

NATIONAL BOARD OF EXAMINATIONS

Accreditation Section

Notice

Date: 02-07-2020

Subject: Fellowship Programme for International Students

Kind Attn: To concerned NBE accredited hospitals /institutions

- NBE has launched the Fellowship Programme for International students from 2020. According to this programme eligible candidates from outside India shall be allowed to undergo two-years Fellowship programme in NBE accredited hospitals.

- **Eligibility criteria for the hospitals** - Hospitals already accredited for FNB programme in a specialty for two seats for at least three years and have undergone three admission cycles are eligible to apply for training the international students for the Fellowship course in the concerned specialty.

[Click here for the list of hospitals along with the FNB course which are fulfilling the aforementioned eligibility criteria.](#)

The above hospitals are required to fill the attached Application Form and submit it to NBE at e-mail ID seatmatrix@natboard.edu.in latest by 31st July 2020 so that the FNB seat can be released for the seat matrix for the Fellowship programme for International students.

Please be apprised that not more than one seat shall be granted to each hospital in the concerned specialty.

- **Annual fee** – The Annual Fee payable to the hospital by the international fellow /candidate shall be:

For candidates from SAARC nations	Rs.1,25,000/-
For candidates from Non-SAARC nations	US \$5000

- **Stipend** - The following stipend shall be payable to the international fellow /candidate by the accredited hospital:

Year	Amount of Stipend
1 st year	Rs. 41,000/-
2 nd year	Rs. 43,000/-

- **Selection of Candidate** - The selection of the candidate shall be through the Fellowship Entrance Test conducted by NBE.

For any clarifications please contact at email ID seatmatrix@natboard.edu.in

NBE

Application Form for Fellowship Programme for International Students

Name of Hospital	
Specialty	
Accreditation valid up to	
Existing number of seats	
Number of Beds in the specialty	
Name & Qualification of the faculty members 1. 2. 3. 4.	

We, the undersigned, hereby confirm:

1. That The hospital is willing to have one seat for the foreign national in the above-mentioned specialty for the remaining period of accreditation. The existing number of accredited seats will not be reduced.
2. That we are willing to allow the foreign trainee to join FNB training in our hospital and provide training at par with the other FNB trainees. All the guidelines applicable to any FNB trainee shall also be applicable to the foreign trainee.
3. That the hospital shall adhere to the leave & stipend guidelines and rotational posting as prescribed by NBE.
4. That Grievance Redressal Committee (GRC), full time faculty and minimum accreditation criteria as prescribed by NBE are maintained at all time during the period of accreditation.
5. That we understand that NBE reserves its rights to undertake inspection of the hospital facility pertaining to accreditation in the specialty of _____ to ascertain fulfilment of the minimum accreditation criteria as prescribed by NBE.

Name, Signature & Seal of DNB /FNB Coordinator _____

Name, Signature & Seal of Head of Department _____

Name, Signature & Seal of Head of Institution _____

Date: _____