MATIONAL BUAKD OF EARWING TOTAL MEDICAL ENCLAVE, NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029 MEDICAL ENCLAVE, NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029 MEDICAL ENCLAVE, NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029 MEDICAL ENCLAVE, NAMS BUILDING, ANSARI NAGAR, MAHATMA GANDHI MARG, NEW DELHI-110029

NATIONAL BOARD OF EXAMINATIONS

SCANNABLE APPLICATION FORM FOR	R SCREENING TEST (FMGE) SEPTEMBER 2012
	qualification for submission to the National Board of Examinations, pearing in the Screening Test for the purpose of their registration.
(To be filled by National Board of Examinations Of	fice) Application Form No.
ID Number Roll Num	nber DL
Name (CAPITAL LETTERS) (Leave a blank space between first, m	iddle & last names) TO BE FILLED IN CAPITAL LETTERS ONLY
2. Father's/Husband's Name	
3. Mother's Name	
4. Correspondence Address	5. Sex 6. Date of Birth
Name :	Male Female 1 9 1 9 1 9
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	FOR OFFICE USE ONLY
	7. E-mail (Write in Bold & Clear manner)
City:	
State :	8. Country / STD Code Telephone No./Mobile No.
Pin Code :	
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9. Nationality i) By Birth/By Domicile	ii) State Domicile Code 10. Photograph 1. Paste here (do not pin or staple)
iii) Passport No.) Date of Issue a recent passport size colour photograph as per
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v) Date upto which valid vi) Place of Issue	2. The photograph should NOT
	exceed this box. 3. The photograph to be affixed here
D D M M Y Y Y Y 11. Percentage of marks in (10+2) or equivalent Examination pa	should NOT be attested. 4. If the photograph is not clear,
English Physics Chemistry	Distance Occupit Testal
12. Have you been granted Provisional Registrationby MCI or any State Medical Council:	Yes No 13. Signature of the Candidate
If yes, Please give details of: Registration No. Date	(within the box)
Name of Council D D	M M Y Y Y
14. Whether Degree has been awarded by the Foreign Medical Ins	
Whether Eligibility Certificate received from MCI :	Yes No 15. Medical Course : Joined on
If yes, Date of Issue of Eligibility Certificate :	
16. Foreign Country details for Primary Medical Qualification (Refer	Y Y Y
Country Name : Code:	
(TO BE FILLED IN CAI	PITAL LETTERS) D D M M Y Y Y Y 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 Challan / ID No. :	Amount :
Late Fee Rs. 1500 Name of the Bank : ('For downloaded form only) Copy of Pay-i	n-Slip / Challan of Indian Bank should be enclosed.

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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

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NATIONAL BOARD OF EXAMINATIONS



MATIONAL BOARD OF LAAMING TO SEPTEMBER 2012

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