



NATIONAL BOARD OF EXAMINATIONS

MEDICAL ENCLAVE, NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

SCANNABLE APPLICATION FORM FOR SCREENING TEST (FMGE) SEPTEMBER 2012

To be filled by Indian nationals with foreign primary medical qualification for submission to the National Board of Examinations, Ansari Nagar, New Delhi-110029 on their return to India for appearing in the Screening Test for the purpose of their registration.

(To be filled by National Board of Examinations Office)
ID Number Roll Number

Application Form No.

DL

1. Name (CAPITAL LETTERS) (Leave a blank space between first, middle & last names)

TO BE FILLED IN CAPITAL LETTERS ONLY

2. Father's/Husband's Name

3. Mother's Name

4. Correspondence Address

Name :

Address:

.....

City :

State :

Pin Code :

5. Sex

Male Female

6. Date of Birth

D D M M Y Y Y Y

E PE NE

FOR OFFICE USE ONLY

7. E-mail (Write in Bold & Clear manner)

8. Country / STD Code Telephone No./Mobile No.

(See Annexure-5B for Country Code)

9. Nationality

i) By Birth/By Domicile

ii) State

Domicile Code

iii) Passport No.

iv) Date of Issue

v) Date upto which valid

vi) Place of Issue

D D M M Y Y Y Y

D D M M Y Y Y Y

11. Percentage of marks in (10+2) or equivalent Examination passed:

English

Physics

Chemistry

Biology

Grand Total

12. Have you been granted Provisional Registration by MCI or any State Medical Council:

Yes No

If yes, Please give details of: Registration No.

Date

Name of Council

D D M M Y Y Y Y

14. Whether Degree has been awarded by the Foreign Medical Institute: Yes No

Whether Eligibility Certificate received from MCI : Yes No

If yes, Date of Issue of Eligibility Certificate :

D D M M Y Y Y Y

16. Foreign Country details for Primary Medical Qualification (Refer chapter 13 of the Bulletin)

Country

Name :

Code:

(TO BE FILLED IN CAPITAL LETTERS)

17. Details of latest session of FMG Examination appeared

Previous Roll No

(Copy of Admit Card to be enclosed) Year

i) Have you appeared previously in FMGE Yes No If Yes,

18. Marks of Identification

19. Examination Fee (Please mark (X) in the appropriate box)

Examination Fee Rs. 3500

* Form Fee Rs. 750

Late Fee Rs. 1500

(*For downloaded form only)

Challan / ID No. :

Amount :

Name of the Bank :

Copy of Pay-in-Slip / Challan of Indian Bank should be enclosed.

P.T.O.

10. Photograph

- Paste here (do not pin or staple) a recent passport size colour photograph as per "INSTRUCTIONS FOR PHOTOGRAPHS" in the Bulletin.
- The photograph should NOT exceed this box.
- The photograph to be affixed here should NOT be attested.
- If the photograph is not clear, the application will be rejected.

13. Signature of the Candidate (within the box)

15. Medical Course : Joined on

Completed on

D D M M Y Y Y Y

20. Details of previous/lost passport, if any:

i) Reason for change of passport

ii) Previous Passport No.

iii) FIR No. in respect of lost passport

iv) Date & Place of Issue

iv) Date of Expiry

21. Details of the qualifying Examination passed

Name of the Examination passed (10+2) OR equivalent):			
Subjects	Maximum Marks	Marks Obtained	%age
i) English	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
ii) Physics	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
iii) Chemistry	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
iv) Biology	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
v)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
GRAND TOTAL	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Board Name & Address

Month & Year of Passing

M M Y Y Y Y

Name of the Institution with Address

22. If done B.Sc., Please give details of examination passed: Subject/Marks/Roll No. & Year of passing / name of the university etc.

23. Details of Primary Medical Qualification

Year	Name of Medical Institution / University	Registration No. (with city & country)	Address of the Registering Authority	Valid from	Valid upto
Preparatory Course (if any)					
1 st Year					
2 nd Year					
3 rd Year					
4 th Year					
5 th Year					
6 th Year					

24. Whether the Medical Institute (s) indicated in S. No. 16 above is/are recognised in the country in which they are situated for award of the primary medical qualification. Yes No

25. Internship done in the foreign country

a) Duration _____ b) Rotatory/Otherwise _____

c) 3 months rural training compulsory Yes No

d) Periods when internship done from _____ To _____

D D M M Y Y Y Y D D M M Y Y Y Y

e) Place (s) where done _____

f) Whether the institution where Internship was done, is recognised by the foreign medical Council/ Medical Council of India Yes No

26. Were you ever deported / rusticated during medical course Yes No

DECLARATION

I here by declare & certify that:

- a) I am an Indian Citizen / Overseas Citizen of India.
- b) Particulars given in this application form are true and accurate to the best of my knowledge and belief.
- c) The documents submitted as evidence of above facts are original / attested photocopy of original documents.
- d) I understand that in case any of the fact stated by me are found to be false or any of the documents enclosed by me are found to be fake, I am liable to be disqualified from appearing in the Screening Test or registration, if granted, shall be liable to be revoked.
- e) Certified that I, the undersigned candidate have filled this application in my own handwriting.

Place: _____

Date: _____

Signature of the Candidate

Left Thumb Impression of the Candidate

Right Thumb Impression of the Candidate

NOTE : USE / POSSESSION OF MOBILE PHONE / ELECTRONIC DEVICE IS NOT PERMITTED IN EXAMINATION PREMISES. PHOTOCOPY OF THE FILLED UP APPLICATION FORM MUST BE RETAINED BY THE CANDIDATE FOR FUTURE USE.



NATIONAL BOARD OF EXAMINATIONS

MEDICAL ENCLAVE, NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

NON-SCANNABLE APPLICATION FORM FOR SCREENING TEST (FMGE) SEPTEMBER 2012

To be filled by Indian nationals with foreign primary medical qualification for submission to the National Board of Examinations, Ansari Nagar, New Delhi-110029 on their return to India for appearing in the Screening Test for the purpose of their registration.

(To be filled by National Board of Examinations Office)
ID Number

Roll Number

Application Form No.

DL

1. Name (CAPITAL LETTERS) (Leave a blank space between first, middle & last names)

TO BE FILLED IN CAPITAL LETTERS ONLY

2. Father's/Husband's Name

3. Mother's Name

4. Correspondence Address

5. Sex

Male Female

6. Date of Birth

D D M M Y Y Y Y

Name :

Address:

City :

State :

Pin Code :

E PE NE

FOR OFFICE USE ONLY

7. E-mail (Write in Bold & Clear manner)

8. Country / STD Code Telephone No./Mobile No.

(See Annexure-5B for Country Code)

9. Nationality

i) By Birth/By Domicile

ii) State

Domicile Code

iii) Passport No.

iv) Date of Issue

v) Date upto which valid

vi) Place of Issue

10. Photograph

- Paste here (do not pin or staple) a recent passport size colour photograph as per "INSTRUCTIONS FOR PHOTOGRAPHS" in the Bulletin.
- The photograph should NOT exceed this box.
- The photograph to be affixed here should be attested.
- If the photograph is not clear, the application will be rejected.

11. Percentage of marks in (10+2) or equivalent Examination passed:

English

Physics

Chemistry

Biology

Grand Total

12. Have you been granted Provisional Registration by MCI or any State Medical Council:

Yes No

If yes, Please give details of: Registration No.

Date

Name of Council

13. Signature of the Candidate (within the box)

14. Whether Degree has been awarded by the Foreign Medical Institute: Yes No

Whether Eligibility Certificate received from MCI : Yes No

If yes, Date of Issue of Eligibility Certificate :

15. Medical Course : Joined on

D D M M Y Y Y Y

16. Foreign Country details for Primary Medical Qualification (Refer chapter 13 of the Bulletin)

Country

Name :

Code:

(TO BE FILLED IN CAPITAL LETTERS)

17. Details of latest session of FMG Examination appeared

Previous Roll No

(Copy of Admit Card to be enclosed) Year

i) Have you appeared previously in FMGE Yes No If Yes,

18. Marks of Identification

19. Examination Fee (Please mark (X) in the appropriate box)

Examination Fee Rs. 3500

* Form Fee Rs. 750

Late Fee Rs. 1500

(*For downloaded form only)

Challan / ID No. :

Amount :

Name of the Bank :

Copy of Pay-in-Slip / Challan of Indian Bank should be enclosed.

P.T.O.

20. Details of previous/lost passport, if any:

i) Reason for change of passport

ii) Previous Passport No.

iii) FIR No. in respect of lost passport

iv) Date & Place of Issue

iv) Date of Expiry

21. Details of the qualifying Examination passed

Name of the Examination passed (10+2) OR equivalent):																
Subjects	Maximum Marks	Marks Obtained	%age	Board Name & Address												
i) English	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<p>Month & Year of Passing</p> <table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <p>Name of the Institution with Address</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>										
M	M	Y	Y		Y	Y										
ii) Physics	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>													
iii) Chemistry	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>													
iv) Biology	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>													
v)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>													
GRAND TOTAL	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>													

22. If done B.Sc., Please give details of examination passed: Subject/Marks/Roll No. & Year of passing / name of the university etc.

23. Details of Primary Medical Qualification

Year	Name of Medical Institution / University	Registration No. (with city & country)	Address of the Registering Authority	Valid from	Valid upto
Preparatory Course (if any)					
1 st Year					
2 nd Year					
3 rd Year					
4 th Year					
5 th Year					
6 th Year					

24. Whether the Medical Institute (s) indicated in S. No. 16 above is/are recognised in the country in which they are situated for award of the primary medical qualification. Yes No

25. Internship done in the foreign country

a) Duration _____ b) Rotatory/Otherwise _____

c) 3 months rural training compulsory Yes No

d) Periods when internship done from _____ To _____

_____ Yes No

e) Place (s) where done _____

D D M M Y Y Y Y D D M M Y Y Y Y

f) Whether the institution where Internship was done, is recognised by the foreign medical Council/ Medical Council of India Yes No

26. Were you ever deported / rusticated during medical course Yes No

DECLARATION

I here by declare & certify that:

- a) I am an Indian Citizen / Overseas Citizen of India.
- b) Particulars given in this application form are true and accurate to the best of my knowledge and belief.
- c) The documents submitted as evidence of above facts are original / attested photocopy of original documents.
- d) I understand that in case any of the fact stated by me are found to be false or any of the documents enclosed by me are found to be fake, I am liable to be disqualified from appearing in the Screening Test or registration, if granted, shall be liable to be revoked.
- e) Certified that I, the undersigned candidate have filled this application in my own handwriting.

Place: _____

Date: _____

Signature of the Candidate

Left Thumb Impression of the Candidate

Right Thumb Impression of the Candidate

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NATIONAL BOARD OF EXAMINATIONS

MEDICAL ENCLAVE, NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

SPECIMEN APPLICATION FORM FOR SCREENING TEST (FMGE) SEPTEMBER 2012

To be filled by Indian nationals with foreign primary medical qualification for submission to the National Board of Examinations, Ansari Nagar, New Delhi-110029 on their return to India for appearing in the Screening Test for the purpose of their registration.

(To be filled by National Board of Examinations Office)	
ID Number	Roll Number

Application Form No.
DL

1. Name (CAPITAL LETTERS) (Leave a blank space between first, middle & last names) **TO BE FILLED IN CAPITAL LETTERS ONLY**

--

2. Father's/Husband's Name

--

3. Mother's Name

--

4. Correspondence Address	
Name :	
Address:	
.....	
City :	
State :	
Pin Code : [][][][][][][][][]	

5. Sex			6. Date of Birth		
<input type="checkbox"/> Male	<input type="checkbox"/> Female		[][]	[][]	[][]
			D D	M M	Y Y Y Y
<input type="checkbox"/> E <input type="checkbox"/> PE <input type="checkbox"/> NE			1 9		
FOR OFFICE USE ONLY					

9. Nationality		ii) State	
i) By Birth/By Domicile [][][][][][][][][][]	iii) Passport No. [][][][][][][][][][]	Domicile Code [][][]	
iv) Date of Issue [][][][][][][][][][]		vi) Place of Issue [][][][][][][][][][]	
v) Date upto which valid [][][][][][][][][][]			
D D M M Y Y Y Y	D D M M Y Y Y Y		

10. Photograph

11. Percentage of marks in (10+2) or equivalent Examination passed:					
English	Physics	Chemistry	Biology	Grand Total	
[][][]	[][][]	[][][]	[][][]	[][][]	[][][]

12. Have you been granted Provisional Registration by MCI or any State Medical Council: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Please give details of: Registration No. [][][][][][][][][][]	Date [][][][][][][][][][]	
Name of Council [][][][][][][][][][]		
[][][][][][][][][][]		

13. Signature of the Candidate (within the box)

14. Whether Degree has been awarded by the Foreign Medical Institute: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Whether Eligibility Certificate received from MCI : <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Date of Issue of Eligibility Certificate : [][][][][][][][][][]	
D D M M Y Y Y Y	

15. Medical Course : Joined on	
[][][]	[][][]
D D M M	Y Y Y Y
Completed on	
[][][]	[][][]
D D M M	Y Y Y Y

16. Foreign Country details for Primary Medical Qualification (Refer chapter 13 of the Bulletin)	
Country Code: [][][]	Name : _____
(TO BE FILLED IN CAPITAL LETTERS)	

17. Details of latest session of FMG Examination appeared		Previous Roll No		(Copy of Admit Card to be enclosed) Year	
i) Have you appeared previously in FMGE <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, [][][][][][][][][][]		[][][]	

18. Marks of Identification _____

19. Examination Fee (Please mark (X) in the appropriate box)			
Examination Fee <input type="checkbox"/>	Rs. 3500	Challan / ID No. : [][][][][][][][][][]	Amount : [][][]
* Form Fee <input type="checkbox"/>	Rs. 750		
Late Fee <input checked="" type="checkbox"/>	Rs. 1500		
Name of the Bank : _____			
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20. Details of previous/lost passport, if any:

i) Reason for change of passport

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>										
M	M	Y	Y		Y	Y										
ii) Physics	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>													
iii) Chemistry	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>													
iv) Biology	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>													
v)	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>													
GRAND TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>													

22. If done B.Sc., Please give details of examination passed: Subject/Marks/Roll No. & Year of passing / name of the university etc.

23. Details of Primary Medical Qualification

Year	Name of Medical Institution / University	Registration No. (with city & country)	Address of the Registering Authority	Valid from	Valid upto
Preparatory Course (if any)					
1 st Year					
2 nd Year					
3 rd Year					
4 th Year					
5 th Year					
6 th Year					

24. Whether the Medical Institute (s) indicated in S. No. 16 above is/are recognised in the country in which they are situated for award of the primary medical qualification. Yes No

25. Internship done in the foreign country

a) Duration _____ b) Rotatory/Otherwise _____

c) 3 months rural training compulsory Yes No

d) Periods when internship done from To

e) Place (s) where done

f) Whether the institution where Internship was done, is recognised by the foreign medical Council/ Medical Council of India Yes No

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Place: _____

Date: _____

Signature of the Candidate

Left Thumb Impression of the Candidate

Right Thumb Impression of the Candidate

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