents which belong to me.
- I understand that in case any of the facts stated by me is/are found to be false or any of the documents enclosed/furnished by me is/are found to be false, I am liable to be disqualified as registered DNB Trainee/Candidate for DNB programme or any other appropriate action deemed fit by NBEMS can be taken against me.
- I understand that I am eligible as per instructions given in Information Bulletin for DNB Post MBBS - 2021, however, NBEMS reserves the right to determine final eligibility, NBEMS further reserves the right to cancel the candidature if ineligibility found at any stage.

Name of the Candidate: Dr. RAVI MADARIA

Dated: 20/09/22

Place: _____

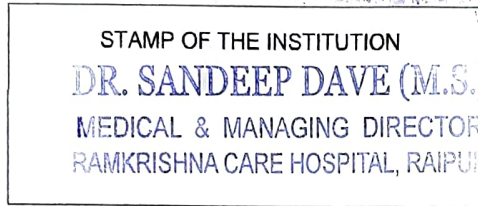
Signature of the Candidate

CERTIFICATE FROM THE HEAD OF THE INSTITUTE

I certify that to the best of my knowledge and belief the statements made above by Dr. RAVI MADARIA are correct.

Dated: _____

Place: _____



Signature of Head of the Institute

Name of Head of the Institute

NOTE: PLEASE UPLOAD THIS APPLICATION FORM DULY SIGNED & ATTESTED BY HOI ON NBEMS WEBSITE.

End of Online Filledup Application Form