**<<ON OFFICIAL LETTER HEAD / STATIONARY>>**

**Certificate of Adherence**

Date:

1. I, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am duly competent /authorized by the Trust /Society /Company /Institute / Hospital named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to sign this Certificate.
2. I, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby undertake that the terms & conditions indicated in the accreditation agreement and notified by the National Board of Examinations in Medical Sciences (NBEMS) through Public Notices / emails / Post in the following NBEMS accredited Specialties / Departments have been agreed and accepted for compliance towards Diploma/DNB/DrNB/FNB training.

|  |  |  |
| --- | --- | --- |
| **NBEMS Accredited Department / Specialty** | **Accreditation Valid Upto** | **Course Type**  **(DNB / DrNB / FNB / Post MBBS Diploma)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(Kindly mention the details of ONLY those DNB/DrNB/FNB/Diploma Specialties above which online consent is being submitted by the hospital currently)

|  |  |
| --- | --- |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mobile Number |  |
| Office Phone Number |  |
| E-mail ID |  |