

2020



July /August Cycle

Information Bulletin

for

Accreditation with

National Board of Examinations

- ◆ **Diplomate of National Board (DNB)* : Renewal Only**
- ◆ **Doctorate of National Board (DrNB) : Fresh & Renewal**
- ◆ **Fellow of National Board (FNB) : Fresh & Renewal**

*Fresh applications for DNB courses shall be invited in January/February 2021
accreditation cycle

LIST OF ABBREVIATIONS

DNB	:	DIPLOMATE OF NATIONAL BOARD
DrNB	:	DOCTORATE OF NATIONAL BOARD
FNB	:	FELLOW OF NATIONAL BOARD
MOHFW	:	MINISTRY OF HEALTH & FAMILY WELFARE
MCI	:	MEDICAL COUNCIL OF INDIA
MoU	:	MEMORANDUM OF UNDERSTANDING
OAAP	:	ONLINE ACCREDITATION APPLICATION PORTAL
SPoC	:	SINGLE POINT OF CONTACT
SPCB	:	STATE POLLUTION CONTROL BOARD

IMPORTANT

➤ Applications are invited for:

- Fresh and Renewal of accreditation for Super Specialty courses (DrNB)
- Fresh and Renewal of accreditation for Fellowship courses (FNB)
- Renewal applications for Broad Specialty courses (DNB)

➤ Hospitals/Institutes accredited till June 2021 for Super specialty courses and Fellowship courses may apply for the renewal of accreditation.

➤ Hospitals/Institutes accredited till December 2020 for Broad specialty courses and Super Specialty (Direct 6 years) courses may also apply for renewal of accreditation.

➤ Hospitals/Institutes willing to apply for fresh accreditation for Broad specialty courses shall have to apply in Jan/Feb accreditation cycle.

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IMPORTANT DATES

Start Date for submission of Online Application for Accreditation (Both Main and Specialty Specific Application)	29-09-2020
Last Date for submission of Online Application for Accreditation including payment of fees (Both Main and Specialty Specific Application)	28-10-2020
Last Date for receipt of Hard Copy (Spiral Bind) (Both Main and Specialty Specific Application separately) at NBE Office.	10-11-2020

1. Introduction

National Board of Examinations (NBE) was established in 1975 by the Government of India with the prime objective of improving the quality of Medical Education by establishing high and uniform standards of postgraduate examinations in modern medicine on All India basis. NBE conducts post graduate and post-doctoral examinations in approved disciplines leading to the award of Diplomate of National Board (DNB), Doctorate of National Board (DrNB) and Fellow of National Board (FNB).

The setting up of a National Body to conduct post graduate medical examination and training has provided common standards and mechanism of evaluation of minimum level of desired knowledge and competencies and fulfilment of the objectives for which postgraduate courses have been started in medical institutions.

RECOGNITION OF DNB, DrNB & FNB QUALIFICATIONS

The nomenclature of the qualification awarded by the National Board of Examinations is "Diplomate of National Board" (DNB), "Doctorate of National Board" (DrNB) & "Fellow of National Board" (FNB). These qualifications awarded by NBE in various Broad Specialties, Super specialties and Sub-Specialties are approved by the Government of India and included in the First Schedule of IMC Act 1956.

2. DNB, DrNB & FNB Courses

2.1. Applications are invited for:

- Fresh and Renewal of accreditation for Super Specialty courses
- Fresh and Renewal of accreditation for Fellowship courses
- Renewal applications for Broad specialty including direct 6 years courses.

2.2. Hospitals/Institutes accredited till June 2021 for Super specialty courses and Fellowship courses may apply for renewal of accreditation.

2.3. Hospitals/Institutes accredited till December 2020 for Broad specialty courses and Super Specialty (Direct 6 years) courses may also apply for renewal of accreditation.

NBE offers the following courses:

A. Broad Specialty: (Diplomate of National Board-DNB)

Post MBBS 3 Years Courses

Post Diploma 2 Years Courses

- i. Anaesthesiology*
- ii. Anatomy
- iii. Biochemistry
- iv. Community Medicine
- v. Dermatology, Venereology and Leprosy*
- vi. Emergency Medicine
- vii. Family Medicine*
- viii. Forensic Medicine
- ix. General Medicine
- x. General Surgery
- xi. Hospital Administration
- xii. Immunohematology and Blood Transfusion
- xiii. Maternal and Child Health
- xiv. Microbiology
- xv. Nuclear Medicine*
- xvi. Obstetrics and Gynaecology*
- xvii. Ophthalmology*
- xviii. Orthopaedics*
- xix. Otorhinolaryngology (ENT)*
- xx. Paediatrics*
- xxi. Pathology*
- xxii. Pharmacology

- xxiii. Physical Medicine and Rehabilitation*
- xxiv. Physiology
- xxv. Psychiatry*
- xxvi. Radiation Oncology*
- xxvii. Radio Diagnosis*
- xxviii. Respiratory Medicine*

* *Post Diploma (2 years) DNB course is also available in addition to Post MBBS 3-years DNB course. The application for Post MBBS 3 years course in these specialties will be automatically considered for the Post Diploma 2 years course also.*

B. Super Specialty: (Doctorate of National Board-DrNB) Post MD/MS/DNB 3 Years Courses

- i. Cardiac Anaesthesia
- ii. Cardio Vascular & Thoracic Surgery
- iii. Cardiology
- iv. Clinical Haematology
- v. Clinical Immunology and Rheumatology
- vi. Critical Care Medicine
- vii. Endocrinology
- viii. Gynaecological Oncology
- ix. Interventional Radiology
- x. Medical Gastroenterology
- xi. Medical Genetics
- xii. Medical Oncology
- xiii. Neonatology
- xiv. Nephrology
- xv. Neuro Anaesthesia
- xvi. Neuro Surgery
- xvii. Neurology
- xviii. Paediatric Cardiology
- xix. Paediatric Critical Care
- xx. Paediatric Surgery
- xxi. Plastic & Reconstructive Surgery
- xxii. Surgical Gastroenterology
- xxiii. Surgical Oncology
- xxiv. Thoracic Surgery
- xxv. Urology
- xxvi. Vascular Surgery

C. Direct 6 Years Super Specialty:(Doctorate of National Board-DrNB) Post MBBS 6 Years Course

- i. Cardio Vascular & Thoracic Surgery (Direct 6 Years Course)
- ii. Neuro Surgery (Direct 6 Years Course)
- iii. Paediatric Surgery (Direct 6 Years Course)
- iv. Plastic & Reconstructive Surgery (Direct 6 Years Course)

D. Fellowship: (Fellow of National Board-FNB) 2 years Post Graduate/Post Doctoral Course

Post Graduate FNB Courses (FNB)

- i. Arthroplasty
- ii. Breast Imaging
- iii. Hand & Micro Surgery
- iv. Infectious Diseases
- v. Laboratory Medicine
- vi. Maternal & Foetal Medicine
- vii. Minimal Access Surgery
- viii. Paediatric Gastroenterology
- ix. Paediatric Hemato-Oncology
- x. Paediatric Nephrology
- xi. Pain Medicine
- xii. Reproductive Medicine
- xiii. Spine Surgery
- xiv. Sports Medicine
- xv. Trauma & Acute Care Surgery (previously Trauma Care)
- xvi. Vitreo Retinal Surgery

Post Doctoral FNB Courses (FNB-PD)

- i. Interventional Cardiology
- ii. Liver Transplantation
- iii. Neurovascular Intervention

3. Applying for NBE Accreditation

A. General Instructions

- 3.1. National Board of Examinations (NBE) accredits hospitals/institutions for running DNB/DrNB courses in various Broad & Super Specialty and Fellowship courses.
- 3.2. The grant of accreditation is solely at the discretion of NBE and subject to fulfilment of criteria prescribed by NBE.
- 3.3. Mere online registration of applicant hospital/ online application submission/ payment of accreditation fee/ submission of hard copy of application to NBE/ fulfilment of NBE accreditation criteria does not render an applicant hospital/institute eligible for grant of accreditation or imply that NBE must accredit the applicant hospital/institute.
- 3.4. NBE reserves its absolute rights to alter/modify/delete/amend any or all of the criteria as given in this information bulletin at any stage during the process.
- 3.5. Applicant hospital/institute shall have no rights or equity in their favor merely because they have submitted their application seeking accreditation with NBE.
- 3.6. Applicant hospitals/institutes are required to study the information bulletin and instructions for fulfilment of eligibility criteria before submitting the application form.
- 3.7. Instructions in this Information Bulletin are liable to be changed on the decisions taken by NBE from time to time. Please refer to the NBE website www.natboard.edu.in for updates.
- 3.8. The existing schedule, pattern, policy and guidelines for accreditation are for ready reference only but are not to be treated for the fact that the NBE is bound to follow the same in future. In case of any ambiguity in interpretation of any of the instructions/terms / rules / criteria regarding the determination of eligibility / grant of accreditation/any of the information contained in the information bulletin the interpretation of NBE shall be final and binding on all parties. NBE reserves its rights to relax any of the criteria/clause if so deemed appropriate in case of grant of renewal/ fresh accreditation.

- 3.9. Submission of false information or fabricated records for the purpose of seeking accreditation may lead to disqualification for accreditation and debarment from seeking accreditation in future as well.
- 3.10. Applications of applicant hospitals/institutes seeking accreditation with NBE which do not fulfil the minimum criteria prescribed may be summarily rejected by NBE at Pre - Assessment stage.
- 3.11. The grant of accreditation by NBE is purely provisional and is governed by the terms and conditions as stated in the accreditation agreement. A copy of the same will be sent across to the applicant hospitals/institutes after it has been accredited by NBE.
- 3.12. Applicant hospital/institute may kindly note that the use of any agent or agency or any party who is not an employee or office bearer of the applicant hospital/institute for the purpose of preparing, drafting, submitting and/or representing the applicant hospital/institute is strictly prohibited. In the event of such an instance been brought to the notice of NBE, NBE reserves its absolute right to summarily reject the application besides further action as may be deemed appropriate including but not limited to debarment from filing application seeking accreditation in future.
- 3.13. Statements made by the applicant hospital shall be certified by the Head of the Institute at appropriate place and the claims made in the application shall be supported by relevant document(s).
- 3.14. Applications submitted by the hospital/ institute not found to be compiled in accordance with the prescribed guidelines may not be processed.
- 3.15. The applicant hospitals are required to provide correct, updated and factual information at the time of submission of application form. Additional information is required to be furnished by the applicant hospitals whenever sought by NBE or if there are changes in the faculty or infrastructure of the applicant hospitals pursuant to the submission of application form.
- 3.16. Request for change in specialty/clubbing of applications will not be considered under any circumstances.
- 3.17. The application form has to be submitted as per the guidelines for application forms completion, printing, binding and submission as contained in this information Bulletin and Online Accreditation Application Portal.

3.18. Parallel programme (in affiliation with other universities/organizations) of similar nature with duration of 2 – 3 years (or more), shall not be allowed in the same department along with DNB/ DrNB/ FNB courses. Hospitals which administer such parallel programme shall be required to discontinue with the parallel programme after introduction of DNB/ DrNB/ FNB courses in the department over a period of 01 year. If the concerned hospital fails to do so, the respective DNB/ DrNB/ FNB courses shall be discontinued.

3.19. All NBE accredited departments are permitted a maximum window of 01 year to discontinue with their parallel programme, if any.

3.20. The jurisdiction for any dispute shall be at New Delhi only.

B. Online Accreditation Application Portal

3.21. Applicant hospitals/institutes shall be required to submit the application form online through Online Accreditation Application Portal (OAAP) as per the steps indicated below.

- Create a User – Online (**Click here for details**)



- Create a profile of the applicant hospital – Online (**Click here for details**)



- Fill the Main application form & Specialty Application form online – (**Click here for details**)



- Complete the application form and upload Annexure - Online



- Fee payment through online payment portal – Online



- Print and submit the hard copy of the Main & Specialty Application form (separately) – Offline

C. Application Compilation & Submission

3.22. **Main Application Form:** This part of application comprises of information which is common/applicable to all specialties. The main application forms need to be completed and submitted online only once in an application session.

- 3.23. **Specialty Specific Application Form** : This part of application comprises of specialty specific information and the online forms are unique for each specialty in which accreditation is being sought.
- 3.24. On successful online submission of application forms, the hospital shall be able to take print outs of the application forms and the annexures that have been uploaded.
- 3.25. The applicant hospital shall be required to submit the duly signed & stamped hard copy print-outs of the both Main & the specialty application form along with the necessary annexures, covering letter and the payment receipt.
- 3.26. The hard copy of the application form should reach NBE office at the following address latest by **10.11.2020**. Applications received thereafter shall not be considered.

To,
The Additional Director
Accreditation Department
National Board of Examinations,
Medical Enclave,
Ansari Nagar, New Delhi -110029

In addition to above, the District Hospitals (DH) will be required to submit the following annexures as well:

- Annexure - Secondary Node *(For District NBE Programme only)*
- Undertaking of Principal Secretary Health *(For District NBE Programme only)*

Annexures are available at <https://accr.natboard.edu.in/> under the link **Download**

- 3.27. The application forms should be spirally bound. Main and each Specialty Specific Application Forms with relevant enclosures should be spirally bound separately. Applications submitted as loose papers/ without being bound spirally shall be returned to the applicant hospital/institute without processing. Main and Specialty specific forms should not be bound together.
- 3.28. The hospital shall be required to submit definite compliance to deficiencies pointed out to the hospital. Please be apprised that fulfilment of minimum accreditation requirements is a pre-requisite for grant of accreditation and cannot be fulfilled post-facto.

3.29. Through OAAP the hospital can access the following:

- Notices & Circulars issued by NBE
- Information bulletin
- Submission of Application Forms
- Status of Applications
- Submit of Application form for Annual Review
- NBE accredited seats
- Approved faculty for the Accredited Specialty
- Addition/Change the SPOC/HOD/DNB coordinator
- Submit consent for Seat Matrix for the purpose of counseling
- Download Accreditation related Annexures/Documents
- Update Hospital Profile
- View Grievance Committee Details
- Change Password

3.30. Information submitted under various parameters (such as number of operational beds, single or multi-specialty, management type, Date of starting clinical operations etc.) shall be updated in NBE records only if it is supported with authenticated documents submitted along with the application.

D. Accreditation Fee

3.31. Applicant hospital/institute seeking fresh accreditation or renewal of accreditation in any specialty are required to pay an accreditation fee of Rs. 2,00,000/- **Plus GST @ 18%** for each specialty specific application. The application form fee for each specialty specific application is Rs. 3,000/- **Plus GST @ 5%**.

The total fee to be paid for each specialty specific application is as follows:

Accreditation Fee for each Specialty *	Rs 2,00,000/-
GST @ 18% on Accreditation fee	Rs. 36,000/-
Application Form Fee	Rs. 3,000/-
GST @ 5% on Accreditation fee	Rs. 150/-
Total fee to be paid per specialty	Rs. 2,39,150/-

* Defense Institutions are exempted from submitting accreditation fee of Rs. 2,00,000/- . However, the application form fee of Rs. 3,000/- + GST @ 5% shall be required to be paid.

3.32. Applicant hospital/institute shall be able to pay the above-mentioned fee only through Online Payment Portal of NBE. Payment made through any other portal shall not be accepted.

3.33. The application form shall only be considered as successfully submitted only if the accreditation fee has been paid successfully to NBE. NBE shall not be responsible for any transaction failure or delay in processing of the transaction.

3.34. In case of applying for more than one specialty, the accreditation fee for each application form has to be paid **separately**.

3.35. Partial refund of Accreditation Fee is admissible under the following conditions:

Refund of Accreditation Fee*	Terms & Conditions
90% of total fee[#]	<ul style="list-style-type: none">• If the application is withdrawn by the applicant hospital/institute within 4 weeks of last date of online application submission to NBE• Incomplete applications which are summarily rejected without subjecting them to a detailed "Pre-assessment processing".
50% of total fee[#]	<ul style="list-style-type: none">• If the application is withdrawn by the applicant hospital / institute after 4 weeks of last date for online application submission to NBE, but before the physical assessment/inspection of the applicant department by NBE appointed assessor.• If the application is rejected at pre-assessment level (prior to physical assessment/inspection of the department by NBE appointed assessor) due to non-fulfilment of minimum accreditation criteria and/or the hospital fails to submit definite compliance within stipulated time (if so required) to the Pre - Assessment deficiencies communicated to the hospital by NBE.
No refund shall be admissible	<ul style="list-style-type: none">• Once the physical assessment/inspection of the applicant department has been conducted by NBE appointed assessor.

* Application form fee of Rs. 3,000/- + GST @ 5% (i.e. a total of Rs. 3150/-) is non-refundable under any circumstances.

GST paid by the hospital shall be refunded proportionately.

For Example:

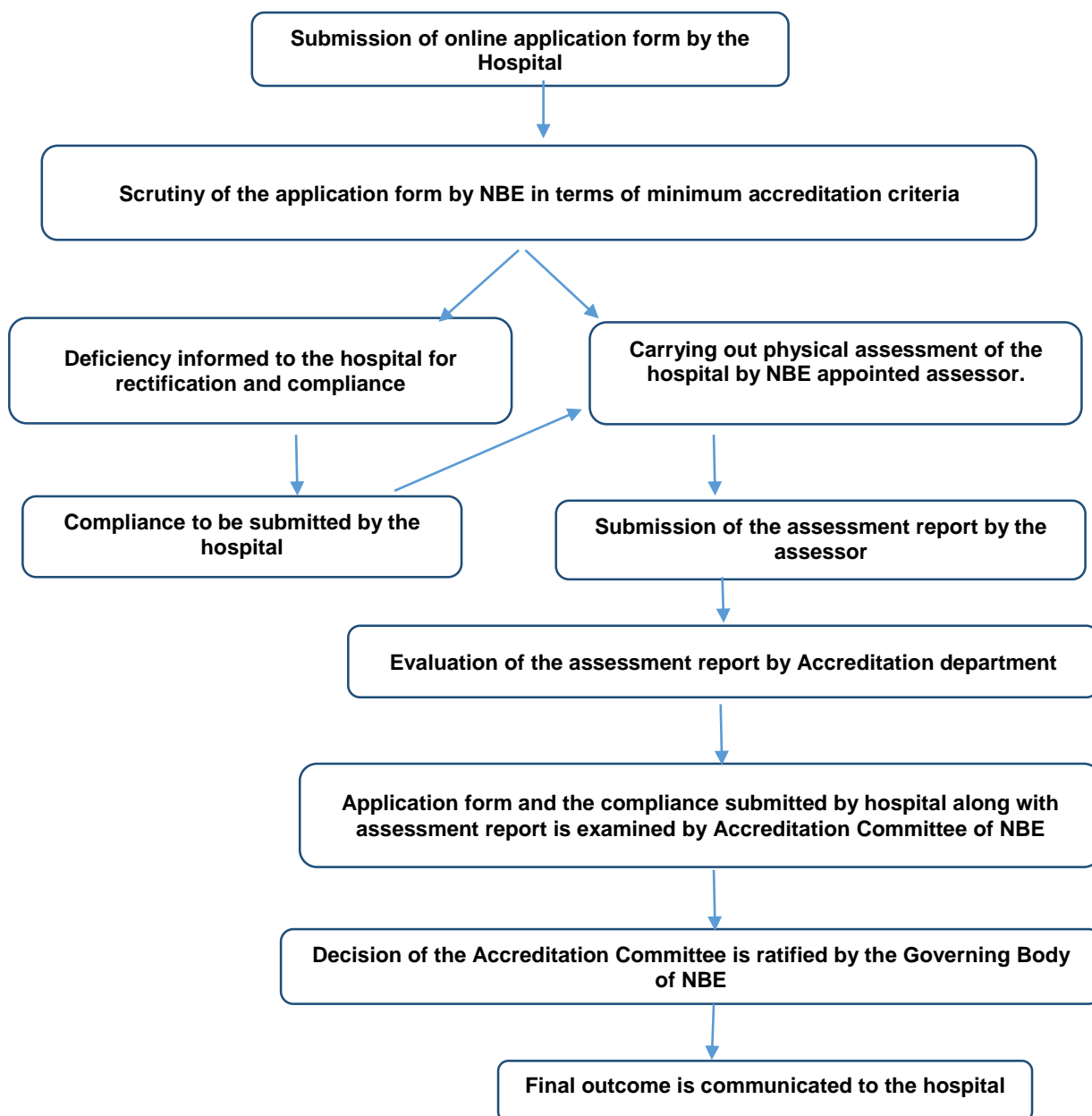
Refundable Fee	Amount	GST Refundable	Total Refund
90% of the Accreditation fee	Rs.1,80,000/-	Rs.32,400/-	Rs.2,12,400/-
50% of the Accreditation fee	Rs.1,00,000/-	Rs.18,000/-	Rs.1,18,000/-

3.36. The accreditation fee will not be carried forward to a future date and/or for another application.

3.37. Application form submitted to NBE without payment of accreditation fee including GST shall not be processed.

E. Processing of the Applications:

The major steps in processing of the application forms are as follows:



3.38. Grossly incomplete applications or applications not fulfilling the minimum accreditation criteria shall be closed at Pre assessment level i.e. without undertaking any physical assessment/ inspection of the hospital.

3.39. **Compliance submission to Pre - Assessment Deficiencies:** The applicant hospital shall be given an opportunity to submit compliance to the deficiencies noted in the pre-assessment processing of the application form. The hospital shall be able to upload the required documents/compliance through OAAP or at accr@natboard.edu.in .

- 3.40. **Assessment of the applicant hospital:** NBE shall be appointing an independent assessor to undertake the physical assessment/inspection of the hospital with regards to infrastructure, facilities, faculty, patient load and other related information. The assessment schedule will be intimated to the applicant hospital 2 weeks in advance. The exact date of the physical assessment along with the details of NBE appointed assessor shall be informed to the hospital 1-2 days prior to the date of assessment/Inspection.
- 3.41. Application form and the documents submitted by the hospital along with the assessment report of NBE appointed assessor shall be placed before the NBE Accreditation Committee for deciding the matter.
- 3.42. The decision of the Accreditation Committee shall be communicated to the hospital after it is approved by Governing Body, NBE.
- 3.43. It usually takes 6-9 months for completing the processing of application form (from the date of receipt of the hard copy of the application form at NBE till approval from the Governing Body, NBE and communication to the applicant hospital).
- 3.44. While NBE will try to process the applications as fast as possible, please be apprised that for applications in Super Specialty courses and FNB courses, the seats (if granted) are likely to be taken up for the 2021 admission session.
- 3.45. NBE has introduced Post MBBS 02 years Diploma (NBE) courses in the following eight Broad specialties:

S.No.	Specialty	Name of the Qualification
1	Anesthesiology	DA (NBE)
2	Obstetrics & Gynaecology	DGO (NBE)
3	Paediatrics	DCH (NBE)
4	Family Medicine	DFam.Med. (NBE)
5	Ophthalmology	DO (NBE)
6	Otorhinolaryngology (ENT)	DLO (NBE)
7	Radio Diagnosis	DMRD (NBE)
8	Tuberculosis & Chest Disease	DTCD (NBE)

- 3.46. The Information Bulletin for the Diploma courses can be seen at NBE website www.natboard.edu.in . Applications not fulfilling the accreditation criteria for the DNB courses may be considered by NBE for the Diploma courses (subject to consent from the concerned hospital), if found suitable in terms of minimum accreditation criteria for the Diploma courses.

4. Minimum Accreditation Criteria

(I). The Applicant Hospital

A. Clinical establishment:

- 4.1. The applicant Hospital/Institute should be a clinical establishment having requisite infrastructure of minimum prescribed beds providing comprehensive OPD and IPD based medical services in a single campus. Any clubbing of infrastructure, facilities and faculty of multiple hospitals/units of the applicant hospital is not permitted for seeking accreditation in the name of the applicant hospital.
- 4.2. The applicant hospital should have a minimum of 02 years of standing in clinical establishment before it can be considered for commencement of DNB, DrNB or FNB courses. However, the hospital can apply for seeking accreditation with NBE after completing 01 year in clinical operations. Years in clinical operation should be substantiated with supportive documents such as certificate of registration of the applicant hospital under applicable Acts & Rules. The hospitals failing to submit the required documents to substantiate the minimum required period in clinical operations (i.e. at least 01 year by the last date of application submission) shall not be processed.
- 4.3. Mandatory regulatory/ licensing approvals and all statutory requirement/clearances should have been obtained from the appropriate administrative authorities/ State Government/ Central Government/ Pollution Control Board/ Municipal Corporations /Councils. It shall be the responsibility of the hospital to obtain the necessary clearances and NBE shall not be responsible if the hospital fails to obtain or comply any required mandatory certifications such as, but not limited to:
 - Certificate of Registration of the hospital under the applicable Acts and Rules
 - Pollution Control Board Certificate issued by the State Government for Bio-medical waste Management
 - Valid Fire Safety Certificate from the State Fire Department
 - Building Complex Occupancy Certificate
 - Certificate of Incorporation of Parent Company/ Certificate of Registrar of Society (if applicable)
 - AERB approval for operations of Medical Diagnostic Equipments (X-rays, CT Scan, MRI, PET Scan, Linear Accelerator etc.)
 - Certificate issued by the State Government to the agency which is authorised for Bio-Medical waste management of the applicant hospital
 - Other regulatory approvals which may be specific to the specialty applied for seeking accreditation

B. Bed strength of the applicant hospital

4.4. Following categories of hospitals are eligible to seek accreditation with NBE for various DNB & FNB courses as detailed under:

- **Category - 1:** Multi-Specialty hospital (offering services in more than 01 specialty area) with at least 200 beds can apply for accreditation in any number of DNB, DrNB & FNB courses, in accordance with the minimum number of beds required in each specialty and the total number of beds in the applicant hospital.
- **Category - 2:** Multi-Specialty hospital (offering services in multiple specialty areas) with 150 or more but less than 200 total operational beds in the hospital can seek accreditation only in any 03 courses (All DNB/DrNB or All FNB or DNB/ DrNB & FNB).
- **Category - 3:** Multi-Specialty hospital (offering services in multiple specialty areas) with 100 or more but less than 150 total operational beds in hospital can seek accreditation only in any 01 DNB, DrNB or FNB course.
- **Category - 4:** Multi-Specialty hospital (offering services **predominantly** in 01 specialty area only; Other specialties being ancillary in nature) with less than 200 total operational beds but at least 100 beds dedicated to the predominant specialty area can seek accreditation in all allied DNB/ DrNB/ FNB course of that **01 specialty area** which is the area of its predominant practice. For e.g. A 140 bedded predominant neuroscience centre with at least 100 beds dedicated for neurosciences and other specialty services being ancillary in nature can seek accreditation for DrNB Neurology, DrNB Neurosurgery, DrNB Neuro Anaesthesia, FNB Neurovascular Intervention. However, a 140 bedded multi-specialty hospital which is not a predominant neuroscience centre (i.e. at least 100 beds are not dedicated to neurosciences) can seek accreditation in only 01 of these 04 neuro-sciences related programme.
- **Category – 5:** Single Specialty hospital (offering services **exclusively** in 01 specialty area only) with at least 100 beds can seek accreditation in all allied DNB & FNB course of that **01 specialty area**. For e.g. an exclusive Cardiac Sciences centre with 100 beds can apply for DrNB Cardio Vascular & Thoracic Surgery, DrNB Cardiology, DrNB Cardiac Anaesthesia, FNB Interventional Cardiology. A 100 bedded multi-specialty hospital in contrast can seek accreditation in only 01 of these 04 cardiac-sciences programme.
- Some examples of 01 specialty area and respective eligible DNB/ DrNB/ FNB courses which single specialty centres or predominant practice centres can seek accreditation are as under:

Maternal & Child Health centres	DNB Obstetrics & Gynaecology, DNB Paediatrics, DrNB Neonatology, FNB Reproductive Medicine and FNB Maternal and Foetal Medicine.
Oncology centre	DNB Radiation Oncology, DrNB Surgical Oncology and DrNB Medical Oncology.
Urology	Nephrology centres: DrNB Urology and DrNB Nephrology.
Orthopaedics & Plastic Surgery centres	DNB Orthopaedics, DrNB Plastic & Reconstructive Surgery, FNB Hand & Micro Surgery, FNB Spine Surgery, FNB Sports Medicine and FNB Trauma & Acute Care Surgery.
Neuroscience Centres	DrNB Neurology, DrNB Neurosurgery, DrNB Neuro Anaesthesia and FNB Neurovascular Intervention.
Cardiac Science Centre	DrNB Cardio Vascular & Thoracic Surgery, DrNB Cardiology, DrNB Cardiac Anaesthesia and FNB Interventional Cardiology.

- 4.5. In case of exclusive centres for specialties wherein clinical care is primarily day care or consultation based such as Endocrinology, Clinical Immunology and Rheumatology, Dermatology, Ophthalmology, Reproductive Medicine, etc. the work load shall be evaluated on the basis of OPD case load, cross-referencing between the departments, day care surgeries (if applicable) etc.
- 4.6. The total number of operational beds in the hospital (as claimed to be authorized for commissioning) has to be certified with supportive documents such as “*Consent to Operate*” authorization from State Pollution Control Board (SPCB).
- 4.7. The “*Consent to Operate*” for the total beds **should have been granted by SPCB by the last date of application submission**. Applications submitted to SPCB for seeking consent for expansion of beds shall not be considered in lieu of “*Consent to Operate*” certificate issued by SPCB. Failure to substantiate the claimed number of total operational beds in the hospital with supportive documents shall invite closure of the application.

(II). Requirements in applicant departments

A. Beds in the applicant department/specialty of the hospital:

- 4.8. The applicant hospital should have a minimum number of operational beds in each applicant department as per prescribed by NBE.
- 4.9. Patient care facilities (OPD, IPD, OT, ICUs, Labs, Equipments etc.) as applicable for the specialty applied for should be available.
- 4.10. **General Beds:** General Beds are those ‘*earmarked*’ beds / cases whose patients shall be accessible at all times for supervised clinical work to NBE trainees. Data of patients admitted on such beds or such cases shall be accessible to NBE trainees for research purposes subject to applicable ethical guidelines and clearances from Institutional Ethics Committee & Institutional policies. The applicant department should have a minimum of 30% beds under this category.
- 4.11. **General patients:** General patients are those patients that shall be accessible at all times for supervised clinical work to NBE trainees. Data of General patients shall be accessible to NBE trainees for research purposes subject to applicable ethical guidelines and clearances from Institutional Ethics Committee & Institutional policies. The applicant department should have a minimum of 30% Patients under this category.
- 4.12. **Beds & other Infrastructural requirement:** The minimum prescribed beds for each specialty are tabulated below.

Broad Specialty Courses

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
i.	Anaesthesiology	<p>The department of Anaesthesiology should be having the in-house departments of the following core areas:</p> <ul style="list-style-type: none">• General Surgery• Orthopaedics / Trauma / Emergency Medicine• ENT• Gynaecology/ Obstetrics/ labour Room• Pain Clinic

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
ii.	Emergency Medicine	<p>10 ER Beds; 15 ICU beds (MICU, SICU, PICU, ICCU) in the hospital</p> <ul style="list-style-type: none"> • At least 15 ICU beds in the hospital of which minimum 3 should be ventilated beds and all should have required facilities for bed side monitoring of critical patients • 24 hr Ambulance services adequately equipped for onsite resuscitation and transfer of critically injured/ill patients with trained manpower. <p>24 hr adequately equipped in-house blood storage facility; Hospitals wherein component preparation facility is not available in-house, a tie up with nearby blood bank shall be required</p>
iii.	Family Medicine	<p>80 Beds comprises of 20 beds each in General Medicine, General Surgery, Obstetrics & Gynaecology & Paediatrics.</p> <ul style="list-style-type: none"> • Beds for DNB Family Medicine Course may overlap with other specialties. For example: 200 bedded hospital with 35 beds each in General Medicine, General Surgery, Obstetrics & Gynaecology and 30 beds in Paediatrics may seek accreditation for DNB courses in each of the respective specialties and also in Family Medicine. • The General Medicine or Paediatrics department shall be the nodal department for Family Medicine. • At least 30% should be General beds
iv.	General Medicine	<p>35 beds; At least 30% should be General beds, Out of these 35 beds, not more than 15 beds could be ICU beds. The ICU beds should be dedicated Medical ICU beds (not CCU or any other ICU beds).</p>
v.	General Surgery	<p>35 beds; At least 30% should be General beds. The applicant hospital shall have at least a 5 bedded ICU that may be shared with other specialties as well.</p>
vi.	Obstetrics and Gynaecology	<p>35 beds; At least 30% should be General beds</p>

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
vii.	Orthopaedics	25 Beds; At least 30% should be General beds Out of these 25 beds, at least 10 beds should be clustered as Orthopaedics ward at one place and shall not be scattered across the hospital.
viii.	Otorhinolaryngology (ENT)	20 Beds; At least 30% should be General beds
ix.	Paediatrics	30 beds; At least 30% should be General beds Of 30 beds, at least 15 should be General Paediatrics and rest of the 15 can be from various Paediatric sub-specialties.
x.	Physical Medicine and Rehabilitation	25 Beds; At least 30% should be General beds
xi.	Psychiatry	35 Beds; At least 30% should be General beds
xii.	Radiation Oncology	25 Beds; At least 30% should be General beds Essential modalities for Radiation Oncology are: <ul style="list-style-type: none"> • Two-dimensional Radiation Therapy (2D-RT) • Three-dimensional Conformal Radiation Therapy (3D-CRT) • Stereotactic Radiosurgery (SRS) • Stereotactic Body Radiation Therapy (SBRT) • Intensity Modulated Radiation Therapy (IMRT) • Volumetric Modulated Arc Therapy (VMAT) • Image Guided Radiation Therapy (IGRT) • Brachytherapy
xiii.	Respiratory Medicine	35 beds; At least 30% should be General beds
xiv.	Anatomy	There is no requirement of inpatient beds in these specialties. However, optimal case load in clinical disciplines and labs/associated facilities shall be considered.
xv.	Biochemistry	
xvi.	Community Medicine	
xvii.	Dermatology, Venereology and Leprosy	Essential equipments and specialty specific modalities required should be available. In certain
xviii.	Forensic Medicine	

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
xix.	Hospital Administration	<p>disciplines, access to IPD services and operative infrastructure shall be assessed.</p> <p>For DNB Forensic medicine, the applicant department shall have minimum 250 medico legal autopsy/Post mortem per year.</p> <p>For DNB Hospital Administration, the applicant hospital must be a multi-specialty hospital.</p> <p>For DNB Radio Diagnosis, the department of Radio Diagnosis should be an integral part of the hospital and MUST have the following imaging modalities:</p> <ul style="list-style-type: none"> • CR/DR • Fluoroscopy • Mammography • Ultrasound including colour Doppler • Spiral / Multi Slice CT[^] • MRI[^] facilities • Cath-lab/interventional radiology facilities <p>[^]can be outsourced but installed within the hospital premises.</p> <p>The department of Radio Diagnosis should be in possession of all regulatory clearances namely AERB / Bio-medical radioactive waste management / radiation physics and radiology workstation.</p>
xx.	Immunohematology and Blood Transfusion	
xxi.	Microbiology	
xxii.	Nuclear Medicine	
xxiii.	Ophthalmology	
xxiv.	Pathology	
xxv.	Pharmacology	
xxvi.	Physiology	
xxvii.	Radio Diagnosis	

Super Specialty Courses

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
i.	Cardiac Anaesthesia	10 Cardiac ICU beds
ii.	Cardio Vascular & Thoracic Surgery	20 beds in each specialty At least 30% should be General beds
iii.	Cardiology	
iv.	Clinical Haematology	
v.	Medical Gastroenterology	
vi.	Medical Oncology	
vii.	Nephrology	
viii.	Neuro Surgery	
ix.	Neurology	
x.	Paediatric Cardiology	
xi.	Paediatric Surgery	
xii.	Plastic & Reconstructive Surgery	
xiii.	Surgical Gastroenterology	
xiv.	Surgical Oncology	
xv.	Thoracic Surgery	
xvi.	Urology	
xvii.	Vascular Surgery	
xviii.	Critical Care Medicine	10 ICU Beds
xix.	Gynaecological Oncology	<p>Dedicated 15 bedded Gynaecological Oncology division in the applicant hospital. At least 30% should be General beds.</p> <p>The applicant hospital should preferably have the following departments In-house (In case of non-availability, MoU with a recognized center shall be required):</p> <ul style="list-style-type: none"> • Medical Oncology • Radiation Oncology • Surgical & Cyto-Pathology and Radiology

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
xx.	Interventional Radiology	Hospital/Institute should have dedicated Interventional Radiology facilities having following equipment under one roof / one campus: <ul style="list-style-type: none"> • CT capable of CT angiography (16 slice or better) • MRI 1.5 T or better • Advanced Colour Doppler • Digital Subtraction Angiography (Single or Bi-plane) with C Arm.
xxi.	Neonatology	10 NICU Beds
xxii.	Neuro Anaesthesia	10 Neuro ICU beds
xxiii.	Paediatric Critical Care	10 PICU Beds
xxiv.	Clinical Immunology and Rheumatology	Primarily day Care/Consultation based Specialty; Bed requirement is work load related; Department should have minimum prescribed patient load
xxv.	Endocrinology	
xxvi.	Medical Genetics	
xxvii.	Cardio Vascular & Thoracic Surgery (Direct 6 Years Course)	20 beds in each specialty At least 30% should be General beds
xxviii.	Neuro Surgery (Direct 6 Years Course)	
xxix.	Paediatric Surgery (Direct 6 Years Course)	
xxx.	Plastic & Reconstructive Surgery (Direct 6 Years Course)	

Fellowship Courses

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
i.	Arthroplasty	<p>Fellowship courses are sub-specialty skill-based programme wherein requirement of beds & IPD services can be part and parcel of the main clinical department;</p> <p>The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.</p> <p>For Liver Transplantation:</p> <ul style="list-style-type: none"> The department should be conducting Liver Transplants for the last 07 years; Minimum of 60 liver transplants should be performed in a year by the applicant department.
ii.	Hand & Micro Surgery	
iii.	Infectious Diseases	
iv.	Interventional Cardiology	
v.	Liver Transplantation	
vi.	Maternal & Foetal Medicine	
vii.	Minimal Access Surgery	
viii.	Paediatric Gastroenterology	
ix.	Paediatric Hemato-Oncology	
x.	Paediatric Nephrology	
xi.	Reproductive Medicine	
xii.	Spine Surgery	
xiii.	Sports Medicine	
xiv.	Vitreo Retinal Surgery	
xv.	Breast Imaging	<p>Hospital/Institute should have dedicated breast imaging facilities having following equipment under one roof / one campus:</p> <ul style="list-style-type: none"> Digital mammography High Resolution Ultrasound with Elastography One breast Imaging MRI Coil Breast tomosynthesis (Twinning arrangement with other medical Institution/ Hospital) Stereotactic Biopsy Vacuum assisted breast biopsy device
xvi.	Laboratory Medicine	The mix of patient load in Biochemistry /Microbiology /Pathology shall be considered.

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
xvii.	Neurovascular Intervention	<p>A dedicated division of Neurovascular Interventions should be there in the applicant hospital.</p> <p>The applicant hospital should have an in-house Neurology, Neurosurgery and Neuroradiology set up.</p> <p>The requirement of beds can be part & parcel of the main clinical department. The hospital should have minimum beds in parent super-specialty department (Neurology/ Neurosurgery) with minimum sub-specialty case load & spectrum of diagnosis as mentioned under patient load.</p> <p>The department should have Neurovascular Intervention facilities having following equipment:</p> <ul style="list-style-type: none"> • Cath lab with Digital Subtraction Angiography (Single or Bi-plane) with roadmap • Multi-slice CT • At least 1.5 T MRI • USG with Colour Doppler • Sophisticated Anaesthesia module with monitoring
xviii.	Pain Medicine	<p>10 Beds; Recovery Room/PACU Beds/Special Ward/ General Ward /Post Procedure Room Beds can be included.</p> <p>Fully Equipped pain OT:</p> <ul style="list-style-type: none"> • Dedicated Pain Clinic OPD preferably in Main OPD Complex of Hospital (Daily) • Fully equipped Pain OT <ul style="list-style-type: none"> ○ Fluoroscope ○ Radio Frequency Ablation Machine ○ Ultrasound Machine ○ Peripheral Nerve Stimulator ○ Platelet Rich Plasma (PRP) Centrifugation Machine ○ Vital Sign Monitor ○ Resuscitation Cart ○ Anaesthesia Machine • TENS, LASER • Post Procedure room • Pain Charts, Bone models

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
xix.	Trauma & Acute Care Surgery (previously Trauma Care)	<ul style="list-style-type: none"> i. Hospital should be multi-specialty hospital with 250 IPD beds ii. Number of resuscitation bay in emergency department (ED)- Minimum 5 beds for surgical emergencies. iii. Minor OT- One iv. Plaster room- One v. Number of beds for In-patient department (IPD)- Minimum 25 beds for surgical emergencies (traumatic and non-traumatic). vi. Number of ICU beds- Minimum 05 beds for surgical emergencies (traumatic and non-traumatic) vii. Operation theatres (OT)- Minimum two with facility for general Anaesthesia. Out of which one should be dedicated and available 24 x 7 for surgical emergencies viii. Essential facilities- <ul style="list-style-type: none"> • In-house 24x 7 multi-slice Computed Tomography Scan. • Portable x ray machine • Portable ultrasound machine with colour Doppler • Availability of 24 x 7 Blood bank/Blood storage facility • Laboratory facility 24 x 7

B. Faculty in the applicant department/specialty

- 4.13. The applicant hospital should have minimum required faculty in each applicant department.
- 4.14. The applicant department should have at least **01 Senior Consultant & 01 Senior /Junior Consultant** working together for being considered eligible for DNB, DrNB /FNB courses.
- 4.15. The qualification of the faculty should be a recognized qualification as per the provisions of IMC Act.
- 4.16. The number of seats granted in each specialty [Post MBBS seats (Primary seats) & Post Diploma seats (Secondary seats)] shall be in accordance with the case load, infrastructure available and number of Senior Consultants and Junior Consultants in the applicant department.
- 4.17. **PG Teacher:** All consultants in the department who qualify to be a Senior Consultant as per NBE criteria shall qualify as PG teacher for NBE training.
- 4.18. The minimum eligible qualifications & required minimum experience in the specialty to qualify as Senior or Junior consultants for different NBE courses are indicated as under:

Eligibility Criteria for Faculty- Qualification & Experience (Broad Specialty Courses)

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after PG in Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
i.	Anaesthesiology	DNB/MD (Anaesthesiology) OR equivalent*	8 Years	5 Years
ii.	Anatomy	DNB/MD/MS (Anatomy) OR equivalent*	8 Years	5 Years
iii.	Biochemistry	DNB/MD (Biochemistry) OR equivalent*	8 Years	5 Years

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after PG in Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
iv.	Community Medicine	DNB/MD (Social & Preventive Medicine / Community Medicine) OR equivalent*	8 Years	5 Years
v.	Dermatology, Venereology and Leprosy	DNB/MD (Dermatology, Venereology & Leprosy) OR equivalent*	8 Years	5 Years
vi.	Emergency Medicine	DNB/MD (Emergency Medicine) OR DNB/MD/MS (or equivalent* qualification) in General Medicine/ Anesthesiology /General Surgery.	5 Years of experience after DNB/MD (Emergency Medicine) OR 8 Years of experience in Emergency Medicine/ General Medicine/ Anesthesiology /General Surgery	2 Years of experience after DNB/MD (Emergency Medicine) OR 5 Years of experience in Emergency Medicine / General Medicine/ Anesthesiology /General Surgery

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after PG in Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
vii.	Family Medicine Minimum four (04) Faculties (one faculty each from the specialty of General Medicine, General Surgery, Paediatrics and Obstetrics & Gynaecology)	DNB/MD (Family Medicine) OR DNB/MD/MS (or equivalent* qualification) in General Medicine, Paediatrics, General Surgery or Obstetrics & Gynaecology) OR equivalent*	5 Years of experience after DNB/MD (Family Medicine) OR 8 Years of experience in General Medicine/ Paediatrics/ General Surgery/ Obstetrics & Gynaecology	2 Years of experience after DNB/MD (Family Medicine) OR 5 Years of experience in General Medicine/ Paediatrics/ General Surgery/ Obstetrics & Gynaecology
		<ul style="list-style-type: none"> All the applicant hospitals/Institutes for DNB Family Medicine course shall have at-least one faculty each in General Medicine, General Surgery, Paediatrics and Obstetrics & Gynecology. Faculty with MD/DNB –Family Medicine may replace one of the faculty of General Medicine or Paediatrics. Facility counted for the purpose of accreditation in Family Medicine, shall also be counted as faculty for accreditation in their respective specialties. Overlapping of faculty is allowed for DNB Family Medicine courses. For eg: The faculty counted for the purpose of DNB General Medicine or DNB General Surgery course shall also be eligible as faculty for DNB Family Medicine Course. 		
viii.	Forensic Medicine	DNB/MD (Forensic Medicine) OR equivalent*	8 Years	5 Years
ix.	General Medicine	DNB/MD (General Medicine/Internal Medicine) OR equivalent*	8 Years	5 Years
x.	General Surgery	DNB/MS (General Surgery) OR equivalent*	8 Years	5 Years

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after PG in Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xi.	Hospital Administration	Primary Degree MBBS and DNB(HAH)/MD(HA)/MD(CH A) or MHM/MHA from deemed/government recognized universities (full time course)	8 Years	5 Years
xii.	Immunohematology and Blood Transfusion	DNB/MD (IHTM/Transfusion Medicine) or DNB/MD (Pathology) OR equivalent*	8 Years	5 Years
xiii.	Microbiology	DNB/MD (Microbiology) OR equivalent*	8 Years	5 Years
xiv.	Nuclear Medicine	DNB/MD (Nuclear Medicine) OR equivalent*	8 Years	5 Years
xv.	Obstetrics and Gynaecology	DNB/MS/MD (Obstetrics & Gynaecology) OR equivalent*	8 Years	5 Years
xvi.	Ophthalmology	DNB/MS/MD (Ophthalmology) OR equivalent*	8 Years	5 Years
xvii.	Orthopaedics	DNB/MS (Orthopaedics) OR equivalent*	8 Years	5 Years
xviii.	Otorhinolaryngology (ENT)	DNB/MS (ENT) OR equivalent*	8 Years	5 Years
xix.	Paediatrics	DNB/MD (Paediatrics) OR equivalent*	8 Years	5 Years
xx.	Pathology	DNB/MD (Pathology) OR equivalent*	8 Years	5 Years
xxi.	Pharmacology	DNB/MD (Pharmacology) OR equivalent*	8 Years	5 Years
xxii.	Physical Medicine and Rehabilitation	DNB/MD (Physical Medicine & Rehabilitation) OR equivalent*	8 Years	5 Years
xxiii.	Physiology	DNB/MD (Physiology) OR equivalent*	8 Years	5 Years

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after PG in Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xxiv.	Psychiatry	DNB/MD (Psychiatry) OR equivalent*	8 Years	5 Years
xxv.	Radiation Oncology	DNB/MD (Radiotherapy/Radiation Oncology) OR equivalent*	8 Years	5 Years
xxvi.	Radio Diagnosis	DNB/MD (Radio Diagnosis) OR equivalent*	8 Years	5 Years
xxvii.	Respiratory Medicine	DNB/MD (Tuberculosis & Respiratory Diseases /Respiratory Diseases/ Pulmonary Medicine) OR equivalent*	8 Years	5 Years

* Where an equivalent qualification in the specialty concerned is provided for a proposed faculty by the applicant hospital, the same shall be deliberated by NBE on a case to case basis for being considered as a faculty in the applicant department.

Eligibility Criteria for Faculty- Qualification & Experience
(Super Specialty Courses)

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
i.	Cardiac Anaesthesia	DNB/DM (Cardiac Anaesthesia) OR DNB/MD (Anaesthesiology) OR equivalent*	5 Years of experience after DNB/DM (Cardiac Anaesthesia) OR 8 Years of exclusive experience in Cardiac Anaesthesia after DNB/MD (Anaesthesiology)	2 Years of experience after DNB/DM (Cardiac Anaesthesia) OR 5 Years of exclusive experience in Cardiac Anaesthesia after DNB/MD (Anaesthesiology)
ii.	Cardio Vascular & Thoracic Surgery	DNB/MCh (Cardio Thoracic Surgery/Cardio Vascular & Thoracic Surgery) OR equivalent*	5 Years	2 Years
iii.	Cardiology	DNB/DM (Cardiology) OR equivalent*	5 Years	2 Years
iv.	Clinical Haematology	DNB/DM (Hematology/ Clinical Hematology/ Haemato-Pathology) OR DNB/MD (General Medicine/Pathology) OR equivalent*	5 Years of experience after DNB/DM (Hematology/ Clinical Hematology/ Haemato-Pathology) OR 8 Years of exclusive experience in Hematology after DNB/MD (General Medicine/Pathology)	2 Years of experience after DNB/DM (Hematology/ Clinical Hematology/ Haemato-Pathology) OR 5 Years of exclusive experience in Hematology after DNB/MD (General Medicine/Pathology)

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
v.	Clinical Immunology and Rheumatology	DNB/DM (Rheumatology) OR DNB/MD (General Medicine) OR equivalent*	5 Years of experience after DNB/DM (Rheumatology) OR 8 Years of exclusive experience in Rheumatology after DNB/MD (General Medicine)	2 Years of experience after DNB/DM (Rheumatology) OR 5 Years of exclusive experience in Rheumatology after DNB/MD (General Medicine)
vi.	Critical Care Medicine	DNB/DM (Critical Care Medicine) OR DNB/MD (Anaesthesiology/ General Medicine/Respiratory Diseases) OR equivalent*	5 Years of experience after DNB/DM (Critical Care Medicine) OR 8 Years of exclusive experience in Critical Care Medicine after DNB/MD (Anaesthesiology/ General Medicine/ Respiratory Diseases)	2 Years of Experience after DNB/DM (Critical Care Medicine) OR 5 Years of exclusive experience in Critical Care Medicine after DNB/MD (Anaesthesiology/ General Medicine/ Respiratory Diseases)
vii.	Endocrinology	DNB/DM (Endocrinology) OR equivalent*	5 Years	2 Years

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
viii.	Gynaecological Oncology	DNB/MCh (Gynaecological Oncology)	5 Years of exclusive experience after DNB/MCh (Gynaecological Oncology)	2 Years of exclusive experience after DNB/MCh (Gynaecological Oncology)
		OR DNB/MD/MS (Obstetrics & Gynaecology) OR equivalent*	OR 8 Years of exclusive experience in DNB/MS/MD (Obstetrics & Gynaecology)	OR 5 Years of post PG experience of which 3 years of exclusive experience in Gynaecological Oncology after DNB/MS/MD (Obstetrics & Gynaecology)
		<ul style="list-style-type: none"> The hospital should have provisions for a Tumour Board. Apart from the division of Gynaecological Oncology, following specialists should be available either on full time or visiting basis to provide necessary supportive care to the Gynaecological Oncology patients in the hospital and requisite training to DNB trainees: <ul style="list-style-type: none"> Radiation Oncologist Medical Oncologist Radiologist Pathologist 		
ix.	Interventional Radiology	DNB/MD (Radio Diagnosis) OR equivalent*	10 Years	5 Years
x.	Medical Gastroenterology	DNB/DM (Gastroenterology /Medical Gastroenterology) OR equivalent*	5 Years	2 Years

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xi.	Medical Genetics	DNB/DM (Medical Genetics) OR equivalent* OR DNB/MD/MS (General Medicine / Paediatrics / Obstetrics & Gynaecology) OR equivalent*	5 Years OR 8 Years of exclusive experience in Medical Genetics	2 Years OR 5 Years of exclusive experience in Medical Genetics
xii.	Medical Oncology	DM/DNB (Medical Oncology) OR equivalent*	5 Years	2 Years
xiii.	Neonatology	DM/DNB (Neonatology) OR equivalent	5 Years	2 Years
xiv.	Nephrology	DNB/DM (Nephrology) OR equivalent	5 Years	2 Years
xv.	Neuro Anaesthesia	DM (Neuro - Anaesthesia) OR DNB/MD (Anaesthesiology) OR equivalent*	5 Years of experience after DM (Neuro Anaesthesia) OR 8 Years of exclusive experience in Neuro Anaesthesia after DNB/MD (Anaesthesiology)	2 Years of experience after DM (Neuro Anaesthesia) OR 5 Years of exclusive experience in Neuro Anaesthesia after DNB/MD (Anaesthesiology)
xvi.	Neuro Surgery	DNB/MCh (Neuro Surgery) OR equivalent*	5 Years	2 Years
xvii.	Neurology	DNB/DM (Neurology) OR equivalent*	5 Years	2 Years

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xviii.	Paediatric Cardiology	DNB/DM(Cardiology) OR DNB (Paediatric Cardiology) OR DNB/MD (Paediatrics) OR equivalent*	5 Years of experience after DNB/DM (Cardiology) after DNB/MD (Paediatrics) OR 5 Years of experience after DNB (Paediatric Cardiology) OR 8 Years of exclusive experience in Paediatric Cardiology after DNB/MD (Paediatrics)	2 Years of experience after DNB/DM (Cardiology) after DNB/MD (Paediatrics) OR 2 Years of experience after DNB (Paediatric Cardiology) OR 5 Years of exclusive experience in Paediatric Cardiology after DNB/MD (Paediatrics)
xix.	Paediatric Critical Care	DM/DNB (Paediatric Intensive Care/Paediatric Critical Care) OR DNB/MD (Paediatrics) OR equivalent*	5 Years of experience after DNB/DM (Paediatric Intensive Care/ Paediatric Critical Care) OR 8 Years of exclusive experience in Paediatric Intensive Care after DNB/MD (Paediatrics)	2 Years of experience after DNB (Paediatric Intensive Care) OR 5 Years of exclusive experience in Paediatric Intensive Care experience after DNB/MD (Paediatrics)
xx.	Paediatric Surgery	DNB/MCh (Paediatric Surgery) OR equivalent*	5 Years	2 Years
xxi.	Plastic & Reconstructive Surgery	DNB/MCh (Plastic Surgery) OR equivalent*	5 Years	2 Years

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xxii.	Surgical Gastroenterology	DNB/MCh (Surgical Gastroenterology/ G.I. Surgery) OR equivalent*	5 Years	2 Years
xxiii.	Surgical Oncology	DNB/MCh (Surgical Oncology) OR equivalent*	5 Years	2 Years
xxiv.	Thoracic Surgery	DNB/MCh (Thoracic Surgery/Cardio Thoracic and Vascular Surgery) OR DNB/MS (General Surgery) OR equivalent*	5 Years of experience after DNB/MCh (Thoracic Surgery/Cardio Thoracic and Vascular Surgery) OR 8 Years of exclusive experience in thoracic surgery after DNB/MS (General Surgery)	2 Years of experience after DNB/MCh (Thoracic Surgery/Cardio Thoracic and Vascular Surgery) OR 5 Years of exclusive experience in thoracic surgery after DNB/MS (General Surgery)
xxv.	Urology	DNB/DM (Urology/Genito-Urinary Surgery) OR equivalent*	5 Years	2 Years
xxvi.	Vascular Surgery	DNB/MCh (Peripheral Vascular Surgery/Vascular Surgery/Cardio Thoracic and Vascular Surgery) OR DNB/MS (General Surgery) OR equivalent*	5 Years of exclusive experience after DNB/MCh (Peripheral Vascular Surgery/Vascular Surgery/Cardio Thoracic and Vascular Surgery) OR 8 Years of exclusive experience in VS after DNB/MS (General Surgery)	2 Years of exclusive experience after DNB/MCh (Peripheral Vascular Surgery/Vascular Surgery/Cardio Thoracic and Vascular Surgery) OR 5 Years of exclusive experience in VS after DNB/MS (General Surgery)

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xxvii.	Cardio Vascular & Thoracic Surgery (Direct 6 Years Course)	DNB/MCh (Cardio Thoracic Surgery/Cardio Vascular and Thoracic Surgery) OR equivalent*	5 Years	2 Years
xxviii.	Neuro Surgery (Direct 6 Years Course)	DNB/MCh (Neuro Surgery) OR equivalent*	5 Years	2 Years
xxix.	Paediatric Surgery (Direct 6 Years Course)	DNB/MCh (Paediatric Surgery) OR equivalent*	5 Years	2 Years
xxx.	Plastic & Reconstructive Surgery (Direct 6 Years Course)	DNB/MCh (Plastic Surgery) OR equivalent*	5 Years	2 Years

* Where an equivalent qualification in the specialty concerned is provided for a proposed faculty by the applicant hospital, the same shall be deliberated by NBE on a case to case basis for being considered as a faculty in the applicant department.

Eligibility Criteria for Faculty- Qualification & Experience (Fellowship Courses)

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
i.	Arthroplasty	DNB/MS (Orthopaedics) OR equivalent*	8 Years	5 Years
ii.	Breast Imaging	DNB/MD (Radio Diagnosis) OR equivalent*	8 Years	5 Years
iii.	Hand & Micro Surgery	DNB/MS (Orthopaedics) OR DNB/MCh (Plastic Surgery) OR equivalent*	8 Years of exclusive experience after DNB/MS (Orthopaedics) OR 5 Years of exclusive experience after DNB/MCh (Plastic Surgery)	5 Years of exclusive experience after DNB/MS (Orthopaedics) OR 2 Years of exclusive experience after DNB/MCh (Plastic Surgery)
iv.	Infectious Diseases	DNB/MD (General Medicine/Internal Medicine) OR equivalent*	8 Years	5 Years
v.	Laboratory Medicine	DNB/MD (Biochemistry/Pathology/ Microbiology) OR equivalent*	8 Years	5 Years
vi.	Maternal & Foetal Medicine	DNB/MS (Obstetrics & Gynaecology) OR equivalent*	8 Years	5 Years
vii.	Minimal Access Surgery	DNB/MS (General Surgery) OR equivalent*	8 Years	5 Years

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
viii.	Paediatric Gastroenterology	DNB/DM (Gastroenterology)	5 Years of experience after DNB/DM (Gastroenterology) after DNB/MD (Paediatrics)	2 Years of experience after DNB/DM (Gastroenterology) after DNB/MD (Paediatrics)
		OR	OR	OR
		FNB (Paediatric Gastroenterology)	5 Years of experience after FNB (Paediatric Gastroenterology)	2 Years of experience after FNB (Paediatric Gastroenterology)
		OR	OR	OR
		DNB/MD (Paediatrics) OR equivalent*	8 Years of exclusive experience in Paediatric Gastroenterology after DNB/MD (Paediatrics)	5 Years of exclusive experience in Paediatric Gastroenterology after DNB/MD (Paediatrics)

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
ix.	Paediatric Hemato-Oncology	DNB/DM (Hematology/Medical Oncology) OR FNB (Paediatric Hemato-Oncology) OR DNB/MD (Paediatrics) OR equivalent*	5 Years of exclusive experience after DNB/DM (Hematology/ Medical Oncology) after DNB/MD (Paediatrics) OR 5 Years of experience after FNB (Paediatric Hemato-Oncology) OR 8 Years of exclusive experience in Paediatric Hemato-Oncology after DNB/MD (Paediatrics)	2 Years of exclusive experience after DNB/DM (Hematology/ Medical Oncology) after DNB/MD (Paediatrics) OR 2 Years of experience after FNB (Paediatric Hemato-Oncology) OR 5 Years of exclusive experience in Paediatric Hemato-Oncology after DNB/MD (Paediatrics)
x.	Paediatric Nephrology	DNB/DM (Nephrology) OR DNB/MD (Paediatrics) OR equivalent*	5 Years of experience after DNB/DM (Nephrology) after DNB/MD (Paediatrics) OR 8 Years of exclusive experience in Paediatric Nephrology after DNB/MD (Paediatrics)	2 Years of experience after DNB/DM (Nephrology) after DNB/MD (Paediatrics) OR 5 Years of exclusive experience in Paediatric Nephrology after DNB/MD (Paediatrics)

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xi.	Pain Medicine	MD/DNB (Anaesthesiology) OR equivalent*	8 years Post PG Experience out of which at least 5 years should in the area of pain management practice (certificate from Dean / Principal / Director / HOI)	5 years Post PG Experience out of which at least 2 years should in the area of pain management practice (certificate from Dean / Principal / Director / HOI)
xii.	Reproductive Medicine	DNB/MS (Obstetrics & Gynaecology) OR equivalent*	8 Years	5 Years
xiii.	Spine Surgery	DNB/MS (Orthopaedics) OR DNB/MCh (Neuro Surgery) OR equivalent*	8 Years of experience after DNB/MS (Orthopaedics) OR 5 Years of experience after DNB/MCh (Neuro Surgery)	5 Years of experience after DNB/MS (Orthopaedics) OR 2 Years of experience after DNB/MCh (Neuro Surgery)
xiv.	Sports Medicine	DNB/MS (Orthopaedics) OR equivalent*	8 Years	5 Years
xv.	Trauma & Acute Care Surgery (previously Trauma Care)	DNB/MS (General Surgery) OR MS (Traumatology & Surgery) OR equivalent*	8 Years	5 Years
xvi.	Vitreo Retinal Surgery	DNB/MS (Ophthalmology) OR equivalent*	8 Years	5 Years
xvii.	Interventional Cardiology	DNB/DM (Cardiology) OR equivalent*	5 Years	2 Years
xviii.	Liver Transplantation	DNB/MCh (Surgical Gastroenterology/G.I. Surgery) OR equivalent*	5 Years	2 Years

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xix.	Neurovascular Intervention	MCh/DNB/DM or equivalent* post-doctoral qualification in either Neurosurgery or Neurology or Neuroradiology	5 years of experience in Neurovascular Interventions after qualifying MCh/DNB/DM or equivalent post-doctoral qualification in either Neurosurgery or Neurology or Neuroradiology	2 years of experience in Neurovascular Interventions after qualifying MCh/DNB/DM or equivalent post-doctoral qualification in either Neurosurgery or Neurology or Neuroradiology
		OR MD/DNB or equivalent* in the specialty of Radio diagnosis	OR 8 years of experience in the area of neurovascular interventions after qualifying MD/DNB or equivalent in the specialty of Radio diagnosis	OR 5 years of experience in the area of neurovascular interventions after qualifying MD/DNB or equivalent in the specialty of Radio diagnosis

* Where an equivalent qualification in the subject concerned is provided for a faculty, the same shall be deliberated by the NBE on a case to case basis for being considered as a faculty in the applicant department.

4.19. In case of nascent specialties, NBE may consider a faculty with recognized PG degree qualification in allied/parent specialties with adequate experience in the area of applicant specialty in a recognized department or may relax the minimum experience required. However, the exclusive experience of faculty in applicant specialty should be substantiated with work experience certificates and research publications.

4.20. **Research Experience:** The faculty in the applicant department (collectively) should have a minimum of 5 research activities to their credit. These research activities include publications such as research papers, review articles, case reports, abstracts etc.; presentations such as papers/posters presented in conferences etc.

4.21. **Senior Residents:** 2 (two) Senior Residents are *desirable* in the department. They must possess recognized Degree/Diploma qualification in the specialty.

- **In Broad specialties disciplines**, the degree/diploma should not have been awarded more than 60 months earlier from the date of filing the application. Sr.

Residents with diploma qualification must possess minimum of 2 years of Post diploma experience in the specialty concerned.

- **In Super specialty disciplines**, Senior residents with respective broad specialty qualification and above stated experience shall be acceptable. Faculty with DM/MCh/DNB (SS) qualification shall be accepted as Senior Residents till such time they qualify to become Junior Consultants.

4.22. Sr. Residents pursuing any academic course in the department (DrNB Super Specialty/DM/MCh/Fellowship/any other) after qualifying PG Degree qualification shall be considered as *Academic Sr. Resident*. Those who are not pursuing any such academic courses shall be considered as *Non Academic Senior Residents*.

4.23. Proposed faculty in the applicant department shall be required to submit a declaration form in the prescribed format while submitting application to NBE. The duly filled declaration form has to be uploaded at the time of online submission of the application form.

4.24. The applicant hospital shall be required to verify the correctness and veracity of each content of faculty declaration forms and endorse the same as true and correct. The applicant hospital shall be responsible besides the faculty himself/herself for any misdeclaration or misstatement, in the event of declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false.

4.25. The faculties of General Medicine, General Surgery, Paediatrics or Obstetrics & Gynaecology counted for the programme of DNB Family Medicine shall be allowed to be counted as a faculty in their respective specialties as well.

4.26. **Full time status of Faculty:** As per NBE criteria, the applicant hospital shall be the principal place of practice of the consultant who is proposed as faculty for the course. Faculty should declare to work full time (6 – 8 hour/day) in the applicant hospital and the same has to be confirmed in the faculty declaration form.

4.27. Part time and visiting consultant shall not be considered as a faculty for NBE courses and shall not be counted towards minimum required faculty for the purpose of accreditation of the applicant department.

4.28. NBE shall verify the full-time status of faculty in the hospital concerned through a set of documents including but not limited to, declaration form of the faculty, undertaking for principle place of practice (Annexure 'FT') available at <https://accr.natboard.edu.in/> under the link Downloads, Form-16/16A, Form-26AS of the faculty, Salary/Bank statements, HIS data etc.

4.29. **Thesis Guide/Co-Guide:** Thesis Guides/Co-Guides can be assigned for NBE trainees only from the eligible and approved faculty for the courses as mentioned in “accreditation agreement”.

- The accredited department should identify suitable faculty for NBE courses who qualifies as thesis guides/co-guides as per applicable NBE criteria detailed below.
- For specialties which have Post Diploma 2-year DNB courses (refer page 7), a Senior Consultant can guide a maximum of two DNB trainees: one Post MBBS candidate & one Post Diploma candidate.
- For specialties which do not have any Post Diploma 2-year DNB courses, a Senior consultant can guide a maximum of two DNB trainees per year.
- Junior Consultants can only co-guide a DNB trainee in the applicant department. Senior and Junior Consultants can only be co-guides to DNB trainees of other departments. Junior Consultants, Senior Residents and Adjunct/Part time/Visiting Consultants cannot be assigned as thesis guides.

4.30. **Changes in Faculty Status:** The applicant department once accredited with NBE is required to maintain the minimum required staff position at all times. No changes in the faculty shall be made within the period of accreditation. However, under extreme circumstances if the Faculty/Guide present at the time of accreditation is to be replaced, the same has to be carried out within 3 months under intimation to the NBE.

4.31. In case of any change in faculty during the accredited period, it shall be required to induct only eligible faculty as a replacement of faculty who has left.

4.32. Newly introduced faculty in the accredited department shall be required to submit the following documents to NBE:

- Declaration form in the prescribed format
- Additional Qualification Registration Certificate (AQRC)
- Form 16/16A & 26AS
- Letter of appointment issued by the accredited hospital
- Relieving letter from last employer, if any

4.33. The applicant hospital shall maintain details of its full-time faculty for NBE courses on its official website indicating their designations and time period of availability in the hospital.

4.34. The faculty status in the department shall be reviewed annually with each annual review conducted by NBE. The hospital shall be required to confirm availability of minimum required faculty for continuation of accreditation during the provisionally accredited period.

- 4.35. Each consultant who has been shown as faculty for NBE course will devote at least 10 hours per week for teaching/training in terms of case discussion, seminar, ward round, journal club etc. for NBE trainees. This is in addition to his/her assigned clinical & other hospital responsibilities.
- 4.36. The minimum teaching programme per week shall comprise of 5 hours of didactic teaching (Seminars, Journal Clubs, Lectures etc) and 5 hours of clinical/bed side teaching. Each consultant will have to attend NBE CMEs or faculty development workshops as conducted by NBE time to time.

C. Patient Load in the applicant department/specialty

- 4.37. The applicant department should have minimum required patient load in OPD registrations and/or IPD admissions as tabulated below. The hospital shall be required to furnish the OPD & IPD patient load in the applicant department for last 02 years.
- 4.38. In surgical disciplines, details of surgical case load shall be required for last 02 years in terms of major and minor surgeries performed by the department. Spectrum of clinical/surgical diagnosis available in the department for last 02 years shall be required to be furnished in the application form as per prescribed formats.
- 4.39. NBE may verify the patient load data furnished in application submitted with supportive documents such as HIS records, OT registers etc.
- 4.40. General patients are those patients that shall be accessible at all times for supervised clinical work to NBE trainees. Data of General patients shall be accessible to NBE trainees for research purposes subject to applicable ethical guidelines and clearances from Institutional Ethics Committee & Institutional policies. The applicant department should have a minimum of 30% Patients under this category.

Minimum Patient Load Requirement for Broad Specialty Courses:

S. No.	Departments	Minimum Patient Load per year in the concerned specialty /department
i.	Anaesthesiology	<p>Reference is made to optimal case load in clinical disciplines and labs/associated facilities in Pre/Para clinical disciplines.</p> <p>Departments should have adequate case load and case mix (spectrum of diagnosis) in all essential modalities to support PG teaching & training</p>
ii.	Anatomy	
iii.	Biochemistry	
iv.	Community Medicine	
v.	Forensic Medicine	
vi.	Hospital Administration	
vii.	Immunohematology and Blood Transfusion	
viii.	Microbiology	
ix.	Nuclear Medicine	
x.	Pathology	
xi.	Pharmacology	
xii.	Physiology	
xiii.	Radio Diagnosis	
xiv.	Dermatology, Venereology and Leprosy	<p>The Annual Dermatology OPD attendance should be at least 20,000. 30% of the patient load should be "General".</p> <p>IPD: Primarily Day Care/ Consultation based Specialty; Department should have adequate spectrum of diagnosis to support PG teaching & training</p>
xv.	Emergency Medicine	At least 6000 Emergency Room visits per year; Adequate case mix (spectrum of diagnosis) in the department
xvi.	Family Medicine	<p>Total OPD: 10000; at least 3000 General Patients</p> <p>Total IPD: 2000; at least 600 General Patients</p> <p>(This is inclusive of OPD & IPD load in General Medicine, General Surgery, Paediatrics and Obstetrics & Gynecology)</p>

S. No.	Departments	Minimum Patient Load per year in the concerned specialty /department
xvii.	General Surgery	<p>Total OPD: 5000; at least 1500 General Patients</p> <p>Total IPD: 1000; at least 300 General Patients</p> <p>At least 300 major and 400 minor surgeries should have been performed by the department of General Surgery as per Annexure – CM – SURG (available at https://accr.natboard.edu.in/ under the link Downloads).</p>
xviii.	General Medicine	<p>Total OPD: 5000; at least 1500 General Patients</p> <p>Total IPD: 1000; at least 300 General Patients</p>
xix.	Otorhinolaryngology (ENT)	
xx.	Paediatrics	
xxi.	Physical Medicine and Rehabilitation	
xxii.	Psychiatry	
xxiii.	Respiratory Medicine	

S. No.	Departments	Minimum Patient Load per year in the concerned specialty /department
xxiv.	Obstetrics & Gynaecology	<p>Total OPD: 5000; at least 1500 General Total IPD: 1000; at least 300 General</p> <ul style="list-style-type: none"> A total of 1000 procedures (Major and Minor combined) per annum as per Annexure - CM – OBGY (available at https://accr.natboard.edu.in/ under the link Downloads.) performed by the department of Obstetrics & Gynaecology (OBGY) shall be considered optimal. If the Obstetrical component is less than 600 procedures per annum, the trainees of that department shall undertake an externship to another recognized department of OBGY where Obstetrical component is surplus to support additional trainees. Similarly, wherever the Gynaecological component is less than 400 procedures per annum, the trainees of that department shall undertake an externship to another recognized department of OBGY where Gynaecological component is surplus to support additional trainees. Minimum Normal Vaginal Deliveries /LSCS/Gynae procedures/Cancer surgeries shall be 300/100/100/10 respectively per year.
xxv.	Ophthalmology	<p>Total OPD: 5000; at least 1500 General Patients</p> <p>Department should have adequate surgical case load and spectrum of diagnosis to support PG teaching & training (at least 1000 surgeries per year)</p>
xxvi.	Orthopaedics	<p>Total OPD: 5000; at least 1500 General Patients Total IPD: 1000; at least 300 General Patients</p> <p>The department should be doing at least 800 surgical procedures; of which 500 should be major procedures as detailed under Annexure – CM – ORTHO (available at https://accr.natboard.edu.in/ under the link Downloads).</p>

S. No.	Departments	Minimum Patient Load per year in the concerned specialty /department
xxvii.	Radiation Oncology	Total OPD: 5000; at least 1500 General Patients Total IPD: 1000; at least 300 General Patients In certain disciplines, cross referred cases from other departments shall be considered towards IPD admissions.

Minimum Patient Load requirements in Super Specialty Courses:

S. No.	Departments	Minimum Patient Load per year
i.	Cardio Vascular & Thoracic Surgery	<p>Total OPD: 3500; at least 1000 General Patients Total IPD: 1000; at least 300 General Patients</p> <p>The spectrum of diagnosis available in the department shall be required to be furnished as per prescribed format (available at https://accr.natboard.edu.in/ under the link Downloads).</p>
ii.	Cardio Vascular & Thoracic Surgery (Direct 6 Years Course)	
iii.	Cardiology	
iv.	Clinical Haematology	
v.	Medical Gastroenterology	
vi.	Medical Oncology	
vii.	Nephrology	
viii.	Neuro Surgery	
ix.	Neuro Surgery (Direct 6 Years Course)	
x.	Neurology	
xi.	Paediatric Cardiology	
xii.	Paediatric Surgery	
xiii.	Paediatric Surgery (Direct 6 Years Course)	
xiv.	Plastic & Reconstructive Surgery	
xv.	Plastic & Reconstructive Surgery (Direct 6 Years Course)	
xvi.	Surgical Gastroenterology	
xvii.	Surgical Oncology	
xviii.	Thoracic Surgery	
xix.	Vascular Surgery	
xx.	Cardiac Anaesthesia	Total IPD of respective Surgical department: 1000; at least 300 General Patients
xxi.	Neuro Anaesthesia	Department should perform adequate surgical procedures to support PG teaching & training
xxii.	Clinical Immunology and Rheumatology	<p>Primarily day Care/Consultation based Specialty Total OPD: 3500; 1000 should be General Patients</p>
xxiii.	Endocrinology	
xxiv.	Medical Genetics	

S. No.	Departments	Minimum Patient Load per year
xxv.	Critical Care Medicine	ICU admissions: 1000; at least 300 General Patients (MICU, SICU, ICCU admissions);
xxvi.	Gynaecological Oncology	300 IPD admissions in a year. Cases admitted with Gynaecological Oncology diagnosis in another allied department shall also be considered 700 OPD registrations in a year. Follow-up visits shall also be considered At least 100 radical + Ultra-radical surgeries in a year. Spectrum of diagnosis should include all premalignant, suspected malignant and malignant conditions in the female reproductive tract and details shall be required to be furnished as per prescribed format.
xxvii.	Neonatology	NICU admissions: 1000
xxviii.	Paediatric Critical Care	PICU admissions: 1000
xxix.	Urology	Total OPD: 3500; at least 1000 General Patients Total IPD: 1000; at least 300 General Patients The spectrum of diagnosis available in the department shall be required to be furnished as per prescribed format (available at https://accr.natboard.edu.in/ under the link Downloads). The applicant hospital should perform at least 10 renal transplants in a year OR DrNB Urology trainees should be rotated to another centre recognized for MCh/DrNB Urology programme and performing at least 50 renal transplants per year.

Minimum Patient Load requirement in Fellowship Courses:

S. No.	Sub - Specialty	Minimum Patient Load per year
i.	Arthroplasty	<p>Fellowship courses are sub-specialty skill based programme wherein requirement of beds & IPD services can be part and parcel of the main clinical department;</p> <p>The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.</p>
ii.	Hand & Micro Surgery	
iii.	Infectious Diseases	
iv.	Interventional Cardiology	
v.	Maternal & Foetal Medicine	
vi.	Minimal Access Surgery	
vii.	Paediatric Gastroenterology	
viii.	Paediatric Hemato-Oncology	
ix.	Paediatric Nephrology	
x.	Reproductive Medicine	
xi.	Spine Surgery	
xii.	Sports Medicine	
xiii.	Vitreo Retinal Surgery	
xiv.	Breast Imaging	<p>Minimum Case load per Year:</p> <p>Mammography: 1500</p> <p>Breast MRI: 150</p> <p>Ultrasound Guided Pre-operative needle localizations/ Core Biopsy (Stereotactic/ FNAC/Axillary Lymph node Biopsy): 250</p>
xv.	Laboratory Medicine	Cumulative case load of Biochemistry /Microbiology /Pathology shall be considered.
xvi.	Liver Transplantation	At least 60 Liver Transplants annually.

S. No.	Sub - Specialty	Minimum Patient Load per year
xvii.	Neurovascular Intervention	<p>At least 100 Diagnostic Cerebral and Spinal Angiograms per annum</p> <p>At least 50 Therapeutic Neurovascular Interventions per annum including the following:</p> <ul style="list-style-type: none"> • Cerebral Arterial/ Venous Sinus Thrombolysis/Thrombectomy • Internal Carotid & External Carotid Angioplasty & Stenting • Endovascular treatment of brain & spine Aneurysm • Endovascular treatment of AVM, Dural fistulas and other malformations of brain & spine • Balloon test occlusion • Pre-Op embolization • Inferior Petrous sinus sampling • Percutaneous embolization
xviii.	Pain Medicine	<p>OPD: 3000 pain clinic patients per year IPD: as per requirement</p> <p>Major and Minor Pain management procedures including interventional procedures (minimum 500 per year)</p> <p>Minimum required Spectrum of Diagnosis/ Interventions required as per format.</p>
xix.	Trauma & Acute Care Surgery (previously Trauma Care)	<p>Case Load: Hospital should have adequate number of surgical emergencies (traumatic and non-traumatic)</p> <ol style="list-style-type: none"> Emergency Department attendance- Minimum 500 patients per month of surgical emergencies (both trauma and non-trauma). Number of admissions in IPD- Minimum of 50 patients per month of surgical emergencies (both trauma and non-trauma)

D. Physical Facilities & Supportive Services

4.41. **Out Patient Department:** The applicant hospital should possess adequate space for:

- Registration of patients along with facilities for centralized & computerised record keeping with proper indexing (such as HIS data etc.)
- Adequate number of rooms for examining the patients in privacy.
- Case conference room/teaching room in OPD area

4.42. **In-Patient Department:** The hospital should possess adequate space for doctor's duty room with adequate facilities for toilet, adequate space for each bed and in between, for side laboratory, for clinical investigations and separate room for clinical conference (ward teaching) etc.

4.43. **Emergency Medical/ Critical Care:** The applicant hospital should have 24 hours emergency and critical care services having adequate number of beds with supportive facilities for resuscitation and good medical cover, including Emergency Surgery O.T., ICU etc.

4.44. **OT Complex:** Hospitals seeking accreditation with NBE in surgical specialties should have:

- Adequate number of operation theatres: Modular/ Major/Minor
- Essential Surgical & Anaesthesia equipments in OT, Post Op Care area and Intensive Care units
- Anesthesiologists both for the hospital service and training of candidates
- Other Allied Health/Para medical staff
- Intensive Care Unit for surgical emergencies/critical care of patients
- Post-operative ward/Recovery Area.
- Simulation/Skill Lab based hands on training provisions for training of DNB trainees

4.45. **Supportive Services:** The applicant hospital should have provisions for necessary supportive services for patient care as well as training of DNB & FNB trainees such as:

- Radiology & Essential Imaging modalities
- Clinical Biochemistry
- Clinical Haematology
- Clinical Microbiology
- Surgical Pathology/Histopathology, Cytology
- Blood Bank/Storage
- Dietetics department with qualified dietician

- CSSD
- Medical Record Department
- Any special diagnostic or therapeutic support service required for the applicant department

E. Teaching & Training Facilities

4.46. **Training in Basic Sciences:** The applicant hospital is required to make provisions for training & teaching of NBE trainees in applied basic sciences as relevant to the applicant specialty.

4.47. The applicant hospital is required to arrange appropriate number of lectures/demonstrations /group discussions/seminars in applied basic sciences as relevant to the applicant specialty.

4.48. As per NBE criteria the hospital should have one of the following provisions for applied basic science teaching & training:

- A team comprising of in-house faculty from relevant surgical disciplines (such as General Surgery, Obstetrics & Gynaecology, Orthopaedics, Surgical Super Specialty etc.) to provide applied anatomy teaching/training and faculty from relevant medical disciplines (such as General Medicine, Paediatrics, Medical Super specialties etc.) to provide applied physiology & pharmacology teaching/training to the NBE trainees as applicable to the applicant specialty may be constituted. The biochemist, microbiologist & pathologist with PG degree medical qualifications in the hospital shall supplement the above team for applied basic science training.

‘OR’

- Specialists in basic sciences can visit the applicant hospital as adjunct/ guest faculty to impart the applied basic science teaching/ training to NBE trainees of the applicant hospital as relevant to the applicant specialty.

‘OR’

- A tie up with other institution (e.g. a medical or dental college/university/institute) may be undertaken to provide applied basic science teaching/training. A Memorandum of Understanding (MoU)/Permission letter from the Head of Institute of respective Medical or Dental College/University/Institute should be submitted confirming to the said arrangement.
- Details of identified in-house/visiting faculty specifying their PG degree qualifications for training in basic sciences specialties shall be required to be submitted as per prescribed format (**Annexure ‘Basic Sciences {BS}’**) available at <https://accr.natboard.edu.in/> under the link **Downloads**.

- 4.49. Accredited hospitals should also rotate their DNB & FNB trainees (in addition to the routine duties) in their hospital's laboratory so as to enable them to gain knowledge in laboratory procedures related to Pathology, Histopathology, Biochemistry, Microbiology, Genetics etc.
- 4.50. **Institutional Ethics Committee:** All NBE accredited hospitals have to mandatorily have an Ethics Committee. The composition of Ethics Committee has to be in accordance with 'New Drugs & Clinical Trials Rules, 2019' notified by Ministry of Health & Family Welfare, Government of India.
- 4.51. As per MoHFW Notice No. U.11024/01/2018-HR(Part-2)/8015255 dated 12th September 2019, registration of Ethics Committee at institutes undertaking Biomedical and health research involving human participants with Department of Health & Research (DHR), Ministry of Health & Welfare, Government of India is compulsory. **[Click here for aforesaid MoHFW notice](#)**
- 4.52. All NBE accredited hospitals are required to register their Ethics Committee with Department of Health Research in the Ministry of HFW as indicated in the aforementioned notice. The accredited hospitals which do not have their own in-house Ethics Committee will have to enter into a MoU with another nearby institute having its own in-house Ethics Committee duly registered with DHR, MoHFW.
- 4.53. The accredited hospitals shall have to inform their registration number at email accr@natboard.edu.in after obtaining the same from DHR, MoHFW. The hospital entering into an MoU will have to submit a copy of MoU at accr@natboard.edu.in
- 4.54. **Scientific Research Committee/Institutional Research Committee:** In addition to the IEC, the applicant hospital should also have an Institutional Research Committee/Scientific Research Committee (SRC) to mentor & review research projects in the hospital comprising of following members as per NBE guidelines:
- Head of the Institute - Shall be the Chairman of the Committee
 - Statistician
 - Local teaching faculty of the level of Professor/Sr. Consultant from other hospitals/institutions
 - Guide & Co-Guide(s) of concerned DNB trainee
 - Basic Sciences Faculty.
- 4.55. Further members can be incorporated as a part of the above committee and all faculty members including Guide, Co-Guides will act as ex-officio members.

- 4.56. SRC has to be constituted in-house (as per composition prescribed above) as it includes thesis guides of DNB candidates. The thesis protocols of DNB trainees shall be required to approved by the IEC and SRC.
- 4.57. **Library facilities:** The applicant department should have subscribed to at least 04 journals in the specialty applied for. Please refer respective curriculum available on NBE website for recommended readings. At least 02 of these 04 journals should be international. Electronic journals are acceptable and it is not mandatory to have print journals. Subscription of journals should be accessible to DNB & FNB trainees.
- 4.58. Whereas the requirement of minimum 04 journal subscription (at least 02 of which are international) is asked at the time of applying for fresh accreditation & followed up with each subsequent annual review, it **shall not be a limiting parameter** for deciding grant or non-grant of accreditation at the time of fresh accreditations.
- 4.59. For departments which are seeking renewal of accreditation, it shall be an essential requirement to have valid suscriptions of minimum required journals as per NBE criteria.
- 4.60. The recommended text books and reference books in the specialty applied for shall be required to be made available in the hospital library. NBE appointed assessor shall be verifying the subscription of journals and purchase of books against relevant documents at the time of NBE assessment. Subscription of journals should be in the name of applicant hospital.

5. Guidelines for Accredited Hospital

A. Rotational Posting Guidelines

- 5.1. Rotational Postings of DNB & FNB trainees: DNB & FNB trainees can be rotated outside the applicant hospital as per guidelines tabulated below:

Nature of Rotation	Purpose/Reason	Maximum Permissible period of rotation
Rotation of trainees outside the applicant hospital (for exposure in areas which are deficient in-house) to another NBE/MCI recognized center A memorandum of understanding is required to be submitted as per prescribed Annexure - MoU (RP) available at https://accr.natboard.edu.in under the link Downloads	Hospital applying for Direct 6 year courses & not having DNB General Surgery in their own hospital are required to rotate its trainees for training in basic principles of surgery to a NBE / MCI recognized General Surgery department.	9 months
	The departments which do not have all the sub-specialities in-house can rotate its trainees to another MCI/NBE recognized centres. Rotation for core areas is not permissible.	06 months
	District Hospitals owned by State Government. need to rotate its trainees to Annexed Secondary nodes for exposure in deficient in-house departments (Annexure - Secondary node to be completed) available at https://accr.natboard.edu.in under the link Downloads	01 year
Externship for skill enhancement to centers of excellence; <i>Subject to availability and requirements</i>	Direct 6 year course candidates in the 6 th year of their training can be rotated to one of the centers of excellence for additional skill enhancement in specialized procedures	Maximum 01 year at any NBE/MCI recognized centre of excellence

- 5.2. The externship of DNB/FNB trainees is not automatic. Proposal for externship should be included as a component of accreditation application for areas which are deficient in-house. NBE consider the proposal along with processing of accreditation application and consider grant of accreditation, including the proposed externship, on fulfilment of minimum requirement.

- 5.3. Rotation of the NBE trainees in hospitals/institutions that are not accredited with NBE or MCI or Government of India is not permitted.
- 5.4. The rotation shall be a hands-on experience and not mere observership.
- 5.5. The parent hospital/institute have to monitor the training of its candidates. The thesis guide of the candidate shall continue to provide teaching and mentoring support during this period to the trainee.
- 5.6. The stipend of the candidate during this period of training outside the hospital / institute in another accredited institute shall be borne by the parent institute itself.
- 5.7. Both the partnering institutes shall mutually agree on the nature of responsibilities of the respective hospital / institute. A Memorandum of Understanding shall be signed between both the partnering hospitals/institutes as per prescribed **Annexure - MoU (RP)** available at <https://accr.natboard.edu.in/> under the link **Downloads**.

B. Fee to be paid by the Trainee:

- 5.8. The fee shall be collected annually and has to be paid by the trainee at the start of each academic year.
- 5.9. In any circumstances the fee shall be non-refundable to the candidates, if he/she leaves NBE training after joining the course.
- 5.10. The accredited hospital cannot charge any other fees like capitation fees, security deposit, security bond, and caution bond in the form of cash, fixed deposit, bank guarantee, and agreement by any instrument whatsoever. However, State Government owned District Hospitals applying under NBE Courses can implement a service bond with prior approval of NBE.
- 5.11. It is not mandatory or binding on the hospital to charge maximum fees or any part thereof from the trainee resident doctors.
- 5.12. The accredited hospital cannot charge any fees or an amount in any form, over and above the ceiling amounts prescribed by NBE.

5.13. The maximum fee that can be collected from a Trainee annually is tabulated below:

Heads	Charges * (in INR) per year
Academic fee	75,000/-
Library fee	15,000/-
Annual Appraisal fee	15,000/-
Accommodation Charges	20,000/-
Total	1,25,000/-

- The accommodation charges cannot be levied if the accredited hospital is not providing accommodation to DNB, DrNB & FNB trainees.

C. Stipend Guidelines

5.14. Paying stipend to the NBE candidates is compulsory.

5.15. According to the NBE stipend policy, the hospital shall have to pay the NBE candidates a basic stipend as follows or basic stipend according to state government policy (whichever is higher):

Post MBBS DNB (Broad Specialty) Courses:

Year of DNB Training	Stipend (in INR) per month
<input type="checkbox"/> First Year	35,000/-
<input type="checkbox"/> Second Year	37,000/-
<input type="checkbox"/> Third Year	39,000/-

Post Diploma DNB (Broad Specialty) Courses:

Year of DNB Training	Stipend (in INR) per month
<input type="checkbox"/> First Year	37,000/-
<input type="checkbox"/> Second Year	39,000/-

DrNB (Super Specialty) Courses:

Year of DrNB Training	Stipend (in INR) per month
<input type="checkbox"/> First Year	41,000/-
<input type="checkbox"/> Second Year	43,000/-
<input type="checkbox"/> Third Year	45,000/-

FNB Courses:

Year of FNB Training	Stipend (in INR) per month
<input type="checkbox"/> First Year	41,000/-
<input type="checkbox"/> Second Year	43,000/-

5.16. The phrase “basic stipend according to state government policy” in para above should be interpreted for different states as tabulated below:

Categories of States	The phrase “basic stipend according to state government policy” in NBE stipend guidelines should be interpreted as under:	
	For Broad Specialty trainees	For Super Specialty & FNB trainees
States where the stipend to MD/MS and DM/MCh trainees of State Government Medical Colleges is paid as a consolidated sum (without any break-up of basic pay and allowances)	The consolidated sum paid to MD/MS trainees of State Government Medical Colleges	The consolidated sum paid to DM/MCh trainees of State Government Medical Colleges
States where the stipend paid to MD/MS and DM/MCh trainees of State Government Medical Colleges is structured as a “Basic pay plus various allowances” and paid as per recommendations of 7 th CPC	Pay level 10 of 7 th CPC* {Cell 1, 2 and 3 of pay level 10 in pay matrix of 7 th CPC correspond to first, second and third year of training respectively}	Pay level 11 of 7 th CPC* {Cell 1, 2 and 3 of pay level 11 in pay matrix of 7 th CPC correspond to first, second and third year of training respectively}

** This does not include any kind of allowances as may be paid to MD/MS candidates in respective states. It is at liberty to the accredited hospitals to pay any allowances over and above the minimum sum prescribed by NBE.*

- 5.17. 4th, 5th & 6th year trainees of a Direct 6 year NBE courses shall be paid stipend equal to 1st, 2nd & 3rd year trainees of a Super specialty course respectively provided that they clear the DNB Part-I Examination.
- 5.18. Parity to the *basic stipend* paid by respective State government should be maintained and rates of stipend may kindly be periodically revised.
- 5.19. NBE accredited hospitals are at liberty to pay NBE trainees a monthly stipend more than the minimum stipend prescribed by NBE.
- 5.20. It is also desirable that the hospital provides accommodation to their trainees in addition to their stipend. However, the hospital shall not reduce the stipend of the trainees in lieu of providing accommodations.

D. Functionaries of the applicant hospital

- 5.21. The applicant hospital shall designate the following authorities from its staff for NBE courses:
- 5.22. **Head of the Institute/ Chief Medical Superintendent / CMO In-charge /Civil Surgeon/ Director:** Nodal officer for compliance of the rules and guidelines governing the programme as prescribed by NBE.
- 5.23. **NBE course Co-Ordinator (Single Point of Contact- SPoC):** He/She shall be the resource person either from the management or academic staff who shall communicate with NBE pertaining to smooth running of the NBE courses. The communication from NBE shall be sent to SPoC.
- 5.24. **Head of the Department / Senior Faculty/ In-charge:** Designated head of the applicant department/Senior faculty/ In-charge shall be responsible for all administrative formalities (such as verifying faculty declaration forms, signing applications/ various documents on behalf of the applicant department etc.) with NBE related to NBE courses. He/She shall be deciding the academic & duty/posting roster of NBE trainees.
- 5.25. It is mandatory that the applicant hospital nominates the aforesaid functionaries for the DNB course and indicate the same prominently with contact telephone no, mobile no and email-ID at the hospital's Notice Board for NBE trainees.

E. Grievance Redressal Committee (Accredited Hospital):

5.26. To address work-place based issues between the NBE trainees and NBE accredited hospitals, a Grievance Redressal Committee to be mandatorily constituted at each of the accredited hospital.

5.27. The accredited hospitals shall be required to constitute this committee as per composition tabulated below and widely notify the provisions made for addressing grievances of the NBE candidates.

S. No	Members	Role
1	Head of the Institute/ Chief Medical Superintendent / CMO In-charge /Civil Surgeon/ Director.	Chairman
2	Senior Faculty from Medical Specialty (In-House).	Member
3	Senior Faculty from Surgical Specialty (In-House).	Member
4	NBE programme Coordinator/SPoC of the hospital.	Member
5	Medical Superintendent/ HOD or equivalent in the hospital.	Member
6	Representative of NBE trainees of the hospital.	Member
7	External Medical Expert of the Rank of Professor of a Government Medical College (or equivalent) with Basic Science background.	Member

5.28. The **Terms of Reference** for this committee shall be as under:

- To attend to grievances of registered NBE trainees related to NBE training against the hospital.
- To attend to disciplinary issues related to NBE training against registered NBE trainees of the hospital.
- To submit an action taken report to NBE in matters which are escalated for redressal at NBE level.

5.29. Any grievance related to DNB/FNB training shall be attended by this committee. Such matter shall not ordinarily be entertained by NBE, however, if the complainant is not satisfied with the decision of the hospital Grievance Redressal Committee, such matters shall be forwarded for further adjudication by NBE.

6. District DNB/DrNB Programme at State Government owned District/ General/ Civil hospitals

- 6.1. State Government willing to start NBE Programme at State Government owned District/ General/Civil hospitals shall have to identify potential hospitals which meet the minimum accreditation requirements as detailed under chapter 4. However, the applicant district hospital shall be able to utilize the facilities and infrastructure of annexed Secondary node for the purpose of training of NBE trainees at the applicant district hospital.
- 6.2. The Annexed Secondary node is a recognized Medical college offering PG courses/ NBE accredited Government hospital which can supplement the following requirements at the applicant district hospital:
 - Basic Science teaching and training
 - Library Facilities
 - Research Support
 - Hands on training
 - Rotational Posting in Sub-specialty areas
- 6.3. The State Government will be required to ensure that an operational tie up with annexed secondary node, the facilities/ infrastructure of which are proposed to be utilized for training of NBE trainees at the applicant district hospital, continues uninterrupted for the period of accreditation.
- 6.4. No changes in the faculty should be made within the period of accreditation. However, under extreme circumstances if the Faculty/Guide present at the time of assessment at any of the applicant district hospital or adjunct PG teacher of annexed secondary node is to be replaced, the same has to be carried out within 3 months under intimation to NBE and minimum faculty status shall be maintained at all times during the period of accreditation.
- 6.5. **50% of the Degree seats in the District hospitals shall be reserved for in-service candidates of the concerned State.** The remaining 50% seats in the District hospitals shall be open seats to be filled on all India basis. Statutory reservation for SC, ST, OBC & PWD candidates shall be applicable for the Diploma seats in the Government hospitals. The District hospitals accredited for Diploma seats shall be required to maintain the reservation roster for SC/ST/OBC candidates at their own level / State level.

6.6. The State Government shall be required to ensure that NBE training at applicant district hospitals is carried out in accordance with prescribed NBE guidelines. The following undertakings have to be submitted along with the application form:

- (i) **An undertaking of the Principal Secretary (Health) to the State Government** confirming to the same shall be required to be submitted as per prescribed format along with Main application form.
- (ii) An undertaking for tie up with Secondary Node shall be required to be submitted as per the prescribed **Annexure – Secondary Node** available at <https://accr.natboard.edu.in/> under the link Downloads. The tie up may be undertaken only for those areas which are deficient in-house.

7. Communication Protocol for Accreditation Purposes

7.1. The preferred mode for handling the accreditation related query shall be by email. The emails may be sent to accr@natboard.edu.in

7.2. Ordinarily, telephonic query will not be entertained; in case of the telephonic query the following information shall not be revealed under any circumstances:

- Internal movement of file
- Decision of NBE regarding grant/non-grant of accreditation
- Any claim/counter claim thereof
- Dates & venue of NBE meetings or name of the NBE officers or office bearers
- Any information which in the opinion of NBE cannot be revealed.

7.3. Through OAAP the hospital can access the following:

- Notices & Circulars issued by NBE
- Information bulletin
- Submission of Application form
- Status of applications
- Submit the application form for Annual Review
- NBE accredited seats
- Approved faculty for the Accredited Specialty
- Addition/Change the SPOC/HOD/DNB coordinator
- Submit consent for Seat Matrix for the purpose of Counseling

- Download Accreditation related Annexures/Documents
- Update Hospital Profile
- View Grievance Committee Details
- Change Password

7.4. Communication shall only be processed if the same is issued by:

- Head of the Institute/ Chief Medical Superintendent / CMO In-charge /Civil Surgeon/ Director
- SPoC. In case of any changes in the SPoC, the hospital shall be required to first update the details of new SPoC on OAAP, before correspondence with new SPoC can be accepted by NBE.

7.5. Queries shall not be entertained from persons claiming themselves to be representative, associates or offciates of the applicant institute/ hospital.

7.6. Contact details:

Email ID:	accr@natboard.edu.in
Phone No:	011-45593060
Postal Address:	National Board of Examinations, Medical Enclave, Ansari Nagar, New Delhi -110029

7.7. Queries related to registration of candidates and counselling related matters are to be sent at reg@natboard.edu.in and counseling@natboard.edu.in respectively.



National Board of Examinations

Medical Enclave, Mahatma Gandhi Marg
Ring Road, New Delhi-110029

PH: 011-45593000, Fax: 011-45593009

Email: accr@natboard.edu.in ; Website: www.natboard.edu.in