



NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES NEW DELHI

Department of Training & Monitoring

Dated: 08.11.2023

NOTICE

Subject: Leave Application form for NBEMS Trainees

1. As per NBEMS Leave rules, NBEMS Trainees can avail a maximum of 30 days of leave in a year excluding regular duty off/ Gazetted holidays as per hospital/institute calendar/policy. This leave shall be processed at the institutional level.
2. The NBEMS Leave rules prescribe that any leave availed by the candidate other than the eligible leave (30 days per year) shall lead to extension of DNB /FNB training. The training institute has to forward such requests to NBEMS along with the leave records of the candidate since his/her joining and supporting documents (if any) through the Head of the Institute with their recommendation/comments. NBEMS shall consider such requests on merit provided the seat is not carried over and compromise with training of existing trainees in the Department.
3. It has been noted that the trainees are not seeking approval of NBEMS prior to proceeding on leave beyond those which are permissible as per leave rules. In many instances, the leave requests are not well supported with required documents.
4. A Leave Application Form has been introduced which shall be required to be submitted to NBEMS through the training institution for seeking approval of other than permissible leave.

[Download the Leave Application Form for NBEMS Trainees](#)

5. The Leave application form should be submitted well in advance in order to get the approval of NBEMS before proceeding on leave. Requests for post-facto approval of leave shall not be entertained and the trainee shall be considered on an unauthorized absence for such period.
6. Maternity/ Paternity leave shall be permissible strictly as per the Central or State Government policies, whichever is applicable to training institute of the trainee. The expected date of delivery (EDD) should fall within the duration of maternity leave
7. The weekly off/ holidays falling during the period of leave applied for shall be considered as leave. The days of Final Theory & Practical Examinations and Formative Assessment Tests shall not be considered as leave.
8. Extension of leave by more than a year shall lead to cancellation of candidature. In other words, candidature of a trainee to pursue the NBEMS course is liable to be cancelled who has taken leave more than a year.



NBEMS

LEAVE APPLICATION FORM**(For NBEMS Trainees)**

To be filled in by the NBEMS Trainee:																																	
1.	Name of the trainee																																
2.	Admission session																																
3.	Course/Program pursuing <ul style="list-style-type: none"> <input type="checkbox"/> DNB (Post MBBS) Broad Specialty Programme <input type="checkbox"/> DNB (Post Diploma) Broad Specialty Programme <input type="checkbox"/> DrNB (Super Specialty) Programme <input type="checkbox"/> DrNB (Superspecialty) Direct 6 year Programme <input type="checkbox"/> Fellowship (FNB) Programme <input type="checkbox"/> Post MBBS Diploma Courses 																																
4.	Date of Joining NBEMS Programme																																
5.	Registration with NBEMS <ul style="list-style-type: none"> <input type="checkbox"/> No: Roll No of Entrance Examination Qualified: _____ <input type="checkbox"/> Yes: Registration Number: _____ 																																
6.	Speciality																																
7.	Name of the NBEMS accredited Training Institute																																
8.	Nature of Leave applied <ul style="list-style-type: none"> <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Medical <input type="checkbox"/> Any Other, please specify: _____ 																																
9.	Previous leave record of the Trainee <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Year of training</th> <th>Permissible Leave</th> <th>No. of leave availed till date</th> <th>Balance leave</th> </tr> </thead> <tbody> <tr> <td>1st year</td> <td>30 days</td> <td></td> <td></td> </tr> <tr> <td>2nd year</td> <td>30 days</td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Year of training	Permissible Leave	No. of leave availed till date	Balance leave	1 st year	30 days			2 nd year	30 days																		
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2 nd year	30 days																																
10.	Leave applied by the Trainee (to be approved by NBEMS) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Year of Training</th> <th colspan="2">Period of Leave</th> <th rowspan="2">No. of Days</th> <th rowspan="2">Schedule date of re-joining</th> <th rowspan="2">Nature of leave</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Year of Training	Period of Leave		No. of Days	Schedule date of re-joining	Nature of leave	From	To																				
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11.	Supportive documents	
	In case of Maternity/Paternity Leave <input type="checkbox"/> Copy of the USG report confirming the EDD, Or <input type="checkbox"/> Discharge Summary confirming the Date of Delivery	
	In case of Medical Leave <input type="checkbox"/> Sickness Certificate of self-illness issued by a registered medical practitioner as per the applicable medical council guidelines <input type="checkbox"/> Copy of the supportive medical documents	
In case of any other ground : <input type="checkbox"/> Copy of the supportive documents (Indicate the details of documents furnished): <hr/>		
12.	Declaration of NBEMS Trainee It is hereby declared/understood: <ul style="list-style-type: none"> • That the undersigned has gone through the NBEMS leave rules and any clarifications in this regard as published by NBEMS time to time. I agree to abide by the same. • That the details provided here in above are correct and factual. • That mere submission of leave by the undersigned shall not translate to the approval of NBEMS. I will not proceed on leave without prior approval of NBEMS. • That I shall rejoin my training on the proposed schedule date of rejoining. • That in any event I fail to rejoin my training on the proposed scheduled date of rejoining, my candidature for pursuing the training may be cancelled by NBEMS. • That in an event I happen to avail more than permissible leave in the year of my training, I shall be required to undertake the corresponding extension beyond my scheduled date of training completion. • That I shall be given stipend for the leave period as per provisions of the NBEMS leave rules. • That extension of leave by more than a year shall lead to cancellation of my candidature. 	
	Signatures of the NBEMS Trainee (With Date)	
Declaration of the NBEMS accredited training institute:		
13.	The leave request of the trainee is recommended and forwarded to NBEMS for approval. It is hereby declared/understood: <ul style="list-style-type: none"> • That the information furnished by the trainee is factual and verified from the available records of the institute. • That the grounds for the leave applied for are duly supported by the documents and originals of supportive documents have been verified. • That in an event the trainee happens to avail more than permissible leave in the year of training, he/she shall be required to undertake the corresponding extension of training beyond his/her scheduled date of training completion. • That extension of leave of the trainee by more than a year shall lead to cancellation of his/her candidature. 	
	Head of the Department	
Name: _____ Signature: _____		DNB/DrNB/FNB/ Coordinator or Head of the Institute Name: _____ Signature: _____
Official Seal of the Training Institute:		

Note: Incomplete Leave Application Forms/ Forms submitted without required supportive documents shall not be considered.

Re-joining Report

To

Date:

Medical Director,
Jagjivan Ram Railway Hospital
Mumbai, 400004

Subject: Regarding rejoining after leave beyond permissible limit on

Respected Madam/Sir,

I, Dr, like to inform that I have taken leave beyond permissible limit from to for days and now joining back the institute for training on

Kindly allow me to rejoin.

Thanking you.

Yours truly

Signature:

NAME:

COURSE NAME:

SPECIALITY:

DNB Roll No.

Admission session:

DNB Reg no:

Forwarded & recommended

.....

Dept In charge

Permitted to rejoin from

.....

DNB Coordinator

.....

Medical director

Jagjivan Ram Railway Hospital, Mumbai