

# 2023

July/August Cycle



## Information Bulletin

for

### Accreditation with National Board of Examinations in Medical Sciences

Course / Programme	Nature of Application
Diplomate of National Board (DNB)	: Fresh & Renewal
Doctorate of National Board (DrNB)	: Fresh & Renewal
Fellow of National Board (FNB)	: Fresh & Renewal

# LIST OF ABBREVIATIONS

<b>NBEMS</b>	:	NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCEINCES
<b>DNB</b>	:	DIPLOMATE OF NATIONAL BOARD
<b>DrNB</b>	:	DOCTORATE OF NATIONAL BOARD
<b>FNB</b>	:	FELLOW OF NATIONAL BOARD
<b>FNB-PD</b>	:	FELLOW OF NATIONAL BOARD POST DOCTORAL
<b>MOHFW</b>	:	MINISTRY OF HEATH & FAMILY WELFARE
<b>NMC</b>	:	NATIONAL MEDICAL COMMISSION
<b>MCI</b>	:	MEDICAL COUNCIL OF INDIA
<b>MoU</b>	:	MEMORANDUM OF UNDERSTANDING
<b>OAAP</b>	:	ONLINE ACCREDITATION APPLICATION PORTAL
<b>SPoC</b>	:	SINGLE POINT OF CONTACT
<b>SPCB</b>	:	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).
- Fresh and Renewal of accreditation for Broad Specialty courses (DNB).

➤ Hospitals/Institutes accredited till June 2024 for Super specialty courses and Fellowship courses may apply for the renewal of accreditation.

➤ Hospitals/Institutes accredited till December 2023 for Broad specialty courses including Direct 6 years courses may also apply for renewal of accreditation.

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# IMPORTANT DATES

**TABLE-1**

<b>Start Date</b> for submission of Online Application form	<b>17-07-2023</b>
<b>Last Date</b> for submission of Online Application form including payment of fees	<b>29-09-2023</b>
<b>Last Date</b> for receipt of Hard Copy (Spiral Bind) (Both Main and Specialty Specific Application <b>separately</b> ) at NBEMS Office.	<b>16-10-2023</b>

# 1. Introduction

National Board of Examinations in Medical Sciences (NBEMS) 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. NBEMS 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 in Medical Sciences (NBEMS) is "Diplomate of National Board" (DNB), "Doctorate of National Board" (DrNB) & "Fellow of National Board" (FNB). These qualifications awarded by NBEMS in various Broad Specialties, Super specialties and Sub-Specialties are approved by the Government of India and included in the First Schedule of IMC (repealed) Act 1956 / NMC Act 2019.

## 2. DNB, DrNB & FNB Courses

2.1. Applications are invited from hospitals for:

- Fresh and Renewal of accreditation for Super Specialty courses (DrNB).
- Fresh and Renewal of accreditation for Fellowship courses (FNB).
- Fresh and Renewal of accreditation for Broad specialty (DNB) including Direct 6 years courses.

2.2. Hospitals/Institutes accredited till June 2024 for Super-specialty courses and Fellowship courses may apply for renewal of accreditation.

2.3. Hospitals/Institutes accredited till December 2023 for Broad specialty courses including Direct 6 years courses may also apply for renewal of accreditation.

2.4. NBEMS offers the following courses:

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

#### Post MBBS 3 Year 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 Geriatric Medicine
- xii Hospital Administration
- xiii Immunohematology and Blood Transfusion
- xiv Microbiology
- xv Nuclear Medicine\*
- xvi Obstetrics and Gynaecology\*
- xvii Ophthalmology\*
- xviii Orthopaedics\*
- xix Otorhinolaryngology (ENT)\*
- xx Paediatrics\*
- xxi Palliative Medicine
- xxii Pathology
- xxiii Pharmacology
- xxiv Physical Medicine and Rehabilitation\*
- xxv Physiology

#### Post Diploma 2 Year Courses

\* 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 (with Asterisk mark) will also be automatically considered for the Post Diploma 2 years course.



xxvi	Psychiatry*
xxvii	Radiation Oncology*
xxviii	Radio Diagnosis*
xxix	Respiratory Medicine*

## B. Super Specialty: (Doctorate of National Board-DrNB)

### Post MD/MS/DNB 3 Year 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	Infectious Disease
x	Interventional Radiology
xi	Medical Gastroenterology
xii	Medical Genetics
xiii	Medical Oncology
xiv	Neonatology
xv	Nephrology
xvi	Neuro Anaesthesia
xvii	Neuro Surgery
xviii	Neurology
xix	Paediatric Cardiology
xx	Paediatric Critical Care
xxi	Paediatric Neurology
xxii	Paediatric Surgery
xxiii	Plastic & Reconstructive Surgery
xxiv	Surgical Gastroenterology
xxv	Surgical Oncology
xxvi	Thoracic Surgery
xxvii	Urology
xxviii	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)**

### **Two Years Post Graduate / Post-Doctoral FNB Courses**

- i. Addiction Psychiatry
- ii. Andrology
- iii. Arthroplasty
- iv. Bariatric Surgery
- v. Breast Imaging
- vi. Cardiac Electrophysiology
- vii. Child and Adolescent Psychiatry
- viii. Colorectal Surgery
- ix. Fetal Radiology
- x. Hand & Micro Surgery
- xi. Head & Neck Oncology
- xii. Interventional Cardiology
- xiii. Liver Transplantation
- xiv. Maternal & Foetal Medicine
- xv. Minimal Access Surgery
- xvi. Minimal Access Urology
- xvii. Minimally Invasive Gynaecologic Surgery
- xviii. Musculoskeletal Radiology(MSK Radiology)
- xix. Neurovascular Intervention
- xx. Onco- Anaesthesia
- xxi. Paediatric Anaesthesia
- xxii. Paediatric Cardio Thoracic and Vascular Surgery
- xxiii. Paediatric Emergency Medicine
- xxiv. Paediatric Endocrinology
- xxv. Paediatric Gastroenterology
- xxvi. Paediatric Hemato-Oncology
- xxvii. Paediatric Nephrology
- xxviii. Paediatric Orthopaedics
- xxix. Paediatric Radiology
- xxx. Paediatric Urology
- xxxi. Pain Medicine
- xxxii. Renal Transplant
- xxxiii. Reproductive Medicine
- xxxiv. Sleep Medicine
- xxxv. Spine Surgery
- xxxvi. Sports Medicine
- xxxvii. Stroke Medicine
- xxxviii. Transplant Anaesthesia
- xxxix. Trauma & Acute Care Surgery (previously Trauma Care)
- xl. Trauma Anaesthesia & Critical Care
- xli. Vitreo Retinal Surgery

# 3. Applying for NBEMS Accreditation

## A. General Instructions

- 3.1. National Board of Examinations in Medical Sciences (NBEMS) 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 NBEMS and subject to fulfilment of criteria prescribed by NBEMS.
- 3.3. The hospitals running two years Diploma courses in any of the eight specialties can also apply for DNB/DrNB courses with the same infrastructure. However, the faculty which has been considered for the Diploma course will not be considered for the DNB/DrNB i.e. **the applicant hospital shall be required to have separate faculty for the DNB/DrNB courses.**
- 3.4. Mere online registration of applicant hospital/ online application submission/ payment of accreditation fee/ submission of hard copy of application to NBEMS/ fulfilment of NBEMS accreditation criteria does not render an applicant hospital/institute eligible for grant of accreditation or imply that NBEMS must accredit the applicant hospital/institute.
- 3.5. NBEMS 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.
- 3.6. Applicant hospitals/institutes shall have no rights or equity in their favor merely because they have submitted their application seeking accreditation with NBEMS.
- 3.7. Applicant hospitals/institutes are required to study the Information Bulletin and instructions for fulfilment of eligibility criteria before submitting the application form.
- 3.8. Instructions in this Information Bulletin are liable to be changed on the decisions taken by NBEMS from time to time. Please refer to the NBEMS website [www.natboard.edu.in](http://www.natboard.edu.in) for updates.
- 3.9. 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 NBEMS 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 NBEMS shall be final and binding on all parties. NBEMS reserves its rights to relax any of the criteria/clause if so deemed appropriate in case of grant of renewal/ fresh accreditation.

- 3.10. 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.
- 3.11. Applications of applicant hospitals/institutes seeking accreditation with NBEMS which do not fulfil the prescribed minimum accreditation criteria may be summarily rejected by NBEMS at Pre - Assessment stage i.e. before undertaking physical inspection of the hospital by NBEMS appointed assessor.
- 3.12. The grant of accreditation by NBEMS 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 NBEMS.
- 3.13. 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 NBEMS, NBEMS 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.
- 3.14. 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).
- 3.15. Applications submitted by the hospital/institute which are incomplete are likely to be rejected.
- 3.16. 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 NBEMS or if there

are changes in the faculty or infrastructure of the applicant hospitals pursuant to the submission of application form.

3.17. Request for change in specialty/clubbing of applications will not be considered under any circumstances.

3.18. The application form has to be submitted as per the guidelines contained in the Information Bulletin and Online Accreditation Application Portal.

3.19. 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/institute fails to do so, the respective DNB/ DrNB/ FNB courses shall be discontinued.

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

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

## **B. Online Accreditation Application Portal (OAAP)**

3.22. 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. The hospital profile will be verified by NBEMS. The applicant hospital cannot submit the application unless the profile is verified by NBEMS. (**Click here for details**)



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



- Complete the application form and upload Annexure / Documents - Online



- Fee payment through online payment portal – Online



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

*\* Hospital/Institute which has already created a user & profile on OAAP in the past is not required to create another user/profile.*

## C. Application Compilation & Submission

The application form has two parts:

- 3.23. **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.
- 3.24. **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.
- 3.25. On successful online submission of application forms, the hospital shall be able to take print out of the application forms and the annexures/Documents that have been uploaded.
- 3.26. The applicant hospital shall be required to submit the duly signed & stamped hard copy print-outs of the both Main & the specialty specific application form along with the necessary annexures//Documents, covering letter and the payment receipt.
- 3.27. The hard copy of the application form should reach NBEMS office at the following address latest by **16-10-2023**. Applications received thereafter shall not be considered.

To,  
Accreditation Department  
National Board of Examinations in Medical Sciences,  
Medical Enclave,  
Ansari Nagar, New Delhi -110029

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

- 3.28. The application forms should be spirally bound. Main and each Specialty Specific Application Forms with relevant enclosures/documents 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.

3.29. The hospital shall be required to submit definite compliance to deficiencies pointed out to the hospital/institute by NBEMS. Please be apprised that fulfilment of minimum accreditation requirements is a pre-requisite for grant of accreditation and cannot be fulfilled post-facto.

3.30. Through Online Accreditation Application Portal (OAAP), the hospital/institute can access the following:

- Notices & Circulars issued by NBEMS
- Information Bulletin
- Submission of Application Forms
- Status of Application Forms
- Submission of Application form for Annual Review
- 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

3.31. 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 NBEMS records only if it is supported with authenticated documents submitted along with the application.

## D. Accreditation Fee

3.32. 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:

**TABLE-2**

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/-
<b>Total fee to be paid per specialty</b>	<b>Rs. 2,39,150/-</b>

\*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.

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

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

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

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

**TABLE-3**

Refund of Accreditation Fee*	Terms & Conditions
<b>90% of total fee#</b>	<ul style="list-style-type: none"> <li>• If the application is withdrawn by the applicant hospital/institute within 4 weeks of last date of online application submission to NBEMS</li> <li>• Incomplete applications which are summarily rejected without subjecting them to a detailed "Pre-assessment processing".</li> </ul>



Refund of Accreditation Fee*	Terms & Conditions
<b>50% of total fee#</b>	<ul style="list-style-type: none"> <li>• If the application is withdrawn by the applicant hospital / institute after 4 weeks of last date for online application submission to NBEMS, but before the physical assessment/inspection of the applicant department by NBEMS appointed assessor.</li> <li>• If the application is rejected at pre-assessment level (prior to physical assessment/inspection of the department by NBEMS 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 NBEMS.</li> </ul>
<b>No refund shall be admissible</b>	<ul style="list-style-type: none"> <li>• Once the physical assessment/inspection of the applicant department has been conducted by NBEMS appointed assessor.</li> </ul>

\* 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:

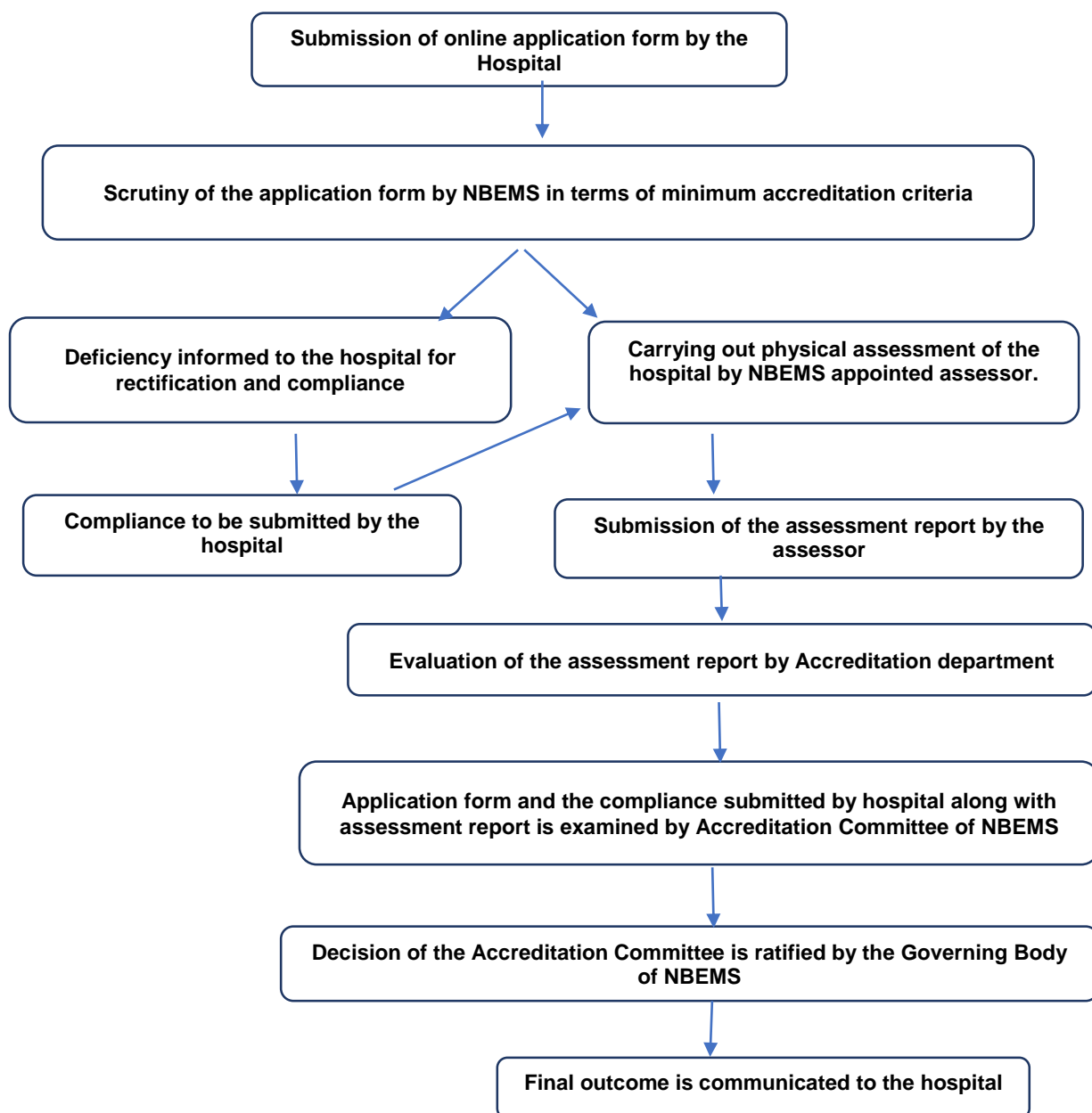
Refundable Fee	Amount	GST Refundable	Total Refund
90% of the Accreditation fee	Rs.1,80,000/-	Rs.32,400/-	Rs.2,12,400/-
50% of the Accreditation fee	Rs.1,00,000/-	Rs.18,000/-	Rs.1,18,000/-

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

3.38. Application form submitted to NBEMS 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:



3.39. 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.

3.40. **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](mailto:accr@natboard.edu.in) OR at any

other email ID indicated to the hospital/institute by the Accreditation Department of NBEMS.

- 3.41. **Assessment of the applicant hospital:** NBEMS 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 NBEMS appointed assessor shall be informed to the hospital 1-2 days prior to the date of assessment/Inspection.
- 3.42. Application form and the documents submitted by the hospital along with the assessment report of NBEMS appointed assessor shall be placed before the NBEMS Accreditation Committee.
- 3.43. The decision of the Accreditation Committee shall be communicated to the hospital after it is approved by Governing Body, NBEMS.
- 3.44. 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 NBEMS till approval from the Governing Body, NBEMS and communication to the applicant hospital).
- 3.45. The accreditation, if granted by NBEMS, is purely provisional and is valid for a period of up to five years. Once the accreditation is granted to the applicant hospital in any specialty, the hospital will be required to sign an Accreditation Agreement which contains the various terms & conditions applicable to the accredited hospital. A copy of Sample Accreditation Agreement can be seen at **Annexure I**. The applicant hospital may note that the grant of accreditation is purely provisional and non-compliance of the Accreditation Agreement shall lead to withdrawal of accreditation by NBEMS.
- 3.46. **Annual Review of Accreditation:**
- The grant of accreditation by NBEMS to a department for a DNB/DrNB/FNB programme is purely provisional and is governed by the terms and conditions as stated in the Accreditation Agreement and compliance to the same as verified in annual review of the department.
  - NBEMS shall undertake an annual review of the accredited department in the 3rd year of the accreditation cycle, to ensure that the hospital is complying with the terms & conditions of the Accreditation Agreement and is fulfilling the minimum NBEMS accreditation criteria. Further details regarding Annual review shall be informed to hospital through Public notice and emails

- The accredited DNB/DrNB/FNB seat of a department may be excluded from the counseling seat matrix if the hospital fails to successfully complete the annual review of the concerned specialty.

3.47. NBEMS has introduced Post MBBS 02 years Diploma (NBEMS) courses in the following nine Broad specialties:

**TABLE-4**

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

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

## **F. Joint Accreditation Programme:**

3.49. National Board of Examinations in Medical Sciences (NBEMS) accredits hospitals/institutions for running DNB/DrNB/FNB/Diploma courses in various Broad & Super Specialty and Fellowship courses. Accreditation Department invites applications for fresh/renewal accreditation twice a year in January/February and July/August.

3.50. Many hospitals fail to receive NBEMS Accreditation despite having good facilities and the infrastructure to offer PG training because they fall short of meeting a few of the minimum accreditation criteria specified by the NBEMS. To utilize the

available resources of hospitals and to provide them with an opportunity to give PG training, a scheme for Joint accreditation of the hospitals has been approved by the NBEMS.

3.51. **Objectives of the Joint Accreditation:**

- i. Resource Utilization
- ii. Case load and Case Mix Distribution
- iii. Upscale the quality of training programme
- iv. Financial Sharing

3.52. **Applicability:** The concept of Joint Accreditation shall only be limited to Broad-Specialties (DNB Courses).

3.53. **Which hospitals can join:**

Four types of different institutions can collaborate for Joint Accreditation:

- i. Govt. Hospital to Govt. Hospital
- ii. Private to Govt. Hospital
- iii. Private to Private Hospital
- iv. Standalone Imaging/Diagnostic Lab Centres along with a Hospital

3.54. **Which Institution cannot participate:**

The institutions which are already running the NMC courses.

3.55. **Key points –**

**Hospital Infrastructure for Joint Accreditation**

**i. Location of the Hospitals:**

- Both the hospitals participating in the Joint Accreditation Programme will **be located in the same city** & preferably within 30 km of each other. They will apply jointly and will jointly complement each other's deficit in the training requirements.
- For the functional purpose, it will be single programme but for the Administration purpose, **one institute will be known as Primary Institute and the other smaller institute will be considered as Secondary Institute**

**ii. Bed strength, case load and faculty requirement:**

- For Joint Accreditation, **each of the two participating hospitals should have a minimum 90 beds** i.e. hospitals with less than 90 beds will not be considered for the purpose of joint accreditation.
- **The case load and faculties of both the participating hospitals will be clubbed together** and the participating hospitals will have to fulfil the Minimum Accreditation Criteria of NBEMS in terms of case load, case mix and faculty etc.
- There should be at least one Senior Consultant OR one Junior Consultant in both the participating hospitals.
- The minimum accreditation criteria for Joint Accreditation i.e. Bed Strength, full time faculty, Case Load, Institutional Ethics Committee and others shall be same as indicated in the Accreditation Information Bulletin (please refer to <https://natboard.edu.in> for latest Information Bulletin).

**iii. The number of Joint Accreditation the hospitals can have is tabulated below.**

Criteria	Remarks
<b>Each of the two participating hospitals should have minimum 90 beds</b> i.e. hospitals with fewer than 90 beds will not be considered for the purpose of joint accreditation.	Two hospitals with 90 + 90 beds respectively can apply for 1 Joint accreditation i.e. in one specialty.
<b>100 beds will be allowed for 1 Joint Accreditation</b> , i.e., with collective capacity of 190 beds, more than one could be considered.	Two hospitals with 100 + 90 beds respectively can apply for up to 2 Joint accreditations i.e. in two specialties.
<b>150 beds will be allowed for 2 Joint Accreditation</b> , i.e., collective capacity of minimum 240 beds (150+90) could be	Two hospitals with 150 + 90 beds respectively can apply for up to 3 Joint accreditations i.e. in three specialties.

considered for more than two accreditations.	
<b>Those with 200 and above beds will be allowed for 3 Joint Accreditation</b> i.e., collective capacity of 290 beds (200+90) could be considered for more than three accreditations.	Two hospitals with 200 + 90 beds respectively can apply for more than 3 Joint accreditations.

#### iv. Stipend:

- **Stipend will be shared by both the institutions** i.e., if the trainee is in institution A, the stipend will be paid by institution A. Similarly, if the trainee is in institution B, the stipend will be paid by the institution B.

#### 3.56. Monitoring of the programme

- There shall be a **single Joint Academic Committee from both the participating hospitals**. This committee will be responsible for imparting training, rotation and monitoring of the training of the candidate. The Joint Academic Committee shall comprise of:

##### ❖ **Composition of Joint Academic Committee:**

The composition of Joint Academic Committee for Monitoring the training of the candidates is as under:

- Head of the Primary Institute
- Head of the Secondary Institute
- Single Point of Contact of Primary Institute
- Single Point of Contact of Secondary Institute
- Nodal Officer/DNB Coordinator for the DNB Course
- Further, there would be a Nodal officer who would coordinate with NBEMS for issues pertaining to accreditation and training of the trainees.
- A **grievance redressal cell** should be made comprising equal number of members from both the organizations.

##### ❖ **Composition of Grievance Redressal Cell:**

The composition of Grievance Redressal Cell for Redressal of the grievances of the candidates proposed is as under:

- 
- **Head of the Primary Institute – Chairman**
  - **Head of the Secondary Institute**
  - **In-house, Senior Consultant, Medical Specialty**
  - **In-house, Senior Consultant, Surgical Specialty**
  - **Nodal Officer/DNB Coordinator for the Joint Accreditation Programme.**
  - **Representative of DNB Candidates of the hospital**
  - **External Medical Expert of the Rank of Professor of a Govt. Medical College**
- 

- The grievances arising out of the Joint Accreditation Programme will be primarily resolved by the Joint Academic Committee of the participating hospitals and the grievance redressal cell.
- If the main accredited institute i.e. the primary institute fails to continue the Joint Accreditation Programme, then all the residents shall be relocated as per the guidelines of NBEMS. In case of failure of the secondary institute to continue the programme, the primary accredited institute will ensure completion of training of the existing trainees and no further trainees will be inducted in the programme till the new collaborator is identified.
- **The liability will be held by both the participating institution and there will be mandatory tripartite legal agreement to be signed by both the institution as well as NBEMS.**
- Department / Specialty already accredited with NBEMS cannot participate in Joint Accreditation programme.

### 3.57. **Physical Assessment / Inspection:**

Inspection of both the hospitals applying for Joint Accreditation shall be conducted. The same assessor will carry out inspection of both the hospitals on the same day.

### 3.58. **Minimum Accreditation Criteria for Standalone Diagnostic Centres and Labs:**

- The existing minimum accreditation criteria for DNB Radio diagnosis and DNB Pathology should be applicable for standalone centres.



- The hospital with which the standalone Pathology lab or standalone diagnostic centre would be attached should be recognized for DNB Pathology and DNB Radio Diagnosis respectively.
- Rotational Posting of the trainee to the hospital should be for 03 months per year i.e. 09 months in the entire duration of 03 years of programme.
- The stipend during the rotational posting shall be borne by the standalone centre.
- There should be at least 02 fulltime faculty members in standalone centre.

**(Click here to know how to submit the Application form for Joint Accreditation Programme)**

## 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 NBEMS 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 NBEMS 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 Equipment (X-rays, CT scan, MRI, PET Scan, Linear Accelerator etc.)
  - Certificate issued by the State Government to the agency which is authorized for Bio-Medical waste management of the applicant hospital

- Other regulatory approvals which may be specific to the specialty applied for seeking accreditation
- 4.4. Applicant Hospitals may note that:
- Stand-alone Oncology centres/hospital are not eligible to apply for DrNB Neurosurgery
  - Stand-alone Pathology/Laboratory centres are not eligible to apply for DNB Pathology course.
  - Stand-alone Diagnostic centres are not eligible to apply for DNB Radio Diagnosis

## B. Bed strength of the Applicant Hospital

- 4.5. Following categories of hospitals are eligible to seek accreditation with NBEMS for various DNB, DrNB & 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 04 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 02 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 fewer 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:

**TABLE-5**

Maternal & Child Health centre	<ul style="list-style-type: none"> <li>• DNB Obstetrics &amp; Gynaecology</li> <li>• DNB Paediatrics</li> <li>• DrNB Neonatology</li> <li>• DrNB Paediatric Critical Care</li> <li>• FNB Reproductive Medicine</li> <li>• FNB Maternal and Foetal Medicine (previously High Risk Pregnancy &amp; Perinatology)</li> </ul>
Oncology centre	<ul style="list-style-type: none"> <li>• DNB Radiation Oncology</li> <li>• DrNB Surgical Oncology</li> <li>• DrNB Medical Oncology.</li> </ul>
Orthopaedics & Plastic Surgery centre	<ul style="list-style-type: none"> <li>• DNB Orthopaedics</li> <li>• DrNB Plastic &amp; Reconstructive Surgery</li> <li>• FNB Hand &amp; Micro Surgery</li> <li>• FNB Spine Surgery</li> <li>• FNB Sports Medicine</li> <li>• FNB Trauma &amp; Acute Care Surgery.</li> </ul>
Neuroscience centre	<ul style="list-style-type: none"> <li>• DrNB Neurology</li> <li>• DrNB Neurosurgery</li> <li>• DrNB Neuro Anaesthesia</li> <li>• FNB Neurovascular Intervention.</li> </ul>
Cardiac Science centre	<ul style="list-style-type: none"> <li>• DrNB Cardio Vascular &amp; Thoracic Surgery</li> <li>• DrNB Cardiology</li> <li>• DrNB Cardiac Anaesthesia</li> <li>• DrNB Paediatric Cardiology</li> </ul>

	<ul style="list-style-type: none"> <li>• DrNB Thoracic Surgery</li> <li>• FNB Interventional Cardiology.</li> </ul>
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- 4.6. In case of specialties wherein clinical care is primarily day care or consultation based such as Endocrinology, Clinical Immunology and Rheumatology, Dermatology Venereology and Leprosy, Ophthalmology, and Reproductive Medicine; the work load shall be evaluated on the basis of OPD case load, cross-referencing between the departments, day care surgeries (if applicable) etc. However, the applicant hospital applying for accreditation for day care specialties should have a minimum of 100 beds (except for Ophthalmology and Reproductive Medicine).
- 4.7. For applying for accreditation in Ophthalmology or Reproductive Medicine, the applicant hospital should be having a minimum of 10 beds.
- 4.8. 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).
- 4.9. 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:

- 4.10. The applicant hospital should have a minimum number of operational beds in each applicant department as prescribed by NBEMS.
- 4.11. Patient care facilities (OPD, IPD, OT, ICUs, Labs, Equipment etc.) as applicable for the specialty applied for should be available.
- 4.12. **General Beds:** General Beds are those ‘*earmarked*’ beds / cases whose patients shall be accessible at all times for supervised clinical work to NBEMS trainees. Data of patients admitted on such beds or such cases shall be accessible to NBEMS 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.

4.13. **General patients:** General patients are those patients who shall be accessible at all times for supervised clinical work to NBEMS trainees. Data of General patients shall be accessible to NBEMS 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.

4.14. **Beds & other Infrastructural requirement:** The minimum prescribed beds for each specialty are tabulated below.

### Broad Specialty (DNB) Courses

**TABLE-6**

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
i.	<b>Anaesthesiology</b>	<p>The hospital should have an Intensive Care Unit catering to all the specialties, medical as well as surgical with a minimum bed strength of 10 beds.</p> <p>The department of Anaesthesiology should be having the in-house departments of the following core areas:</p> <ul style="list-style-type: none"> <li>• General Surgery</li> <li>• Orthopaedics / Trauma / Emergency Medicine</li> <li>• ENT</li> <li>• Obstetrics and Gynaecology</li> <li>• Pain Clinic</li> </ul>
ii.	<b>Emergency Medicine</b>	<p>11 ER Beds; 15 ICU beds (MICU, SICU, PICU, ICCU) in the hospital</p> <ul style="list-style-type: none"> <li>• Minimum bed requirement in the emergency department is 11 beds of which, there should be 1 triage bed, 3 beds with all resuscitative facilities (including ventilators) for 'red' category, 5 beds for 'yellow' category and 2 beds for 'green' category patients.</li> <li>• All 11 beds (except triage bed) should have bed-side monitoring facilities.</li> <li>• 1 ultrasound machine to be available in the emergency department round-the-clock.</li> </ul>

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
		<ul style="list-style-type: none"> <li>• Round-the-clock availability of cardiac biomarkers, arterial blood gas and basic blood investigations.</li> <li>• At least 15 ICU beds in the hospital of which minimum 3 should be ventilator beds and all should have required facilities for bed side monitoring of critical patients</li> <li>• 24 hr Ambulance services adequately equipped for onsite resuscitation and transfer of critically injured/ill patients with trained manpower.</li> <li>• 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</li> </ul>
iii.	Family Medicine	<p>80 Beds comprising of 20 beds each in General Medicine, General Surgery, Obstetrics &amp; Gynaecology &amp; Paediatrics.</p> <ul style="list-style-type: none"> <li>• Beds for DNB Family Medicine Course may overlap with other specialties. For example: 200 bedded hospitals with 35 beds each in General Medicine, General Surgery, Obstetrics &amp; Gynaecology and 30 beds in Paediatrics may seek accreditation for DNB courses in each of the respective specialties and also in Family Medicine.</li> <li>• The General Medicine or Paediatrics department shall be the nodal department for Family Medicine.</li> <li>• At least 30% beds should be General beds</li> </ul>
iv.	General Medicine	<p>30 beds; At least 30% should be General beds, Out of these 30 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>

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
v.	General Surgery	30 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.
vi.	Geriatric Medicine	-Minimum 15 beds dedicated to Geriatric medicine out of which 3 beds should be from ICU -The applicant hospital must have 24hrs Emergency and Critical care services
vii.	Obstetrics and Gynaecology	30 beds; At least 30% should be General beds
viii.	Ophthalmology	10 beds; At least 30% should be General beds
ix.	Orthopaedics	25 Beds; At least 30% should be General beds
x.	Otorhinolaryngology (ENT)	20 Beds; At least 30% should be General beds
xi.	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.
xii.	Palliative Medicine	Department of Palliative Medicine should have 24 beds distributed as follow: <ul style="list-style-type: none"> <li>➤ Acute Palliative Care Beds – 4</li> <li>➤ End of Life Care Beds – 4</li> <li>➤ Consultation Liaison Beds – 16</li> </ul> Should have a DNB/MD program running in at least two broad specialties or Super specialties like General Medicine, Paediatrics, General Surgery, Obstetrics and Gynaecology, Psychiatry, Radiotherapy, Medical Oncology and Surgical Oncology. Should have a cancer centre or oncology department with 2,000 new cancer cases every year. Should have a dedicated palliative medicine department with full-time staff
xiii.	Physical Medicine and Rehabilitation	25 Beds; At least 30% should be General beds



S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
xiv.	Psychiatry	30 Beds; At least 30% should be General beds
xv.	Radiation Oncology (Previously Radio Therapy)	25 Beds; At least 30% should be General beds <ul style="list-style-type: none"> <li>• The following equipment's will be considered essential for running DNB programme: <ul style="list-style-type: none"> <li>○ Two-dimensional Radiation Therapy (2D-RT)</li> <li>○ Three-dimensional Conformal Radiation Therapy (3D-CRT)</li> <li>○ Intensity Modulated Radiation Therapy (IMRT)</li> <li>○ Image Guided Radiation Therapy (IGRT) – This is essential for the training of the trainee. However, if it is not available in the applicant hospital the trainees can be rotated to another hospital having MoU with the applicant hospital for training in IGRT.</li> <li>○ CT Scan /Stimulators (this equipment should be in the hospital and may not be necessarily in the Radiation Oncology department)</li> <li>○ Brachytherapy (In case this equipment is not available in the Radiation Oncology department of the applicant hospital, the applicant hospital may have an MoU with another hospital (recognized or DNB /MD</li> </ul> </li> </ul>

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
		<p>Radiation Oncology) where candidates can be sent for rotational posting for one month in each year of the three years of training</p> <ul style="list-style-type: none"> <li>• The following equipment's will be optional/desirable essential for running DNB programme: <ul style="list-style-type: none"> <li>○ Stereotactic Radiosurgery (SRS)</li> <li>○ Stereotactic Body Radiation Therapy (SBRT)</li> <li>○ Volumetric Modulated Arc Therapy (VMAT)</li> </ul> </li> </ul>
xvi.	<b>Respiratory Medicine</b>	30 beds; At least 30% should be General beds
xvii.	<b>Anatomy</b>	<p>There is no requirement of inpatient beds in these specialties. However, optimal case load in clinical disciplines and labs/associated facilities shall be considered.</p> <p>Essential equipment and specialty specific modalities required should be available. In certain disciplines, access to IPD services and operative infrastructure shall be assessed.</p> <p>For DNB Hospital Administration, the applicant hospital must be a multi-specialty hospital.</p> <p>For DNB Forensic medicine, the applicant department shall have minimum 250 medico legal autopsy/Post mortem per year.</p> <p>For DNB Radio Diagnosis, the department of Radio Diagnosis should be an integral part of the hospital and <b>MUST</b> have the following imaging modalities:</p> <ul style="list-style-type: none"> <li>• CR/DR</li> </ul>
xviii.	<b>Biochemistry</b>	
xix.	<b>Community Medicine</b>	
xx.	<b>Dermatology, Venereology and Leprosy</b>	
xxi.	<b>Forensic Medicine</b>	
xxii.	<b>Hospital Administration</b>	
xxiii.	<b>Immunohematology and Blood Transfusion</b>	
xxiv.	<b>Microbiology</b>	
xxv.	<b>Nuclear Medicine</b>	
xxvi.	<b>Pathology</b> Stand-alone Pathology/Laboratory	

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
	centres are not eligible to apply for DNB Pathology course.	<ul style="list-style-type: none"> <li>• Fluoroscopy</li> <li>• Mammography</li> <li>• Ultrasound including colour Doppler</li> <li>• Spiral / Multi Slice CT</li> <li>• MRI facilities</li> <li>• Cath-lab/interventional radiology facilities</li> </ul> ^can be outsourced but installed within the hospital premises.  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.
xxvii.	Pharmacology	
xxviii.	Physiology	
xxix.	Radio Diagnosis Stand-alone Diagnostic centres are not eligible to apply for DNB Radio Diagnosis	

### Super Specialty (DrNB) Courses

**TABLE-7**

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	20 beds required in the department. For DrNB Medical Gastroenterology  Hospital/institute MUST have <ul style="list-style-type: none"> <li>• 3 Dedicated endoscopic suites</li> <li>• Upper GI Scopes-3</li> <li>• Colonoscope -3</li> <li>• Dudenoscope -2</li> </ul>
vi.	Medical Oncology	20 beds in the department. At least 30% should be General beds

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
vii.	<b>Nephrology</b>	20 beds in the department. At least 30% should be General beds
viii.	<b>Neuro Surgery</b> (Stand-alone Oncology centres/hospital are not eligible to apply for DrNB Neurosurgery.)	20 beds in the department. At least 30% should be General beds
ix.	<b>Paediatric Cardiology</b>	20 beds in the department. At least 30% should be General beds
x.	<b>Neurology</b>	20 beds in the department. At least 30% should be General beds
xi.	<b>Paediatric Neurology</b>	Should have DNB/MD (Paediatrics) running in the applicant hospital.  10 beds earmarked for Paediatric Neurology, in house PICU facility is mandatory.  Neurophysiology Procedures (per year): EEG: 800 NCV/EMG: 80 BERA/VEP: 80  The applicant hospital should have following equipment in house with standard equipment specifications and quality: <ul style="list-style-type: none"> <li>• EEG</li> <li>• Video EEG</li> <li>• NCV</li> <li>• EMG</li> <li>• BERA</li> </ul> Portable EEG
xii.	<b>Paediatric Surgery</b>	20 beds in the department. At least 30% should be General beds
xiii.	<b>Plastic &amp; Reconstructive Surgery</b>	20 beds in the department. At least 30% should be General beds

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
xiv.	<b>Surgical Gastroenterology</b>	20 beds in the department. At least 30% should be General beds
xv.	<b>Surgical Oncology</b>	20 beds in the department. At least 30% should be General beds
xvi.	<b>Thoracic Surgery</b>	20 beds in the department. At least 30% should be General beds
xvii.	<b>Urology</b>	20 beds in the department. At least 30% should be General beds
xviii.	<b>Vascular Surgery</b>	20 beds in the department. At least 30% should be General beds
xix.	<b>Critical Care Medicine</b>	10 ICU Beds
xx.	<b>Gynaecological Oncology</b>	<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"> <li>• Medical Oncology</li> <li>• Radiation Oncology</li> <li>• Surgical &amp; Cyto-Pathology and Radiology</li> </ul>
xxi.	<b>Interventional Radiology</b>	<p>Hospital/Institute should have dedicated Interventional Radiology facilities having following equipment under one roof / one campus:</p> <ul style="list-style-type: none"> <li>• CT capable of CT angiography (16 slice or above)</li> <li>• MRI 1.5 T or better</li> <li>• Advanced Colour Doppler</li> <li>• Digital Subtraction Angiography (Single or Bi-plane) with C Arm.</li> </ul>

S. No.	Departments	Minimum Beds in the applicant department and other infrastructural requirements
xxii.	Neonatology	10 NICU Beds
xxiii.	Neuro Anaesthesia	10 Neuro ICU beds
xxiv.	Paediatric Critical Care	10 PICU Beds
xxv.	Clinical Immunology and Rheumatology	Primarily day Care/Consultation based Specialty;
xxvi.	Endocrinology	Bed requirement is work load related; Department should have minimum prescribed patient load
xxvii.	Medical Genetics	However, the applicant hospital has to be 100 bedded
xxviii.	Infectious Disease	20 beds in the department. At least 30% should be General beds
xxix.	Cardio Vascular & Thoracic Surgery (Direct 6 Years Course)	20 beds in each specialty At least 30% should be General beds
xxx.	Neuro Surgery (Direct 6 Years Course)	
xxxi.	Paediatric Surgery (Direct 6 Years Course)	
xxxii.	Plastic & Reconstructive Surgery (Direct 6 Years Course)	

### Fellowship (FNB) Courses

**TABLE-8**

Fellowship courses are sub-specialty skill-based programme wherein requirement of beds & IPD services can be part and parcel of the main clinical department;

The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.

<b>S. No.</b>	<b>Sub-Specialty</b>	<b>Minimum Beds in the applicant department and other infrastructural requirements</b>
<b>i.</b>	<b>Addiction Psychiatry</b>	The Department must have at least 30 beds in General Psychiatry and 15 beds should be dedicated to Addiction Psychiatry.
<b>ii.</b>	<b>Andrology</b>	Hospital should have at least 2 beds in Andrology.
<b>iii.</b>	<b>Arthroplasty</b>	The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.
<b>iv.</b>	<b>Bariatric Surgery</b>	<ul style="list-style-type: none"> <li>• At least 100 Beds Centre with minimum of 5 beds dedicated to Bariatric Patients for multi-speciality hospitals</li> <li>• Facility of HDU/ICU</li> <li>• Facilities for Endoscopy and CT Scan</li> <li>• Core Team including Bariatric Dietitian, Program Coordinator and Psychologist</li> </ul>
<b>v.</b>	<b>Breast Imaging</b>	<p>Hospital/Institute should have dedicated breast imaging facilities having following equipment under one roof / one campus:</p> <ul style="list-style-type: none"> <li>• Digital mammography</li> <li>• High Resolution Ultrasound with Elastography</li> <li>• One breast Imaging MRI Coil</li> <li>• Breast tomosynthesis (Twinning arrangement with other medical Institution/ Hospital)</li> <li>• Stereotactic Biopsy</li> <li>• Vacuum assisted breast biopsy device</li> </ul>
<b>vi.</b>	<b>Cardiac Electrophysiology</b>	<p>The applicant hospital must have the following Facilities (In- house):</p> <ul style="list-style-type: none"> <li>• Electrophysiology system (minimum 64 channels), recording, stimulation and ablation system</li> <li>• 3-Dimensional Electroanatomical mapping system</li> <li>• 24hrs Holter facility and assessment</li> </ul>

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
vii.	Child and Adolescent Psychiatry	<p><b>The applicant hospital must have the following Facilities (In- house):</b></p> <ul style="list-style-type: none"> <li>• Psychological testing services especially for Intelligence, Autism, ADHD and Specific Learning Disorder.</li> <li>• Play therapy facility</li> <li>• Separate Inpatient area for children and adolescents</li> <li>• Dedicated Child and Adolescent Clinics</li> <li>• Department of Paediatrics. (In case of stand-alone psychiatric centres, a Department of Paediatrics must be identified in a nearby hospital.</li> </ul>
viii.	Colorectal Surgery	<ul style="list-style-type: none"> <li>• At least 12 beds dedicated to colorectal surgery</li> <li>• 2 Major &amp; 1 Minor OT.</li> </ul>



ix.	Fetal Radiology	<ul style="list-style-type: none"> <li>• Hospital should have at least 30 beds for Obstetrics &amp; Gynecology.</li> <li>• Clinical units of Fetal Medicine/ Maternal Fetal Medicine should be an integral part of the hospital.</li> <li>• The Clinical Genetics, Laboratory Genetics and IVF units should be part of the hospital. If not available in the hospital, then the hospital should have a MOU with other institutions for training of fellows.</li> </ul> <p><b>Essential Equipments:</b></p> <ul style="list-style-type: none"> <li>• Ultrasound Scanners: three in numbers; one high end and two medium end scanners.</li> <li>• High end machine (one in number) – should be equipped with Colour Doppler, 3D, 4D, 5D, Shear wave elastography, Contrast sonography, STIC, Volume imaging, Panoramic imaging, Multiplanar reconstruction, Fusion imaging, Lumiflow, Microvascular flow. Biopsy guides, Footswitch Controls, Reporting Software, Multiple port connectors. Following probes should be available with the scanner: <ul style="list-style-type: none"> <li>○ Low frequency convex</li> <li>○ High frequency convex</li> <li>○ Low frequency linear</li> <li>○ High frequency linear</li> <li>○ Endovaginal 2D</li> <li>○ Endovaginal 3 D</li> <li>○ Volume 3D probe</li> </ul> </li> <li>• Mid end machine (Two in Number) - should be equipped with Colour Doppler, 3D, 4D, STIC, Volume imaging, Panoramic imaging, Multiplanar reconstruction. Biopsy guides. Following probes should be available with the scanner: <ul style="list-style-type: none"> <li>○ Low frequency convex</li> <li>○ High frequency linear</li> <li>○ Endovaginal 3D</li> </ul> </li> </ul>
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S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
		<ul style="list-style-type: none"> <li>○ Volume 3D</li> <li>● The ultrasound room used for intervention procedures should have all the emergency care equipment as specified in the PCPNDT Act.</li> <li>● MRI- 1.5 tesla/ 3.0 tesla, capable of doing fetal MRI. If MRI is not available in the hospital, then the hospital should have a MOU with other institutions for training of fellows.</li> </ul> <p>Necessary equipment for amniocentesis, chorion villus biopsy, etc should be available in the hospital.</p>
x.	<b>Hand &amp; Micro Surgery</b>	The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.
xi.	<b>Head &amp; Neck Oncology</b>	<p>The hospital must have following departments In-house:</p> <ul style="list-style-type: none"> <li>● Surgical Oncology</li> <li>● Medical Oncology</li> <li>● Radiation Oncology</li> <li>● Radiology</li> <li>● Pathology</li> </ul>
xii.	<b>Interventional Cardiology</b>	The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.
xiii.	<b>Liver Transplantation</b>	<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> <ul style="list-style-type: none"> <li>● The department should be conducting Liver Transplants for the last 02 years;</li> <li>● Minimum of 50 liver transplants should be performed in a year by the applicant department.</li> </ul>

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
xiv.	<b>Maternal &amp; Foetal Medicine (Previously High Risk Pregnancy &amp; Perinatology)</b>	The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.
xv.	<b>Minimal Access Surgery</b>	The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.
xvi.	<b>Minimal Access Urology</b>	<p>Minimum 20 beds in the department of Urology</p> <p><b>Instruments:</b></p> <ul style="list-style-type: none"> <li>• Basic Laparoscopy set including of High definition 2D/3D/4K camera head with monitor, CO<sub>2</sub> insufflator, Light source, energy device for laparoscopy, suction, 0 degree as well as 30 degree 5 mm and 10 mm telescope.</li> <li>• All basic laparoscopy instruments (Maryland, bowel grasper, Allis forceps, Babcock, Needle Driver, Clip Applicators, Right Angle, Lap Satinsky etc.)</li> </ul> <p style="text-align: center;"><b>And / Or</b></p> <p>Any Functional Robotic set with all the required instruments</p>
xvii.	<b>Minimally Invasive Gynaecologic Surgery</b>	The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
xviii.	<b>Musculoskeletal Radiology (MSK Radiology)</b>	<p>The Radiology department should be an integral part of the hospital with following equipment under one roof / one campus:</p> <p><b>Essential Equipments:</b></p> <ul style="list-style-type: none"> <li>• Digital Radiography (static)</li> <li>• Fluoroscopy machine (static or mobile C-arm)</li> <li>• Ultrasound machine with color and spectral doppler capability</li> <li>• Multidetector CT machine</li> <li>• MRI equipment</li> </ul> <p>Dual-Energy X-Ray Absorptiometry (DEXA) bone densitometry unit.</p>
xix.	<b>Neurovascular Intervention</b>	<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 &amp; 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 &amp; 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"> <li>• Cath lab with Digital Subtraction Angiography (Single or Bi-plane) with roadmap</li> <li>• Multi-slice CT</li> <li>• At least 1.5 T MRI</li> <li>• USG with Colour Doppler</li> <li>• Sophisticated Anaesthesia module with monitoring</li> </ul>

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
xx.	Onco-Anaesthesia	<ul style="list-style-type: none"> <li>• The Hospital must have a Well –Organized “Surgical Oncology Departments” functioning for the past 5 years</li> <li>• Beds dedicated for Oncology/ Onco surgery: Minimum 100 beds.</li> </ul> Post-operative: Well-equipped post anaesthesia care unit and ICU facilities with minimum of 6 beds.
xxi.	Paediatric Anaesthesia	The following departments must be there in the hospital: <ul style="list-style-type: none"> <li>• Paediatric Surgery</li> <li>• Paediatric Medicine</li> <li>• Neonatology</li> </ul> 20 bedded PICU and 10 bedded NICU

<p>xxii.</p>	<p><b>Paediatric Emergency Medicine</b></p>	<p>The following departments must be there in the hospital:</p> <ul style="list-style-type: none"> <li>• Pediatric Emergency with 5 resuscitation trolleys</li> <li>• Department of Pediatrics with minimum 50 Beds</li> <li>• Pediatric ICU with 5 Beds with at least 2 should be ventilator beds and all should have required facilities for bedside monitoring of critical patients</li> <li>• Neonatology 10 bedded NICU with at least 2 ventilator beds</li> <li>• Minimum bed requirement in the Pediatric Emergency department should be 5 beds, of which, there should be 1 triage bed, 1 bed with all resuscitative facilities for 'red' category, 3 beds for 'yellow'/'green' category patients.</li> <li>• All 5 beds should have bed-side monitoring facilities.</li> <li>• Ultrasound machine and CT scan to be available for round-the-clock in the hospital. Round-the-clock availability of x-ray, arterial blood gas and basic blood investigations.</li> <li>• 24 hr Ambulance services adequately equipped for onsite resuscitation and transfer of critically injured/ill patients with trained manpower or tie up with a medical transport team to do the same.</li> <li>• 24 hr adequately equipped in-house blood storage facility; Hospitals wherein component preparation facility is not available in-house, a tie up with nearby</li> </ul>
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S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
		blood bank shall be required
xxiii.	Paediatric Gastroenterology	The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.
xxiv.	Paediatric Hemaeto-Oncology	The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.
xxv.	Paediatric Nephrology	The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.
xxvi.	Paediatric Orthopaedics	The following departments must be there in the hospital: <ol style="list-style-type: none"> <li>1. Paediatric Medicine with PICU &amp; NICU facilities.</li> <li>2. 20 beds exclusively for Paediatric Orthopaedics</li> </ol>
xxvii.	Paediatric Radiology	There is no minimum bed requirement in the parent department.  The Radiology department should be an integral part of the hospital with following equipment under one roof / one campus:  <b>Essential Equipments:</b> MRI, CT, Ultrasound, Fluoroscopy & X-Rays
xxviii.	Paediatric Urology	<ul style="list-style-type: none"> <li>• Hospital should have access to radiographic, ultrasonographic, CT – Scan, MRI, nuclear medicine and urodynamic equipment.</li> <li>• The institution should have a 24 hour operating theatre.</li> </ul>

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
xxix.	Pain Medicine	10 Beds; Recovery Room/PACU Beds/Special Ward/ General Ward /Post Procedure Room Beds can be included. <ul style="list-style-type: none"> <li>• Dedicated Pain Clinic OPD preferably in Main OPD Complex of Hospital (Daily)</li> <li>• Fully equipped Pain OT               <ul style="list-style-type: none"> <li>○ Fluoroscope</li> <li>○ Radio Frequency Ablation Machine</li> <li>○ Ultrasound Machine</li> <li>○ Peripheral Nerve Stimulator</li> <li>○ Platelet Rich Plasma (PRP) Centrifugation Machine</li> <li>○ Vital Sign Monitor</li> <li>○ Resuscitation Cart</li> <li>○ Anaesthesia Machine</li> </ul> </li> <li>• TENS, LASER</li> <li>• Post Procedure room</li> <li>• Pain Charts, Bone models</li> </ul>
xxx.	Paediatric Cardio Thoracic and Vascular Surgery	The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.
xxxi.	Paediatric Endocrinology	<ul style="list-style-type: none"> <li>• In-house NICU, PICU, Pediatric emergency (24x7) and ward facility for evaluation and management of Pediatric Endocrine Disorders.</li> </ul>
xxxii.	Renal Transplant	The hospital should have the following facilities: <ul style="list-style-type: none"> <li>• Must have Nephrology unit.</li> <li>• Must have HD unit with 10 HD machines.</li> <li>• Centre should be recognized for deceased donor organ removal</li> <li>• Facilities of in house CT Angiography, Doppler study should be there.</li> <li>• Must have in house Pathology lab with facility for doing Immunology related tests.</li> </ul> <p>Must have active transplant coordinator and counselling department taking care of all legalities and the applicant hospital should have its transplant ethics committee.</p>



S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
xxxiii.	Reproductive Medicine	<p>Applicant hospital should be having a minimum of 10 beds</p> <p><b>1. Equipment</b> – The minimum equipment required are:</p> <ol style="list-style-type: none"> <li>a. Microscope;</li> <li>b. Incubator (minimum 02 in number);</li> <li>c. Laminar Airflow;</li> <li>d. Sperm counting Chambers;</li> <li>e. Centrifuge;</li> <li>f. Refrigerator;</li> <li>g. Equipment for cryopreservation;</li> <li>h. Ovum Aspiration Pump;</li> <li>i. USG machine with transvaginal probe and needle guard;</li> <li>j. Test tube warmer and</li> <li>k. Anesthesia resuscitation trolley.</li> <li>l. Micro Manipulator</li> </ol>
xxxiv.	Sleep Medicine	<ol style="list-style-type: none"> <li>1. 20 bedded Pulmonary Medicine department with sleep laboratory</li> <li>2. The following departments and facilities must be there in the hospital: <ol style="list-style-type: none"> <li>i. Psychiatry</li> <li>ii. Neurology</li> <li>iii. Sleep laboratory with at least one level 1 Polysomnography</li> </ol> </li> </ol>
xxxv.	Spine Surgery	<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>
xxxvi.	Sports Medicine	<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>

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
xxxvii.	Stroke Medicine	<p>The applicant hospital must have the following Facilities (In- house):</p> <ul style="list-style-type: none"> <li>• Advanced CT and MRI imaging including perfusion studies</li> <li>• Neuro intervention lab</li> </ul>
xxxviii.	Transplant Anaesthesia	<p>The hospital must have following departments (in-house):</p> <ul style="list-style-type: none"> <li>• Liver Transplant</li> <li>• Renal Transplant</li> </ul> <p>Centres that may not have adequate numbers for liver transplant should send their candidate for training at other centres having at least 25 Liver Transplants per year. There is a need to have an MOU signed between the applicant hospital and the hospital where the trainees will be sent for hands on exposure in liver transplant</p>

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

S. No.	Sub-Specialty	Minimum Beds in the applicant department and other infrastructural requirements
xl.	<b>Trauma Anaesthesia &amp; Critical Care</b>	100 Beds dedicated for Trauma surgery. Well-equipped post Anaesthesia care unit and ICU facilities
xli.	<b>Vitreo Retinal Surgery</b>	The hospital should have minimum beds in respective broad/super specialty department and required case load and spectrum of diagnosis in respective sub-specialty.

## B. Faculty in the applicant department/specialty

- 4.15. The applicant hospital should have minimum required faculty in each applicant department.
- 4.16. 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.
- 4.17. The qualification of the faculty should be a recognized qualification as per the provisions of IMC (repealed) Act / NMC Act.
- 4.18. 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.
- 4.19. **PG Teacher:** All consultants in the department who qualify to be a Senior Consultant as per NBEMS criteria shall qualify as PG teacher for NBEMS courses.
- 4.20. The minimum eligible qualifications & required minimum experience in the specialty to qualify as Senior or Junior consultants for different NBEMS courses are indicated as under:
- 4.21. **Overlapping Faculty:** Faculty considered for DNB/DrNB course can also be considered for 01 Fellowship Course subject to fulfilment of the eligibility criteria. However, the same faculty cannot be considered for 02 Fellowship Courses. Faculty with Super Specialty qualification in medical and surgical disciplines will be considered only as an adjunct faculty for the concerned Broad Specialty i.e. General Medicine and General Surgery respectively.

## Eligibility Criteria for Faculty- Qualification & Experience

### (Broad Specialty (DNB) Courses)

**TABLE-9**

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after PG in Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
i.	<b>Anaesthesiology</b>	DNB/MD (Anaesthesiology) OR equivalent*	8 Years	5 Years
ii.	<b>Anatomy</b>	DNB/MD/MS (Anatomy) OR equivalent*	8 Years	5 Years
iii.	<b>Biochemistry</b>	DNB/MD (Biochemistry) OR equivalent*	8 Years	5 Years
iv.	<b>Community Medicine</b>	DNB/MD (Social & Preventive Medicine / Community Medicine) OR equivalent*	8 Years	5 Years
v.	<b>Dermatology, Venereology and Leprosy</b>	DNB/MD (Dermatology, Venereology & Leprosy) OR equivalent*	8 Years	5 Years
vi.	<b>Emergency Medicine</b>	DNB/MD (Emergency Medicine)	5 Years of experience after DNB/MD (Emergency Medicine)	2 Years of experience after DNB/MD (Emergency Medicine)
		OR		
		DNB/MD/MS (or equivalent* qualification) in General Medicine/ Anaesthesiology /General Surgery.	8 Years of experience in Emergency Medicine/ General Medicine/ Anaesthesiology /General Surgery	5 Years of experience in Emergency Medicine / General Medicine/ Anaesthesiology /General Surgery
vii.	<b>Family Medicine</b> Minimum four (04) Faculties (one faculty	DNB/MD (Family Medicine)	5 Years of experience after DNB/MD (Family Medicine)	2 Years of experience after DNB/MD (Family Medicine)

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after PG in Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
	each from the specialty of General Medicine, General Surgery, Paediatrics and Obstetrics & Gynaecology)	<b>OR</b>		
		DNB/MD/MS (or equivalent* qualification) in General Medicine, Paediatrics, General Surgery or Obstetrics & Gynaecology) OR equivalent*	8 Years of experience in General Medicine/ Paediatrics/General Surgery/ Obstetrics & Gynaecology	5 Years of experience in General Medicine/ Paediatrics/ General Surgery/ Obstetrics & Gynaecology
		<ul style="list-style-type: none"> <li>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 &amp; Gynecology. Faculty with MD/DNB –Family Medicine may replace one of the faculty of General Medicine or Paediatrics.</li> <li>Faculty 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.</li> </ul>		
viii.	<b>Forensic Medicine</b>	DNB/MD (Forensic Medicine) OR equivalent*	8 Years	5 Years
ix.	<b>General Medicine</b>	DNB/MD (General Medicine/Internal Medicine) OR equivalent*	8 Years	5 Years
x.	<b>General Surgery</b>	DNB/MS (General Surgery) OR equivalent*	8 Years	5 Years
xi.	<b>Geriatric Medicine</b>	DNB/MD (Geriatric Medicine /General Medicine /Internal Medicine ) OR equivalent*	8 Years	5 Years
xii.	<b>Hospital Administration</b>	Primary Degree MBBS and DNB(HAH)/MD(HA)/MD(CHA) or MHM/MHA from deemed/Government recognized universities (full time course)	8 Years	5 Years

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after PG in Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xiii.	<b>Immuno-hematology and Blood Transfusion</b>	DNB/MD (IHTM/Transfusion Medicine) or DNB/MD (Pathology) OR equivalent*	8 Years	5 Years
xiv.	<b>Microbiology</b>	DNB/MD (Microbiology) OR equivalent*	8 Years	5 Years
xv.	<b>Nuclear Medicine</b>	DNB/MD (Nuclear Medicine) OR equivalent*	8 Years	5 Years
xvi.	<b>Obstetrics and Gynaecology</b>	DNB/MS/MD (Obstetrics & Gynaecology) OR equivalent*	8 Years	5 Years
xvii.	<b>Ophthalmology</b>	DNB/MS/MD (Ophthalmology) OR equivalent*	8 Years	5 Years
xviii.	<b>Orthopaedics</b>	DNB/MS (Orthopaedics) OR equivalent*	8 Years	5 Years
xix.	<b>Otorhinolaryngology (ENT)</b>	DNB/MS (ENT) OR equivalent*	8 Years	5 Years
xx.	<b>Paediatrics</b>	DNB/MD (Paediatrics) OR equivalent*	8 Years	5 Years
xxi.	<b>Palliative Medicine</b>	MD Palliative Medicine OR Transition Specialities.  Specialties eligible for transition: ➤ MD/DNB General Medicine ➤ MS/DNB General Surgery ➤ MD/DNB Paediatrics ➤ MD/DNB Anaesthesiology ➤ MD/DNB Radiotherapy ➤ MD/DNB Geriatric Medicine ➤ MD/DNB Psychiatry ➤ MD/DNB Family Medicine	08 Years out of which 3 years exclusive experience in Palliative Medicine	05 Years out of which 3 years exclusive experience in Palliative Medicine
xxii.	<b>Pathology</b>	DNB/MD (Pathology) 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
xxiii.	Pharmacology	DNB/MD (Pharmacology) OR equivalent*	8 Years	5 Years
xxiv.	Physical Medicine and Rehabilitation	DNB/MD (Physical Medicine & Rehabilitation) OR equivalent*	8 Years	5 Years
xxv.	Physiology	DNB/MD (Physiology) OR equivalent*	8 Years	5 Years
xxvi.	Psychiatry	DNB/MD (Psychiatry) OR equivalent*	8 Years	5 Years
xxvii.	Radiation Oncology (Previously Radio Therapy)	DNB/MD (Radiotherapy/Radiation Oncology) OR equivalent*	8 Years	5 Years
xxviii.	Radio Diagnosis	DNB/MD (Radio Diagnosis) OR equivalent*	8 Years	5 Years
xxix.	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 NBEMS on a case-to-case basis for being considered as a faculty in the applicant department.

## Eligibility Criteria for Faculty- Qualification & Experience

### (Super Specialty (DrNB) Courses)

**TABLE-10**

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)	5 Years of experience after DNB/DM (Cardiac Anaesthesia)	2 Years of experience after DNB/DM (Cardiac Anaesthesia)



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

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
		DNB/MD (General Medicine) OR equivalent*	8 Years of exclusive experience in Rheumatology after DNB/MD (General Medicine)	5 Years of exclusive experience in Rheumatology after DNB/MD (General Medicine)
vi.	<b>Critical Care Medicine</b>  Note: - At least one of the faculty members should be from Critical Care Medicine/General Medicine/Respiratory Medicine. Applications where all the proposed faculty members are from Anaesthesiology will not be considered.	DNB/DM (Critical Care Medicine)	5 Years of experience after DNB/DM (Critical Care Medicine)	2 Years of Experience after DNB/DM (Critical Care Medicine)
		<b>OR</b>		
		DNB/MD (Anaesthesiology/General Medicine/Respiratory Diseases) OR equivalent*	8 Years of exclusive experience in Critical Care Medicine after DNB/MD (Anaesthesiology/General Medicine/Respiratory Diseases)	5 Years of exclusive experience in Critical Care Medicine after DNB/MD (Anaesthesiology/General Medicine/Respiratory Diseases)
vii.	<b>Endocrinology</b>	DNB/DM (Endocrinology) OR equivalent*	5 Years	2 Years
viii.	<b>Gynaecological Oncology</b>	DNB/MCh (Gynaecological Oncology)	5 Years of exclusive experience after DNB/MCh (Gynaecological Oncology)	2 Years of exclusive experience after DNB/MCh (Gynaecological Oncology)
		<b>OR</b>		

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
		DNB/MD/MS(Obstetrics & Gynaecology) OR equivalent*	8 Years of post PG experience of which 5 years of exclusive experience in Gynaecological Oncology after DNB/MS/MD (Obstetrics & Gynaecology)	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"> <li>• The hospital should have provisions for a Tumour Board.</li> <li>• 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"> <li>○ Radiation Oncologist</li> <li>○ Medical Oncologist</li> <li>○ Radiologist</li> <li>○ Pathologist</li> </ul> </li> </ul>		
ix.	Infectious Diseases	DrNB/DM in Infectious Disease	5 Years of experience after DrNB/DM Infectious Disease	2 Years of experience after DrNB/DM Infectious Disease
		OR		
		<b>DNB/MD General Medicine</b> <b>DNB/MD Paediatrics</b> <b>DNB/MD Respiratory Medicine</b> <b>MD Tropical Medicine</b>  Existing faculty for FNB in Infectious Disease.	8 years of experience in Infectious Disease after acquiring PG qualification. FNB training shall be counted towards experience	5 years of experience in Infectious Disease after acquiring PG qualification. FNB training shall be counted towards experience
		AND		

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
		Additional (Mandatory) Faculty with DNB/MD Microbiology with at least 5 years of post PG experience		
x.	<b>Interventional Radiology</b>	DNB/MD (Radio Diagnosis) OR equivalent*	10 Years	5 Years
xi.	<b>Medical Gastroenterology</b>  Note: - Faculty with DM Hepatology qualification can also be considered as a faculty provided that the other proposed faculty member possesses DM / DNB / DrNB Gastroenterology qualification.	DNB/DM (Gastroenterology / Medical Gastroenterology / Hepatology ) OR equivalent*	5 Years	2 Years
xii.	<b>Medical Genetics</b>	DNB/DM (Medical Genetics) OR equivalent*	5 Years	2 Years
		<b>OR</b>		
		DNB/MD/MS (General Medicine / Paediatrics / Obstetrics & Gynaecology) OR equivalent*	8 Years of exclusive experience in Medical Genetics	5 Years of exclusive experience in Medical Genetics
xiii.	<b>Medical Oncology</b>	DM/DNB (Medical Oncology) OR equivalent*	5 Years	2 Years
xiv.	<b>Neonatology</b>	DM/DNB (Neonatology) OR equivalent	5 Years	2 Years
xv.	<b>Nephrology</b>	DNB/DM (Nephrology) OR equivalent	5 Years	2 Years
xvi.	<b>Neuro Anaesthesia</b>	DM (Neuro Anaesthesia)	5 Years of experience after DM (Neuro Anaesthesia)	2 Years of experience after DM (Neuro Anaesthesia)

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
			<b>OR</b>	
		DNB/MD (Anaesthesiology) OR equivalent*	8 Years of exclusive experience in Neuro Anaesthesia after DNB/MD (Anaesthesiology)	5 Years of exclusive experience in Neuro Anaesthesia after DNB/MD (Anaesthesiology)
xvii.	<b>Neurosurgery</b>	DNB/MCh (Neuro Surgery) OR equivalent*	5 Years	2 Years
xviii.	<b>Neurology</b>	DNB/DM (Neurology) OR equivalent*	5 Years	2 Years
xix.	<b>Paediatric Cardiology</b>	DNB/DM (Cardiology)	5 Years of experience after DNB/DM (Cardiology) obtained after DNB/MD (Paediatrics)	2 Years of experience after DNB/DM (Cardiology) obtained after DNB/MD (Paediatrics)
		<b>OR</b>		
		DNB (Paediatric Cardiology)	5 Years of experience after DNB (Paediatric Cardiology)	2 Years of experience after DNB (Paediatric Cardiology)
		<b>OR</b>		
		DNB/MD (Paediatrics) OR equivalent*	8 Years of exclusive experience in Paediatric Cardiology after DNB/MD (Paediatrics)	5 Years of exclusive experience in Paediatric Cardiology after DNB/MD (Paediatrics)

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xx.	Paediatric Critical Care	DM/DNB (Paediatric Intensive Care/Paediatric Critical Care)	5 Years of experience after DNB/DM (Paediatric Intensive Care/ Paediatric Critical Care)	2 Years of experience after DNB (Paediatric Intensive Care)
		<b>OR</b>		
		DNB/MD (Paediatrics) OR equivalent*	8 Years of exclusive experience in Paediatric Intensive Care after DNB/MD (Paediatrics)	5 Years of exclusive experience in Paediatric Intensive Care experience after DNB/MD (Paediatrics)
xxi.	Paediatric Neurology	MD/DNB (Paediatrics) plus DM/DrNB (Paediatric Neurology)	5 Years of experience in Paediatric Neurology post DM/DrNB	2 Years of experience post DM/DrNB
		<b>OR</b>		
		MD/DNB (Paediatrics) plus DM/DrNB (Neurology)	5 years of exclusive experience in Paediatric Neurology post DM/DrNB	2 years of exclusive experience in Paediatric Neurology post DM/DrNB
		<b>OR</b>		

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
		MD/DNB (Paediatrics)	8 years of exclusive experience in Paediatric Neurology post MD/DNB. Includes any period of fellowship or training	5 years of exclusive experience in Paediatric Neurology. Includes any period of fellowship or training
xxii.	Paediatric Surgery	DNB/MCh (Paediatric Surgery) OR equivalent*	5 Years	2 Years
xxiii.	Plastic & Reconstructive Surgery	DNB/MCh (Plastic Surgery) OR equivalent*	5 Years	2 Years
xxiv.	Surgical Gastroenterology	DNB/MCh (Surgical Gastroenterology/G.I. Surgery) OR equivalent*	5 Years	2 Years
xxv.	Surgical Oncology	DNB/MCh (Surgical Oncology) OR equivalent*	5 Years	2 Years
xxvi.	Thoracic Surgery	DNB/MCh (Thoracic Surgery/Cardio Thoracic and Vascular Surgery)	5 Years of experience after DNB/MCh (Thoracic Surgery/Cardio Thoracic and Vascular Surgery)	2 Years of experience after DNB/MCh (Thoracic Surgery/Cardio Thoracic and Vascular Surgery)
		<b>OR</b>		
		DNB/MS (General Surgery) OR equivalent*	8 Years of exclusive experience in Thoracic Surgery after DNB/MS (General Surgery)	5 Years of exclusive experience in Thoracic Surgery after DNB/MS (General Surgery)
xxvii.	Urology	DNB/DM (Urology/Genito-Urinary 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
xxviii.	Vascular Surgery	DNB/MCh (Peripheral Vascular Surgery/Vascular Surgery/Cardio Thoracic and Vascular Surgery)	5 Years of exclusive experience after DNB/MCh (Peripheral Vascular Surgery/Vascular Surgery/Cardio Thoracic and Vascular Surgery)	2 Years of exclusive experience after DNB/MCh (Peripheral Vascular Surgery/Vascular Surgery/Cardio Thoracic and Vascular Surgery)
		<b>OR</b>		
		DNB/MS (General Surgery) OR equivalent*	8 Years of exclusive experience in Vascular Surgery after DNB/MS (General Surgery)	5 Years of exclusive experience in Vascular Surgery after DNB/MS (General Surgery)
xxix.	Cardio Vascular & Thoracic Surgery (Direct 6 Years Course)	DNB/MCh (Cardio Thoracic Surgery/Cardio Vascular and Thoracic Surgery) OR equivalent*	5 Years	2 Years
xxx.	Neurosurgery (Direct 6 Years Course)	DNB/MCh (Neuro Surgery) OR equivalent*	5 Years	2 Years
xxxi.	Paediatric Surgery (Direct 6 Years Course)	DNB/MCh (Paediatric Surgery) OR equivalent*	5 Years	2 Years
xxxii.	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 NBEMS on a case-to-case basis for being considered as a faculty in the applicant department.

## Eligibility Criteria for Faculty- Qualification & Experience

### (Fellowship (FNB) Courses)

**TABLE-11**



S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
i.	<b>Arthroplasty</b>	DNB/MS (Orthopaedics) OR equivalent*	8 Years	5 Years
ii.	<b>Breast Imaging</b>	DNB/MD (Radio Diagnosis) OR equivalent*	8 Years	5 Years
iii.	<b>Hand &amp; Micro Surgery</b>	DNB/MS (Orthopaedics)	8 Years of exclusive experience after DNB/MS (Orthopaedics)	5 Years of exclusive experience after DNB/MS (Orthopaedics)
		<b>OR</b>		
		DNB/MCh (Plastic Surgery) OR equivalent*	5 Years of exclusive experience after DNB/MCh (Plastic Surgery)	2 Years of exclusive experience after DNB/MCh (Plastic Surgery)
iv.	<b>Maternal &amp; Foetal Medicine (Previously High Risk Pregnancy &amp; Perinatology)</b>	DNB/MS (Obstetrics & Gynaecology) OR equivalent*	8 Years	5 Years
v.	<b>Minimal Access Surgery</b>	DNB/MS (General Surgery) OR equivalent*	8 Years	5 Years
vi.	<b>Paediatric Gastroenterology</b>	DNB/DM (Medical Gastroenterology)	5 Years of experience after DNB/DM (Medical Gastroenterology) after DNB/MD (Paediatrics)	2 Years of experience after DNB/DM (Medical Gastroenterology) after DNB/MD (Paediatrics)
		<b>OR</b>		
		FNB (Paediatric Gastroenterology)	5 Years of experience after FNB (Paediatric Gastroenterology)	2 Years of experience after FNB (Paediatric Gastroenterology)
		<b>OR</b>		

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

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
		DNB/MD (Paediatrics) OR equivalent*	8 Years of exclusive experience in Paediatric Nephrology after DNB/MD (Paediatrics)	5 Years of exclusive experience in Paediatric Nephrology after DNB/MD (Paediatrics)
ix.	<b>Pain Medicine</b>	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)
x.	<b>Spine Surgery</b>	DNB/MS (Orthopaedics)	8 Years of experience after DNB/MS (Orthopaedics)	5 Years of experience after DNB/MS (Orthopaedics)
		<b>OR</b>		
		DNB/MCh (Neuro Surgery) OR equivalent*	5 Years of experience after DNB/MCh (Neuro Surgery)	2 Years of experience after DNB/MCh (Neuro Surgery)
xi.	<b>Sports Medicine</b>	DNB/MS (Orthopaedics) OR equivalent*	8 Years	5 Years
xii.	<b>Trauma &amp; Acute Care Surgery (previously Trauma Care)</b>	DNB/MS (General Surgery)	8 Years	5 Years
		<b>OR</b>		
		MS (Traumatology & Surgery) OR equivalent*		

Minimum Eligible Qualifications	Minimum exclusive experience after qualifying Minimum Eligible Qualification	
	Senior Consultant	Junior Consultant
<b>DNB/MS Obstetrics &amp; Gynaecology</b>	8 Years	5 Years

**1. Staffing –**

a. **Gynaecologist: Two Full-time faculty** members with MD/MS /DNB in Obstetrics & Gynaecology with senior faculty having minimum 8 years of post PG experience and junior faculty having minimum 5 years of post PG experience.

Further the following experience is also required:

The gynaecologist will be a medical post-graduate in gynaecology and obstetrics and should have record of performing 50 ovum pickup procedures under supervision of a trained ART specialist with at least three years of working experience in an ART clinic under supervision (In the case of gynaecologists practicing ART or IVF and are working in ART clinics before the commencement of this Act a post graduate degree in gynaecology and obstetrics with at least three years’ experience and record of 50 ovum pickup procedures shall be acceptable)

OR

A medical post-graduate in gynaecology and obstetrics with super specialist Doctorate of Medicine or fellowship in reproductive medicine with experience of not less than three years of working in an ART clinic.

b. **Embryologist:** There has to be **01 Full-time Embryologist** in the applicant hospital with following qualifications –

Post graduate in clinical embryology (graduated with full time programme with minimum four semesters) from a recognised University with additional three years of human ART laboratory experiences in handling human gametes and embryos;

xiii.

**Reproductive Medicine**

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
	<b>Reproductive Medicine</b>	<p>OR</p> <p>Ph.D. holder with full-time Ph.D. Project shall be related to Clinical Embryology or assisted reproductive technology or fertility) from a recognized university with an additional one year of human ART laboratory experience in handling human gametes and embryos</p> <p>OR</p> <p>Medical graduated (MBBS) or Veterinary graduate (BVSc) with a post-graduate degree in Clinical Embryology (full-time program) from a recognized university with additional two years of ART laboratory experience in handling human gametes and embryos;</p> <p>OR</p> <p>Post-graduate in life sciences or Biotechnology with a minimum of one year of on-site, full-time clinical embryology certified training in addition to four years' experience in handling human gametes and embryos in a registered ART level 2 clinic</p> <p>c. <b>Counsellor:</b> There has to be <b>01 Full-time Counsellor</b> in the applicant hospital having graduation in Psychology or Clinical Psychology or Nursing of Life Sciences.</p> <p>d. <b>Andrologist /Anaesthetist:</b> Andrologist /Anaesthetist can be part-time.</p>		
xiv.	<b>Vitreo Retinal Surgery</b>	DNB/MS (Ophthalmology) OR equivalent*	8 Years	5 Years
xv.	<b>Interventional Cardiology</b>	DNB/DM (Cardiology) 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
xvi.	Liver Transplantation	DNB/MCh (Surgical Gastroenterology/G.I. Surgery) OR equivalent*	5 Years	2 Years
xvii.	Neurovascular Intervention	MCh/DNB/DM or equivalent* or 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
		<b>OR</b>		
		MD/DNB or equivalent* in the specialty of Radio diagnosis	8 years of experience in the area of neurovascular interventions after qualifying MD/DNB or equivalent in the specialty of Radio diagnosis	5 years of experience in the area of neurovascular interventions after qualifying MD/DNB or equivalent in the specialty of Radio diagnosis
xviii.	Renal Transplant	MCh/DrNB (Urology)	MCh/ DrNB qualification in Urology followed by 5 years of experience in Renal Transplant.	MCh/ DrNB qualification in Urology followed by 2 years of experience in Renal Transplant.
xix.	Andrology	MCh/DrNB (Urology)	MCh/ DrNB qualification in Urology followed by 5 years of experience in Andrology.	MCh/ DrNB qualification in Urology followed by 2 years of experience in Andrology.

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xx.	<b>Minimal Access Urology</b>	MCh/DrNB (Urology)	DrNB/ MCh Urology + 8 years of experience in laparoscopic surgery Or minimum 300 laparoscopic surgeries performed.	DrNB/ MCh Urology + 5 years of experience in laparoscopic surgery Or minimum 200 laparoscopic surgeries performed.
xxi.	<b>Paediatric Urology</b>	DrNB/MCh (Urology OR Paediatric Surgery OR Paediatric Urology )	DrNB/ MCh Urology or Paediatric Surgery + 5 years of experience in Paediatric Urology	DrNB/ MCh Urology or Paediatric Surgery + 2 years of experience in Paediatric Urology
xxii.	<b>Musculoskeletal Radiology (MSK Radiology)</b>	MD/ DNB Radiology	MD/ DNB Radiology with 8 years of experience with Musculoskeletal Radiology	MD/ DNB Radiology with 5 years of experience with Musculoskeletal Radiology
xxiii.	<b>Fetal Radiology</b>	MD/DNB in Radio Diagnosis	MD/DNB in Radio Diagnosis with 8 years of experience	MD/DNB in Radio Diagnosis with 5 years of experience
xxiv.	<b>Paediatric Anaesthesia</b>	MD/ DNB in Anaesthesiology	MD/ DNB in Anaesthesiology with minimum 8 years of experience in Paediatric Anaesthesia	MD/ DNB in Anaesthesiology with minimum 5 years of experience in Paediatric Anaesthesia
			<b>Or</b>	<b>Or</b>
		DM in Paediatric Anaesthesia	DM in Paediatric Anaesthesia with 5 years of experience	DM in Paediatric Anaesthesia with 2 years of experience

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xxv.	<b>Onco- Anaesthesia</b>	MD/ DNB in Anaesthesiology	MD/DNB in Anaesthesia with 8 years of experience out of which 4 years of experience is in Onco- Anaesthesia	MD/DNB in Anaesthesia with 5 years of experience out of which 2 years of experience is in Onco- Anaesthesia
xxvi.	<b>Transplant Anaesthesia</b>	MD/DNB Anaesthesiology	MD/DNB in Anaesthesia with 8 years of experience with 5 years of clinical work devoted to Transplant Anaesthesia	MD/DNB in Anaesthesia with 5 years of experience and at least 3 years of work experience in Transplant Anaesthesia
xxvii.	<b>Trauma Anaesthesia &amp; Critical Care</b>	MD/DNB Anaesthesiology	MD/DNB in Anaesthesia with 8 years of experience out of which 4 years of experience is in Trauma anaesthesia & Critical Care	MD/DNB in Anaesthesia with 5 years of experience out of which 2 years of experience is in Trauma Anaesthesia & Critical Care
xxviii.	<b>Head &amp; Neck Oncology</b>	MCh Head & Neck Surgery	MCh Head and Neck surgery with 5 years' experience in Head and Neck Oncology	MCh Head and Neck surgery with 2 years' experience in Head and Neck Oncology
			<b>Or</b>	<b>Or</b>
		MCh/ DrNB Surgical Oncology	MCh / DrNB Surgical Oncology with 5 years' experience in Head & Neck Oncology	MCh / DrNB Surgical Oncology with 2 years' experience in Head & Neck Oncology



S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
			<b>Or</b>	<b>Or</b>
		MS/DNB ENT/Surgery	MS / DNB ENT /Surgery with 8 yrs. of experience in Head & Neck Oncology	MS / DNB ENT /Surgery with 5 yrs. of experience in Head & Neck Oncology
xxix.	<b>Bariatric Surgery</b>	MS /DNB General Surgery	MS / DNB General Surgery with 8 years' experience and at least 5 years' experience in Bariatric Surgery	MS / DNB General Surgery with 5 years' experience and at least 2 years' experience in Bariatric Surgery
xxx.	<b>Cardiac Electrophysiology</b>	DM/DNB Cardiology	DM / DNB in Cardiology with 5 years of experience in cardiac electrophysiology	DM / DNB in Cardiology with 2 years of experience in cardiac electrophysiology
xxxi.	<b>Addiction Psychiatry</b>	MD/ DNB in Psychiatry	8 years of experience in Addiction psychiatry after MD/ DNB Psychiatry	5 years of experience in Addiction psychiatry after MD/ DNB Psychiatry
		OR		
		DM in Addiction Psychiatry	5 years of experience after DM in Addiction Psychiatry	2 years of experience after DM in Addiction Psychiatry
xxxii.	<b>Child and Adolescent Psychiatry</b>	MD / DNB in Psychiatry	8 years of experience in Child and Adolescent Psychiatry after MD/ DNB Psychiatry	8 years of experience in Child and Adolescent Psychiatry after MD/ DNB Psychiatry

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
			OR	
		DM in Child and Adolescent Psychiatry	5 years of experience after DM in Child and Adolescent Psychiatry	5 years of experience after DM in Child and Adolescent Psychiatry
xxxiii.	<b>Minimally Invasive Gynaecologic Surgery</b>	MD/ qualification in Obstetrics and Gynaecology      DNB in and	8 years of experience in performing Laparoscopic and Hysteroscopic surgeries after MD/ DNB qualification in Obstetrics and Gynaecology. (Minimum 1000 Endoscopic Surgeries Performed or Assisted)	5 years of experience in performing Laparoscopic and Hysteroscopic surgeries after MD/ DNB qualification in Obstetrics and Gynaecology.
xxxiv.	<b>Paediatric Orthopaedics</b>	MD/ DNB in Orthopaedics	8 years of experience in Paediatric Orthopaedics after MD/ DNB in Orthopaedics	5 years of experience in Paediatric Orthopaedics after MD/ DNB in Orthopaedics
		OR		
		MCh in Paediatric Orthopaedics	5 years of experience after MCh in Paediatric Orthopaedics	2 years of experience after MCh in Paediatric Orthopaedics

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xxxv.	<b>Paediatric Cardio Thoracic and Vascular Surgery</b>	DrNB / MCh qualification in Cardiothoracic and Vascular Surgery	8 years' experience post DrNB / MCh in Cardiothoracic and Vascular Surgery with 5 years' of experience in Pediatric Cardiac Surgery	5 years' experience post DrNB / MCh in Cardiothoracic and Vascular Surgery with 2 years' of experience in Pediatric Cardiac Surgery
xxxvi.	<b>Paediatric Endocrinology</b>	MD/ DNB Pediatrics	8 years of experience in Pediatric Endocrinology after MD/ DNB Pediatrics	5 years of experience in Pediatric Endocrinology after MD/ DNB Pediatrics
		OR		
		DM in Pediatric Endocrinology	5 years of experience after DM in Pediatric Endocrinology	2 years of experience after DM in Pediatric Endocrinology
xxxvii.	<b>Sleep Medicine</b>	MD/ DNB in Respiratory Medicine	8 years of experience after Respiratory Medicine	5 years of experience after Respiratory Medicine
		OR		
		DM in Pulmonary Medicine	5 years of experience in Respiratory Medicine after DM in Pulmonary Medicine	2 years of experience in Respiratory Medicine after DM in Pulmonary Medicine
xxxviii.	<b>Stroke Medicine</b>	DM / DrNB in Neurology	5 years of experience in Stroke Medicine after DM / DrNB in Neurology	2 years of experience in Stroke Medicine after DM / DrNB in Neurology

S. No.	Specialty	Minimum Eligible Qualification(s)	Minimum <i>exclusive</i> Experience after qualifying Minimum Eligible Qualification	
			Senior Consultant	Junior Consultant
xxxix.	<b>Colorectal Surgery</b>	MS/ DNB in General Surgery	8 years' experience post MS/ DNB in General Surgery with 5 years' experience in colorectal surgery	5 years' experience post MS/ DNB in General Surgery with 2 years' experience in colorectal surgery
xli.	<b>Paediatric Emergency Medicine</b>	MD/ DNB in Paediatrics	8 years of Post PG experience in Pediatric Emergency Medicine	5 years of Post PG experience in Pediatric Emergency Medicine
		OR		
		MD/ DNB in Emergency Medicine	8 years of Post PG experience in Pediatric Emergency Medicine	5 years of Post PG experience in Pediatric Emergency Medicine
		OR		
		DM in Paediatrics Emergency Medicine	5 years of Post PG experience in Pediatric Emergency Medicine	2 years of Post PG experience in Pediatric Emergency Medicine
xli.	<b>Paediatric Radiology</b>	MD/ DNB in Radiology	8 years of experience in Paediatric Radiology after MD/ DNB Radiology	5 years of experience in Paediatric Radiology after MD/ DNB Radiology

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

4.22. In case of nascent specialties, NBEMS 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.

- 4.23. **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.
- 4.24. **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/DrNB (SS) qualification shall be accepted as Senior Residents till such time they qualify to become Junior Consultants.
- 4.25. 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*.
- 4.26. Proposed faculty in the applicant department shall be required to submit a “Faculty declaration form” online in the prescribed format while submitting online application to NBEMS. The format of the faculty declaration form can be obtained from <https://accr.natboard.edu.in> under quick link “Download”.
- 4.27. 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.
- 4.28. 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.

4.29. **Full time status of Faculty:** As per NBEMS 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.

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

4.31. **A)** NBEMS 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, Form-16/16A, Form-26AS, Salary/Bank statements, HIS data or any other document (Bipartite agreement/Tripartite agreement) as deemed fit by NBEMS.

**B) Documents to be submitted:** The following documents have to be submitted by the applicant hospital in support of the proposed faculty being working full-time at the applicant hospital:

i. **Form-16/16A** of the proposed faculty downloaded from TRACES website or provided by the employer – Mandatory to be submitted

ii. **Form-26AS** of the proposed faculty downloaded from TRACES website – Optional

iii. **Bipartite Agreement and affidavits** – In case the proposed faculty is not willing to submit Form-26AS, the applicant hospital will be required to submit to NBEMS a Bipartite Agreement and affidavits as a proof of working of the proposed faculty on full-time basis in the applicant hospital. A separate Bipartite Agreement and affidavits have to be submitted for each proposed faculty. The Bipartite Agreement and the affidavits can be seen at <https://accr.natboard.edu.in/> under the link Downloads.

*[Click here to view the Bipartite Agreement and affidavits](#)*

iv. **Tripartite Agreement and affidavits** - In case of the applicant hospital having faculty members who are getting their Form-16/16A from parent office of the applicant hospital/ outsourcing agency (engaged by the applicant hospital), the applicant hospital will be required to submit to NBEMS a Tripartite Agreement and affidavits as a proof of working of the proposed faculty on full-time basis in the applicant hospital. The Tripartite Agreement and the affidavits can be seen at <https://accr.natboard.edu.in/> under the link Downloads.

**Such faculty members are not required to submit the Bipartite Agreement and affidavits.**

*[Click here to view the Tripartite Agreement and affidavits](#)*

*[a. For faculty working in the applicant hospital on outsourcing basis](#)*

*b. For faculty whose Form-16 is generated by the parent office, the address of parent office being different from the address of the applicant hospital*

Faculty will not be considered for the purpose of accreditation in case the above documents are not submitted by the applicant hospital to NBEMS.

**4.32. Thesis Guide/Co-Guide:** Thesis Guides/Co-Guides can be assigned for NBEMS trainees only from the eligible and approved faculty for the courses as mentioned in “Accreditation Agreement”.

- For Broad specialties which have Post Diploma 2-year DNB courses (refer page 5), a Senior Consultant can guide a maximum of two DNB trainees: one Post MBBS trainee & one Post Diploma trainee.
- For Broad 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 of other departments can only be co-guides to DNB trainees. Junior Consultants, Senior Residents and Adjunct/Part time/Visiting Consultants cannot be assigned as thesis guides.

**4.33. Changes in Faculty Status:** The applicant department once accredited with NBEMS 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 NBEMS.

**4.34.** 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. Lack of faculty due to any reason would be communicated to NBEMS within 15 days. Failure to appoint alternative faculty shall lead to withdrawal of accreditation and /or relocation of the ongoing trainees. This situation would also ‘red flag’ the hospital/institute for further accreditations.

**4.35.** Newly introduced faculty in the accredited department shall be required to submit his/her declaration form in the prescribed format with supportive documents such as Additional Qualification Registration Certificate (AQRC), Form 26AS/Bipartite Agreement /Tripartite Agreement (para 3.30), letter of appointment issued by the accredited hospital and relieving letter from the previous employer.

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

- 4.37. The faculty status in the department shall be reviewed at the time of review conducted by NBEMS. The hospital shall be required to confirm availability of minimum required faculty for continuation of accreditation during the provisionally accredited period.
- 4.38. Each consultant who has been shown as faculty for NBEMS course will devote at least 10 hours per week for teaching/training in terms of case discussion, seminar, ward round, journal club etc. for NBEMS trainees. This is in addition to his/her assigned clinical & other hospital responsibilities.
- 4.39. 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.



## C. Patient Load in the Applicant Department/Specialty

4.40. 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.

4.41. 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.

4.42. NBEMS may verify the patient load data furnished in application submitted with supportive documents such as HIS records, OT registers etc.

General patients are those patients that shall be accessible at all times for supervised clinical work to NBEMS trainees. Data of General patients shall be accessible to NBEMS 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:

**TABLE-12**

S. No.	Departments	Minimum Patient Load per year in the concerned specialty /department
i.	Anaesthesiology	<ul style="list-style-type: none"> <li>• The hospital should have a minimum of 1000 major surgeries per annum in total from all the surgical specialties for training of the students.</li> <li>• There should be a minimum of 100 surgeries per year in each of the core areas.</li> <li>• ENT department should have a minimum of 50 surgeries per annum.</li> <li>• It is desirable to perform 50 pain management procedures per year.</li> </ul>

S. No.	Departments	Minimum Patient Load per year in the concerned specialty /department
ii.	Anatomy	<ul style="list-style-type: none"> <li>• Reference is made to optimal case load in clinical disciplines and labs/ associated facilities in Pre/Para clinical disciplines.</li> <li>• Departments should have adequate case load and case mix (spectrum of diagnosis) in all essential modalities to support PG teaching &amp; training</li> </ul>
iii.	Biochemistry	
iv.	Community Medicine	
v.	Forensic Medicine	
vi.	Hospital Administration	
vii.	Immunoematology and Blood Transfusion	
viii.	Microbiology	
ix.	Nuclear Medicine	
x.	Pathology	
xi.	Pharmacology	
xii.	Physiology	
xiii.	Radio Diagnosis (Stand-alone Diagnostic centres are not eligible to apply for DNB Radio Diagnosis)	
xiv.	Dermatology, Venereology and Leprosy	
xv.	Emergency Medicine	<p>At least 8000 Emergency Room visits per year;</p> <p>Adequate case mix (spectrum of diagnosis) in the department</p>

S. No.	Departments	Minimum Patient Load per year in the concerned specialty /department
xvi.	<b>Family Medicine</b>	Total OPD: 10000; at least 3000 General Patients Total IPD: 2000; at least 600 General Patients  (This is inclusive of OPD & IPD load in General Medicine, General Surgery, Paediatrics and Obstetrics & Gynecology)
xvii.	<b>General Surgery</b>	Total OPD: 5000; at least 1500 General Patients Total IPD: 1000; at least 300 General Patients  At least 300 major and 400 minor surgeries should have been performed by the department of General Surgery as per <b>Annexure – CM – SURG</b> (available at <a href="https://accr.natboard.edu.in/">https://accr.natboard.edu.in/</a> under the link Downloads).
xviii.	<b>General Medicine</b>	
xix.	<b>Otorhinolaryngology (ENT)</b>	Total OPD: 5000; at least 1500 General Patients
xx.	<b>Paediatrics</b>	Total IPD: 1000; at least 300 General Patients
xxi.	<b>Physical Medicine and Rehabilitation</b>	
xxii.	<b>Psychiatry</b>	Total OPD: 5000; at least 1500 General Patients Total IPD: 300, atleast 100 General patients
xxiii.	<b>Respiratory Medicine</b>	Total OPD: 5000; at least 1500 General Patients Total IPD: 1000; at least 300 General Patients

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"> <li>• A total of 1000 procedures (Major and Minor combined) per annum as per Annexure - CM – OBGY (available at <a href="https://accr.natboard.edu.in/">https://accr.natboard.edu.in/</a> under the link Downloads.) performed by the department of Obstetrics &amp; Gynaecology (OBGY) shall be considered optimal.</li> <li>• 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.</li> <li>• 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.</li> <li>• <b>Minimum Normal Vaginal Deliveries /LSCS/Gynae procedures/Cancer surgeries shall be 300/100/100/10 respectively per year.</b></li> <li>• The applicant departments having sufficient Obstetrics load but borderline/sub-optimal Gynae load or adequate Gynae load but borderline/sub-optimal Obstetric load can also apply for accreditation with NBEMS in Obstetrics &amp; Gynaecology subject to submission of Memorandum of Understanding (MoU) with another hospital having adequate Obstetrics &amp; Gynaecology case load. Such a hospital with which the applicant hospital is entering into MoU should be running DNB/MS Programme in Obstetrics &amp; Gynaecology. The candidates will be sent for externship for a period of 06 months during the entire period of 03 years training. The format of MoU can be seen on the NBEMS website.</li> </ul>
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S. No.	Departments	Minimum Patient Load per year in the concerned specialty /department
xxv.	<b>Ophthalmology</b>	Total OPD: 5000; at least 1500 General Patients Department should have adequate surgical case load and spectrum of diagnosis to support PG teaching & training <b>(at least 1000 surgeries per year)</b>
xxvi.	<b>Orthopaedics</b>	Total OPD: 5000; at least 1500 General Patients Total IPD: 1000; at least 300 General Patients The department should be doing at least 800 surgical procedures; of which 500 should be major procedures as detailed under <b>Annexure – CM – ORTHO</b> (available at <a href="https://accr.natboard.edu.in/">https://accr.natboard.edu.in/</a> under the link Downloads).
xxvii.	<b>Radiation Oncology (Previously Radio Therapy)</b>	Total OPD: 5000; at least 1500 General Patients Total IPD: 1000; at least 300 General Patients (Cross referred cases from other departments shall be considered towards IPD admissions).
xxviii.	<b>Palliative Medicine</b>	IPD – 1000 per year OPD – 2500 per year
xxix.	<b>Geriatric Medicine</b>	IPD – 500 per year OPD – 2500 per year

**Minimum Patient Load requirements in Super Specialty Courses:**

**TABLE-13**

S. No.	Departments	Minimum Patient Load per year
i.	<b>Cardio Vascular &amp; Thoracic Surgery</b>	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 <a href="https://accr.natboard.edu.in/">https://accr.natboard.edu.in/</a> under the link Downloads).
ii.	<b>Cardio Vascular &amp; Thoracic Surgery (Direct 6 Years Course)</b>	
iii.	<b>Cardiology</b>	
iv.	<b>Clinical Haematology</b>	
v.	<b>Medical Gastroenterology</b>	Total OPD:5000; at least 1500 General Patients Total IPD: 600; at least 200 General Patients <ul style="list-style-type: none"> <li>• USG Scopy -3000 per year,</li> <li>• Colonoscopy-1200 per year</li> <li>• ERCP-200 per year</li> </ul>
vi.	<b>Medical Oncology</b>	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 <a href="https://accr.natboard.edu.in/">https://accr.natboard.edu.in/</a> under the link Downloads).
vii.	<b>Nephrology</b> <i>The applicant department should be having the facility of in-house renal transplantation. The DrNB Nephrology trainees are required to be posted in the renal transplantation unit for a period of six months during the entire period of DrNB training. In case the applicant hospital does not have in-house transplantation facility, the hospital will be required to submit a MOU with another hospital performing renal transplants and the DrNB Nephrology trainees would be required to be posted to that hospital for a period of six months.</i> <i>The hospital with which MOU has to be done should be recognized for DrNB/ DM Nephrology or DrNB/ MCh Urology.</i>	

S. No.	Departments	Minimum Patient Load per year	
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		Primarily day Care/Consultation based Specialty Total OPD: 3500; 1000 should be General Patients
xxiii.	Endocrinology		
xxiv.	Medical Genetics		
xxv.	Critical Care Medicine		ICU admissions: 1000; at least 300 General Patients (MICU, SICU, ICCU admissions);

S. No.	Departments	Minimum Patient Load per year
xxvi.	<b>Gynaecological Oncology</b>	<p>700 OPD registrations in a year. Follow-up visits shall also be considered</p> <p>300 IPD admissions in a year. Cases admitted with Gynaecological Oncology diagnosis in another allied department shall also be considered</p> <p>At least 100 radicals + Ultra-radical surgeries in a year.</p> <p>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.</p>
xxvii.	<b>Neonatology</b>	NICU admissions: 1000
xxviii.	<b>Paediatric Critical Care</b>	PICU admissions: 1000
xxix.	<b>Urology</b>	<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 <a href="https://accr.natboard.edu.in/">https://accr.natboard.edu.in/</a> under the link Downloads).</p> <p>The applicant hospital should perform at least 10 renal transplants in a year</p> <p>OR</p> <p>DrNB Urology trainees should be rotated to another centre recognized for MCh/DrNB Urology programme and performing at least 50 renal transplants per year.</p>



S. No.	Departments	Minimum Patient Load per year
xxx.	Paediatric Neurology	Total OPD: 4000; at least 1000 General Patients  Total IPD: 400; at least 100 General Patients and PICU admissions pertaining to Paediatric Neurology  Case mix should include all categories of cases of Paediatric Neurology.
xxxi.	Infectious Disease	OPD: 3500 per year  IPD: 1000 per year

**Minimum Patient Load requirement in Fellowship Courses:**

**TABLE-14**

S. No.	Sub - Specialty	Minimum Patient Load per year
i.	Arthroplasty	<p>Fellowship courses are sub-specialty skill-based programme wherein requirement of beds &amp; 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.	Interventional Cardiology	
iv.	Maternal & Foetal Medicine	
v.	Minimal Access Surgery	
vi.	Paediatric Gastroenterology	
vii.	Paediatric Hemato-Oncology	
viii.	Paediatric Nephrology	
ix.	Vitreo Retinal Surgery	

S. No.	Sub - Specialty	Minimum Patient Load per year
x.	Spine Surgery	
xi.	Sports Medicine	
xii.	Reproductive Medicine	Case Load – 250 IVF /ICSI cycles per year and 5000 outpatients per year
xiii.	Breast Imaging	Minimum Case load per Year: Mammography: 1500 Breast MRI: 150 Ultrasound Guided Pre-operative needle localizations/ Core Biopsy (Stereotactic/ FNAC/Axillary Lymph node Biopsy): 250
xiv.	Liver Transplantation	At least 50 Liver Transplants annually for two consecutive years
xv.	Neurovascular Intervention	At least 100 Diagnostic Cerebral and Spinal Angiograms per annum  At least 50 Therapeutic Neurovascular Interventions per annum including the following: <ul style="list-style-type: none"> <li>• Cerebral Arterial/ Venous Sinus Thrombolysis/Thrombectomy</li> <li>• Internal Carotid &amp; External Carotid Angioplasty &amp; Stenting</li> <li>• Endovascular treatment of brain &amp; spine Aneurysm</li> <li>• Endovascular treatment of AVM, Dural fistulas and other malformations of brain &amp; spine</li> <li>• Balloon test occlusion</li> <li>• Pre-Op embolization</li> <li>• Inferior Petrous sinus sampling</li> <li>• Percutaneous embolization</li> </ul>
xvi.	Pain Medicine	OPD: 3000 pain clinic patients per year IPD: as per requirement  Major and Minor Pain management procedures including interventional procedures (minimum 500 per year) Minimum required Spectrum of Diagnosis/ Interventions required as per format.

S. No.	Sub - Specialty	Minimum Patient Load per year
xvii.	Trauma & Acute Care Surgery (previously Trauma Care)	<p><b>Case Load:</b> Hospital should have adequate number of surgical emergencies (traumatic and non-traumatic)</p> <p><b>1. Emergency Department attendance-</b> Minimum 500 patients per month of surgical emergencies (both trauma and non-trauma).</p> <p><b>2. Number of admissions in IPD-</b> Minimum of 50 patients per month of surgical emergencies (both trauma and non-trauma)</p>
xviii.	Renal Transplant	At least 50 transplants / year have to be done in house in the applicant hospital.
xix.	Andrology	<p><b>Out-Patient:</b>500 cases of male infertility and 500 cases of male sexual dysfunction / year.</p> <p><b>Surgical procedures performed annually: total at least 100/ year</b> with minimum number in categories given below:</p> <ul style="list-style-type: none"> <li>i. Microscopic varicocelectomy – 25 cases</li> <li>ii. PESA / MESA / TESA / TESE – 20 cases</li> <li>iii. MicroTESE – 4 cases</li> <li>iv. Vasoepididymal anastomosis / Vasovasostomy – 4 cases</li> <li>v. Penile implant – inflatable / non- inflatable – 10 cases</li> <li>vi. Plication for correction of penile curvature – 2 cases</li> <li>Incision and grafting for Peyronie’s – 1 case</li> </ul>
xx.	Minimal Access Urology	70 laparoscopic / robotic urological surgeries per year

		Sr. No.	Open Cases	Number per year		
xxi.	Paediatric Urology	i.	Open renal and upper tract (pyeloplasty/nephrectomy/surgery for duplication)	30		
		ii.	Open reimplantation of ureter to the bladder (any technique)/ureteric diversions/vesicostomy	25		
		iii.	Open orchidopexy /hydrocele/varicocele	40		
		iv.	Penile surgery (circumcision, surgery for penile anomalies)	40		
		v.	Distal hypospadias repair (including revisions)	25		
		vi.	Proximal hypospadias repair one-stage/two-stage	15		
		<b>ENDOUROLOGY</b>				
		vii.	Diagnostic cystoscopy, ureteropyelography, insertion of ureteral catheter/double-J stent insertion	20		
		viii.	Injections (endoscopic correction of reflux, botulinum-toxin injection)	25		
		ix.	Any other intervention done using a cysto-urethroscope (PUV ablation, ureterocele, urethrotomy excluding stone cases)	25		
		x.	Endoscopic stone surgery (all endoscopic procedure for stone surgery - PCNL, URS, RIRS, cystolithotripsy etc)	20		
		xi.	Extracorporeal lithotripsy	10		
		<b>MIS</b>				
xii.	Renal and upper tract surgery (pyeloplasty/nephrectomy/surgery for duplication)	15				
xiii.	Lower tract surgery (including ureteric reimplantation, bladder, bladder neck)	5				

S. No.	Sub - Specialty	Minimum Patient Load per year		
		xiv.	Surgery for gonads and diagnostic/minor DSD (orchidopexy, gonadectomy, varicocele, biopsy etc)	20
			<b>DIAGNOSTIC AND SMALL INVASIVE PROCEDURES</b>	
		xv.	Invasiveurodynamics (cystometry, videourodynamics)	40
		xvi.	Image guided interventions (kidney biopsy, nephrostomy, percutaneous cystostomy)	15
xxii.	<b>Musculoskeletal Radiology (MSK Radiology)</b>	<b>S. No</b>	<b>Type</b>	<b>Number per year</b>
		i.	Diagnostic imaging	1800 MSK MRI scans
		ii.	Computed Tomography	1200 MSK CT scans
		iii.	Ultrasound	1200 MSK USG
		iv.	Radiographs	3600-6000 MSK Radiographs
		v.	Ultrasound guided MSK procedures	360
		vi.	Fluoroscopy-guided procedures	120
		vii.	CT guided MSK procedures	480

S. No.	Sub - Specialty	Minimum Patient Load per year		
		S. No.	Type	Number per year
xxiii.	Fetal Radiology	i.	Antenatal ultrasound scans	7200
		ii.	Fetal Echo	240
		iii.	Neonatal ultrasound scans	240
		iv.	3D/4D scans	240
		v.	TVS elastography	240
		vi.	Invasive procedures (Like amniocentesis, chorion villus biopsy, etc.)	120
		vii.	Fetal MRI	60
		viii.	Genetic counselling	120
		ix.	Serum biochemistry	2400
		xxiv.	Paediatric Anaesthesia	<p>Minimum 1200 Paediatric surgeries per year, including NORA/ sedation areas out of which Neonatal surgeries should be at least 60 per year.</p> <p><b>Case Mix:</b></p> <ul style="list-style-type: none"> <li>i. General abdominal surgery</li> <li>ii. Urologic and genital surgeries</li> <li>iii. Orthopaedics</li> <li>iv. Cardiac surgery</li> <li>v. Neurosurgery</li> <li>vi. Ophthalmic surgery</li> <li>vii. Plastic surgery</li> <li>viii. ENT</li> <li>ix. Thoracic surgery</li> <li>x. Neonatal surgery</li> </ul>

S. No.	Sub - Specialty	Minimum Patient Load per year																																							
xxv.	Onco-Anaesthesia	<ul style="list-style-type: none"> <li>The Onco-surgery department should perform adequate number of surgical procedures to support PG teaching &amp; training in Onco-anaesthesia.</li> <li>Case Load: Onco-surgery requiring anesthesia: Minimum of 2000 / year (Major surgery and Minor procedures requiring anesthesia)</li> </ul> <p><b>Case Mix: Surgical Workload</b></p> <table border="1"> <thead> <tr> <th>S. No</th> <th>Type of Onco-surgery and Non-Operating Room Anesthesia (NORA)</th> <th>(Per year) (Approx)</th> </tr> </thead> <tbody> <tr> <td>i.</td> <td>Breast Surgery</td> <td>400</td> </tr> <tr> <td>ii.</td> <td>Head &amp; Neck</td> <td>450</td> </tr> <tr> <td>iii.</td> <td>Gastro surgery</td> <td>250</td> </tr> <tr> <td>iv.</td> <td>Gynae Oncology</td> <td>300</td> </tr> <tr> <td>v.</td> <td>Uro Oncology</td> <td>300</td> </tr> <tr> <td>vi.</td> <td>Thoracic Oncology</td> <td>50</td> </tr> <tr> <td>vii.</td> <td>Musculo-skeletal (Bone &amp; Soft tissue)*</td> <td>100</td> </tr> <tr> <td>viii.</td> <td>Pediatric*</td> <td>50</td> </tr> <tr> <td>ix.</td> <td>Neuro-Oncology*</td> <td>100</td> </tr> <tr> <td>x.</td> <td>Radiotherapy* (ICRT/IMRT/ Brachytherapy /RT For pediatric patients etc.)</td> <td rowspan="4">Facility for NORA (minimum 200)</td> </tr> <tr> <td>xi.</td> <td>Endoscopies procedures : Diagnostic and Therapeutic</td> </tr> <tr> <td>xii.</td> <td>Intervention Radiology / CT Scan / MRI</td> </tr> <tr> <td>xiii.</td> <td>PET scan*</td> </tr> </tbody> </table> <p><i>*In case in-house facility is not available, a MOU with another institution having that facility.</i></p>	S. No	Type of Onco-surgery and Non-Operating Room Anesthesia (NORA)	(Per year) (Approx)	i.	Breast Surgery	400	ii.	Head & Neck	450	iii.	Gastro surgery	250	iv.	Gynae Oncology	300	v.	Uro Oncology	300	vi.	Thoracic Oncology	50	vii.	Musculo-skeletal (Bone & Soft tissue)*	100	viii.	Pediatric*	50	ix.	Neuro-Oncology*	100	x.	Radiotherapy* (ICRT/IMRT/ Brachytherapy /RT For pediatric patients etc.)	Facility for NORA (minimum 200)	xi.	Endoscopies procedures : Diagnostic and Therapeutic	xii.	Intervention Radiology / CT Scan / MRI	xiii.	PET scan*
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i.	Renal Transplants	50																																	
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xxvii.	Trauma Anaesthesia & Critical Care	<p>Minimum surgeries - 1000 / year (Major surgery, Minor procedures requiring anaesthesia and day care)</p> <p><b>Case Mix:</b> Surgical workload</p> <table border="1"> <thead> <tr> <th>S. No</th> <th>Type of trauma surgery</th> <th>Number per year</th> </tr> </thead> <tbody> <tr> <td>i.</td> <td>Abdominal trauma</td> <td>200</td> </tr> <tr> <td>ii.</td> <td>Head, Face &amp; Neck trauma (Plastic surgery)</td> <td>100</td> </tr> <tr> <td>iii.</td> <td>Thoracic trauma</td> <td>100</td> </tr> <tr> <td>iv.</td> <td>Musculo-skeletal (Bone &amp; Soft tissue) trauma including vascular trauma</td> <td>200</td> </tr> <tr> <td>v.</td> <td>Elderly patient with trauma</td> <td>100</td> </tr> <tr> <td>vi.</td> <td>Pediatric trauma*</td> <td>50</td> </tr> <tr> <td>vii.</td> <td>Neuro-trauma*</td> <td>100</td> </tr> <tr> <td>viii.</td> <td>Trauma in obstetric patient*</td> <td>10-20</td> </tr> <tr> <td>ix.</td> <td>Miscellaneous</td> <td>100</td> </tr> <tr> <td>x.</td> <td>Acute management of trauma patients</td> <td>200</td> </tr> </tbody> </table> <p><i>*In case in-house facility is not available, an MOU with another institution having that facility should be made.</i></p>	S. No	Type of trauma surgery	Number per year	i.	Abdominal trauma	200	ii.	Head, Face & Neck trauma (Plastic surgery)	100	iii.	Thoracic trauma	100	iv.	Musculo-skeletal (Bone & Soft tissue) trauma including vascular trauma	200	v.	Elderly patient with trauma	100	vi.	Pediatric trauma*	50	vii.	Neuro-trauma*	100	viii.	Trauma in obstetric patient*	10-20	ix.	Miscellaneous	100	x.	Acute management of trauma patients	200
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ix.	Miscellaneous	100																																	
x.	Acute management of trauma patients	200																																	



S. No.	Sub - Specialty	Minimum Patient Load per year
xxviii.	Head & Neck Oncology	<ul style="list-style-type: none"> <li>• OPD: Minimum of 300 Head &amp; Neck Oncology Patients per year</li> <li>• IPD: Minimum of 200 Head &amp; Neck Oncology Patients per year</li> <li>• Minimum surgeries - 200 / year surgeries in Head and Neck Oncology.</li> </ul>
xxix.	Bariatric Surgery	<ul style="list-style-type: none"> <li>• OPD: Minimum of 300 Bariatric Patients per year</li> <li>• IPD: Minimum of 150 bariatric Patients per year</li> </ul> <p>At least 100 Procedures per year with Good mix of sleeve gastrectomy and Gastric Bypass procedures including revisions.</p>
xxx.	Cardiac Electrophysiology	<ul style="list-style-type: none"> <li>• IPD: Minimum of 400 Patients per year (Exclusive of Cardiac Electrophysiology)</li> <li>• OPD: Minimum of 1500 Patients per year including device clinic (Exclusive of Cardiac Electrophysiology)</li> <li>• Minimum volume of 150 Electrophysiology procedures including 125 Radio frequency per year</li> <li>• Ablation procedures with at least 25 3D Electroanatomical Mapping and RFA per year</li> <li>• Minimum volume of 50 permanent pacemaker implantation per year</li> <li>• Minimum volume of 25 Implantable Cardioverter Defibrillator and 25 cardiac resynchronization therapy per year</li> </ul>
xxxi.	Addiction Psychiatry	<ul style="list-style-type: none"> <li>• OPD - Minimum 5000 per year Psychiatry patients out of which at least 1500 Addiction Psychiatry patients.</li> <li>• IPD - Minimum 500 per year Psychiatry patients out of which at least 150 should be Addiction psychiatry patients.</li> </ul>

S. No.	Sub - Specialty	Minimum Patient Load per year
xxxii.	Child and Adolescent Psychiatry	<ul style="list-style-type: none"> <li>The hospital should have minimum 30 beds in broad speciality and adequate clinical load in sub-speciality</li> <li>OPD: Minimum of 600 Patients (Children and Adolescent) per year</li> <li>IPD: Minimum of 80 admissions (Children and Adolescent) per year</li> </ul>
xxxiii.	Minimally Invasive Gynaecologic Surgery	<p><b>500 Laparoscopic/Hysteroscopy surgeries per year which include:</b></p> <p><b>LAPAROSCOPY - At least <u>300 cases</u></b></p> <ol style="list-style-type: none"> <li><b>Laparoscopy 100 cases</b> Infertility, Endometriosis, Diagnostic.</li> <li><b>Laparoscopy minor procedures 75 cases</b> PCO Drilling, Minor Adhesiolysis, Salpingectomy, Tubectomy , Simple Ovarian Cyst.</li> <li><b>Laparoscopy moderate procedures 75 cases</b> TLH, Small Myomectomy &lt;3 Cms, Dermoid Cystectomy, Endometriosis Stage 1 and 2</li> <li><b>Laparoscopy complex surgeries 50 cases</b> Large/Multiple Myomas &gt;5cms/3+, Adenomyomas, Prolapse, Burch, Lymph Nodes, Malformation, Pectopexy , Sacrocolpopexy , Recanalization , Radical Hysterectomy With PLND , Endometriosis Stage 3 and 4. ( Preferable &amp; Optional - Para Aortic Lymphadenectomy , Unification of Bicornuate Uterus)</li> </ol> <p><b>HYSTEROSCOPY: At least <u>200 cases</u></b></p> <ol style="list-style-type: none"> <li><b>Hysteroscopy minor 100 cases</b> Diagnostic, Endometrial sampling , Small polyps</li> <li><b>Hysteroscopy complex 75 cases</b> Septum , Cannulation , Cervical Stenosis</li> <li><b>Hysteroscopy Advanced 25 cases</b> Submucous Myomas, Asherman's.</li> </ol>

S. No.	Sub - Specialty	Minimum Patient Load per year
xxxiv.	<b>Paediatric Orthopaedics</b>	<ul style="list-style-type: none"> <li>• OPD: Minimum of 1200 Paediatric Orthopaedic Patients per year</li> <li>• IPD: Minimum of 225 Paediatric Orthopaedic cases per year</li> <li>• Minimum volume of 150 Major and 600 Minor Paediatric Orthopaedic surgical procedures</li> <li>• Clubfoot clinic with minimum of 30 New case enrolments per year</li> <li>• Emergency services with minimum 150 Paediatric Orthopaedic emergency cases attended per year.</li> </ul>
xxxv.	<b>Pediatric Cardio Thoracic and Vascular Surgery</b>	<ul style="list-style-type: none"> <li>• At least 300 paediatric cardiac surgical procedures per year</li> <li>• The unit should have performed all kinds of paediatric cardiac surgery including but not limited to, ASD, VSD, TOF, DORV, TAPVC, ASO, Truncus, Arch repairs, congenital valve repairs, systemic PA shunts, Conduits etc.</li> </ul>
xxxvi.	<b>Pediatric Endocrinology</b>	<ul style="list-style-type: none"> <li>• Pediatric Endocrinology OPD with a minimum caseload of 3500 per year (including referrals from other departments).</li> </ul>
xxxvii.	<b>Sleep Medicine</b>	<ul style="list-style-type: none"> <li>• Total OPD: 5000; at least 1500 General Patients</li> <li>• Total IPD: 1000; at least 300 General Patients</li> <li>• Minimum 200 sleep studies per year, including full PSG / Level 1 PSG should be at least 150 per year</li> <li>• At least 8 multiple sleep latency tests per year</li> <li>• At least 10 paediatric sleep studies per year</li> <li>• OPD - Minimum 150 new patients and 150 follow-up patients of sleep disorders per year should be seen.</li> </ul>
xxxviii.	<b>Stroke Medicine</b>	<ul style="list-style-type: none"> <li>• IPD: Minimum of 500 Patients per Year</li> <li>• OPD: Minimum of 1500 Patients per Year</li> <li>• Minimum volume of 100 intravenous thrombolysis procedure</li> <li>• Minimum volume of 50 mechanical thrombectomy cases</li> </ul>

S. No.	Sub - Specialty	Minimum Patient Load per year
xxxix.	Colorectal Surgery	<ul style="list-style-type: none"> <li>• IPD: 350/year.</li> <li>• OPD: 2000 per year</li> <li>• Type of Surgeries: 300 surgeries per year which must be a mix of surgeries like Low anterior resection, TATA, ISR, TA TME, APR, ELAPE, Hemicolectomies, TPC with IPAA, Stoma constructions should comprise a minimum of 50 cases per year; 4 other surgeies like suture rectopexy, VMR, Altemier, Delormes, MIPH, Hemorrhoidectomies, fistulectomies, fistulotomies, appendectomies, adhesiolysis, rectovaginal fistula repairs, perineal floor reconstruction, karydakis, boscoms and Flap repairs for pilonidal sinus, parastomal and incisional hernia repair etc should form the rest of volume.</li> <li>• Volume of colorectal patients must be at least 200 per year</li> </ul>
xl.	Paediatric Emergency Medicine	<p>Minimum 6000 Pediatric Emergency Visits with</p> <ol style="list-style-type: none"> <li>i. Pediatric Medical Emergencies</li> <li>ii. Pediatric Surgical Emergencies</li> <li>iii. Trauma</li> <li>iv. Poisoning</li> <li>v. Neonatal Emergencies</li> <li>vi. Eye/ENT/Skin/Orthopaedic Emergencies</li> <li>vii. Child Abuse</li> <li>viii. Medical Transport</li> <li>ix. Miscellaneous</li> </ol>

S. No.	Sub - Specialty	Minimum Patient Load per year		
		S. No	Type	Number per year
xli.	Paediatric Radiology	i.	MRI	600 Pediatric MRI scans
		ii.	Computed Tomography	1200 Pediatric CT scans
		iii.	Ultrasound	1800 Pediatric USG
		iv.	Radiographs	4000 Pediatric Radiographs
		v.	Ultrasound guided interventional procedures	100 pediatric procedures
		vi.	Fluoroscopy procedures	100 pediatric procedures
		vii.	CT guided interventional procedures	20 pediatric procedures

## D. Grant of Seats

The number of seats granted/accredited in a particular applicant department shall be decided by NBEMS on the basis of fulfilment of the minimum accreditation criteria as indicated above and available faculty. The number of seats granted vis-à-vis available faculty is tabulated herein below:

4.43 For Broad specialty courses where Post Diploma DNB seats are also granted along with Post MBBS DNB seats, the grant of seats is tabulated herein below:

**TABLE-15**

No. of Sr. Consultants	No. of Jr. Consultants	Number of seats granted	
		Post MBBS 3 - years DNB	Post Diploma 2- years DNB
1	1	1	1
2	2	2	2
3	1	2	2
3	2	3	2

2	1	2	1
2	0	1	1
3	0	2	1
1	0	0	0

4.44 For Super specialty courses, Fellowship courses and Broad specialty courses where there are no Post Diploma DNB seats, the grant of seats is tabulated herein below:

**TABLE-16**

No. of Sr. Consultants	No. of Jr. Consultants	Number of seats granted
1	1	2
2	2	4
2	1	3
2	0	2
3	0	3
3	1	4
3	2	5
1	0	0

## E. Physical Facilities & Supportive Services

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

- Registration of patients along with facilities for centralized & computerized 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

4.46 **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.

4.47 **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.

4.48 **OT Complex:** Hospitals seeking accreditation with NBEMS in surgical specialties should have:

- Adequate number of operation theatres: Modular/ Major/Minor
- Essential Surgical & Anaesthesia equipment 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

4.49 **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

## G. Teaching & Training Facilities

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

4.51 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.

4.52 As per NBEMS 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 NBEMS 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 NBEMS 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**.

4.53 Accredited hospitals should also rotate their DNB, DrNB & 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.

4.54 **Institutional Ethics Committee:**

- All NBEMS 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. The Ethics Committee shall comprise of:
  - Chairperson
  - One - two persons from basic medical science area
  - One - two clinicians from various Institutes
  - One legal expert or retired judge



- One social scientist/ representative of non-governmental voluntary agency
  - One philosopher/ ethicist/ theologian
  - One lay person from the community
  - Member Secretary
- 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](#)**

- All NBEMS 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.
- The accredited hospitals shall have to inform their registration number at email [accr@natboard.edu.in](mailto: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](mailto:accr@natboard.edu.in).
- In case the hospital does not have an Ethics Committee as above, it would be mandatory for the hospital/institute to either have an Ethics Committee duly registered with Department of Health & Research, MoHFW or have a MoU with another hospital/institute having a duly registered Ethics Committee. This is to be done within 4 weeks of grant of accreditation to the concerned hospital failing which, the accreditation so granted shall be treated as withdrawn.
- The thesis protocols of DNB trainees shall be required to approved by the IEC.

4.55 **Library facilities:** The applicant department should have subscribed to at least 04 journals in the specialty applied for. Please refer respective curriculum available on NBEMS 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, DrNB & FNB trainees.

- 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.

- For departments which are seeking renewal of accreditation, it shall be an essential requirement to have valid suscriptions of minimum required journals as per NBEMS criteria.
- The recommended text books and reference books in the specialty applied for shall be required to be made available in the hospital library. NBEMS appointed assessor shall be verifying the subscription of journals and purchase of books against relevant documents at the time of NBEMS assessment. Subscription of journals should be in the name of applicant hospital.

4.56 **Accommodation:** The Hospitals are encouraged to provide accommodation to NBEMS trainees as DNB/DrNB/FNB training is a residency based programme. A fee of Rs. 20,000/- per annum is collected by NBEMS from the trainees for accommodation to be provided by the accredited hospitals. This fee will be transferred to the accredited hospital by NBEMS as indicated in para 5.9. In case the hospitals are unable to provide accommodation to the trainee, the fee of Rs. 20,000/- per annum has to be refunded back to the trainee. Electricity and other consumables can be charged on actual basis by the hospital depending upon the institutional policy.

## G. Requirement of Academic Department for the purpose of accreditation

It is desirable that the hospital seeking accreditation with NBEMS should have a defined academic department in the concerned specialty where the trainee will be trained. The academic department must have dedicated faculty, residents and staff with a defined location in the hospital and SOPs for discharge of their duties. The academic department shall comprise of:

- An academic office for the department
- Rooms for faculty
- Duty rooms for trainees
- Departmental library
- Specialty specific clinical areas

Academic department shall be inspected by the assessor at the time of physical inspection of the hospital.

## 5 Guidelines for Accredited Hospital

### A. Guidelines for Rotational Posting/Externship of NBEMS trainees outside the Accredited Hospital

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

**TABLE-17**

Nature of Rotation	Purpose/Reason	Maximum Permissible period of rotation
<p>Rotation of trainees outside the applicant hospital (for exposure in areas which are deficient in-house) to another NBEMS/NMC recognized center</p> <p>A memorandum of understanding is required to be submitted as per prescribed Annexure - MoU (RP) available at <a href="https://accr.natboard.edu.in">https://accr.natboard.edu.in</a> under the link Downloads</p>	<p>Hospital applying for Direct 6 year courses &amp; not having DNB General Surgery in their own hospital are required to rotate its trainees for training in basic principles of surgery to a NBEMS / NMC recognized General Surgery department.</p>	<p>9 months</p>
	<p>The departments which do not have all the sub-specialities in-house can rotate its trainees to another NMC/NBEMS recognized centres. Rotation for core areas is not permissible.</p>	<p>06 months</p>
	<p>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 <a href="https://accr.natboard.edu.in">https://accr.natboard.edu.in</a> under the link Downloads</p>	<p>01 year</p>

<b>Externship for skill enhancement to centers of excellence; Subject to availability and requirements</b>	Direct 6 year course candidates in the 6 <sup>th</sup> 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 NBEMS/NMC recognized centre of excellence
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- 5.2 The externship of NBEMS trainees is not automatic. Proposal for externship should be included as a component of accreditation application for areas which are deficient in-house. NBEMS 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 NBEMS trainees in hospitals/institutions that are not accredited with NBEMS or NMC or Government of India is not permitted. Rotation of NBEMS trainees in core areas of the concerned specialties is not permissible.
- 5.4 The rotation shall be a hands-on experience and not mere observer ship.
- 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 NBEMS Trainee:

- 5.8 The Annual course fee prescribed by NBEMS for its courses and payable by the trainee is as follows:

**TABLE-18**

Head	Charges (in INR) per year
<b>Tuition fees</b>	75,000/-
<b>Library fees</b>	15,000/-
<b>Annual Appraisal fees</b>	15,000/-

<b>Accommodation Charges</b>	20,000/-
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- Tuition fees: The tuition fees shall cover the cost incurred for accreditation, institutional DNB office, infrastructure and HR, training, teaching & research expenses, guest lecture, thesis support, administrative support expenses.
- Library fee: Library fees shall cover the provisions made by the hospital for subscription of journals and purchase of textbooks for DNB & FNB trainees.
- Annual appraisal fees: The appraisal fees shall cover the arrangements made for the purpose of appraisal of trainees and examiner remuneration.
- Accommodation charges: Electricity and other consumables can be charged on actual basis by the hospital depending upon institutional policy. The accommodation charges cannot be levied if the accredited hospital is not providing accommodation to DNB & FNB trainees.

5.9 The Annual Course fee shall be collected by NBEMS on annual basis for entire training period of a trainee. The training charges and fee guidelines shall be as per public notice dated: 15-01-2021 and can be seen at **Annexure II**. The disbursement of course fee to the concerned accredited hospital/institute shall be as per the above referred public notice.

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, Government Hospitals can implement a service bond.

## C. Stipend Guidelines

5.11 Paying stipend to the NBEMS trainees is compulsory.

5.12 According to the NBEMS stipend policy, the hospital shall have to pay the NBEMS trainees a basic stipend as follows or basic stipend according to State Government policy (whichever is higher):

### Post MBBS DNB (Broad Specialty) Courses:

**TABLE-19**

Year of DNB Training	Stipend (in INR) per month
☐ First Year	35,000/-

☒ <b>Second Year</b>	37,000/-
☒ <b>Third Year</b>	39,000/-

### Post Diploma DNB (Broad Specialty) Courses:

**TABLE-20**

<b>Year of DNB Training</b>	<b>Stipend (in INR) per month</b>
☒ <b>First Year</b>	37,000/-
☒ <b>Second Year</b>	39,000/-

### DrNB (Super Specialty) Courses:

**TABLE-21**

<b>Year of DrNB Training</b>	<b>Stipend (in INR) per month</b>
☒ <b>First Year</b>	41,000/-
☒ <b>Second Year</b>	43,000/-
☒ <b>Third Year</b>	45,000/-

### FNB Courses:

**TABLE-22**

<b>Year of FNB Training</b>	<b>Stipend (in INR) per month</b>
☒ <b>First Year</b>	41,000/-
☒ <b>Second Year</b>	43,000/-

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

**TABLE-23**

<b>Categories of States</b>	<b>The phrase “basic stipend according to state Government policy” in NBEMS stipend guidelines should be interpreted as under:</b>
-----------------------------	--

	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 <sup>th</sup> CPC	Pay level 10 of 7 <sup>th</sup> CPC*  {Cell 1, 2 and 3 of pay level 10 in pay matrix of 7 <sup>th</sup> CPC correspond to first, second and third year of training respectively}	Pay level 11 of 7 <sup>th</sup> CPC*  {Cell 1, 2 and 3 of pay level 11 in pay matrix of 7 <sup>th</sup> 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 NBEMS.*

- 5.14 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> year trainees of a Direct 6 year NBEMS courses shall be paid stipend equal to 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> year trainees of a Super specialty course respectively provided that they clear the DNB Part-I Examination.
- 5.15 Parity to the *basic stipend* paid by respective State Government should be maintained and rates of stipend may kindly be periodically revised.
- 5.16 NBEMS accredited hospitals are at liberty to pay NBEMS trainees a monthly stipend more than the minimum stipend prescribed by NBEMS.
- 5.17 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

- 5.18 The applicant hospital shall designate the following authorities from its staff for NBEMS courses:

- 5.19 **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 NBEMS.
- 5.20 **NBEMS 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 NBEMS pertaining to smooth running of the NBEMS courses. The communication from NBEMS shall be sent to SPoC.
- 5.21 **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 NBEMS related to NBEMS courses. He/She shall be deciding the academic & duty/posting roster of NBEMS trainees.
- 5.22 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 NBEMS trainees.

## **E. Grievance Redressal Committee (Accredited Hospital):**

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

**TABLE-24**

<b>S. No.</b>	<b>Members</b>	<b>Role</b>
<b>1</b>	Head of the Institute/ Chief Medical Superintendent / CMO In-charge /Civil Surgeon/ Director.	Chairman
<b>2</b>	Senior Faculty from Medical Specialty (In-House).	Member
<b>3</b>	Senior Faculty from Surgical Specialty (In-House).	Member
<b>4</b>	NBEMS programme Coordinator/SPoC of the hospital.	Member
<b>5</b>	Medical Superintendent/ HOD or equivalent in the hospital.	Member
<b>6</b>	Representative of NBEMS trainees of the hospital.	Member



S. No.	Members	Role
7	External Medical Expert of the Rank of Professor of a Government Medical College (or equivalent) with Basic Science background.	Member

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

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

5.26 Any grievance related to DNB/DrNB/FNB training shall be attended by this committee. Such matter shall not ordinarily be entertained by NBEMS, 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 NBEMS.

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

- 6.1 State Government willing to start NBEMS 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 NBEMS trainees at the applicant district hospital.
- 6.2 The Annexed Secondary node is a recognized Medical college offering PG courses/ NBEMS 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 NBEMS 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 NBEMS 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 NBEMS training at applicant district hospitals is carried out in accordance with prescribed NBEMS 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](mailto: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 NBEMS regarding grant/non-grant of accreditation
  - Any claim/counter claim thereof
  - Dates & venue of NBEMS meetings or name of the NBEMS officers or office bearers
  - Any information which in the opinion of NBEMS cannot be revealed.
- 7.3 Through OAAP the hospital can access the following:
- Notices & Circulars issued by NBEMS
  - Information bulletin
  - Submission of Application form
  - Status of applications
  - Submit the application form for Annual Review
  - NBEMS 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 NBEMS.

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:

<b>Email ID:</b>	<b>accr@natboard.edu.in</b>
<b>Postal Address:</b>	National Board of Examinations in Medical Sciences, 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](mailto:reg@natboard.edu.in) and [counseling@natboard.edu.in](mailto:counseling@natboard.edu.in) respectively.

## 8. Sponsored seats

8.1 NBEMS has introduced sponsored seats scheme. The eligibility criteria for grant of a sponsored seat is as follows:

- (i) The accredited department should have at least 3 non-sponsored seats in the concerned specialty.
- (ii) The hospital should have opted for / asked for inclusion of all the non-sponsored seats in the counseling of 2023 admission session in the concerned specialty.
- (iii) The department should have completed at least 01 year of accreditation.
- (iv) There should be an additional (surplus) faculty in the department duly approved by the NBEMS to accommodate the sponsored candidate.

8.2 The Sponsored seats are earmarked for regular In-Service doctors. The eligibility criteria for the candidates who will be allocated the sponsored seat is as under:

- (i) The candidate should be a NEET – PG 2023 qualified.
- (ii) The candidate should be employed on regular basis with the sponsoring Government organization.
- (iii) The candidate shall have to obtain a study leave, No Objection Certificate and fulfil other requirements as per the terms and conditions of the organization where the candidate is employed.
- (iv) The stipend for entire period of DNB training shall be borne by the sponsoring Government organization.
- (v) The candidate shall be required to participate in the centralized merit-based counselling through which sponsored seats shall be allocated strictly in order of inter se merit.

8.3 The applicant hospitals will be granted sponsored seats in accordance with the criteria as indicated herein above and such hospitals shall be informed regarding grant of sponsored seat before the Centralized merit based counseling for particular admission session.

8.4 For sponsoring seat, the stipend shall be paid to the candidate by the sponsoring authority.

# Annexure I

12/4/2019

NBEMS Accreditation Agreement - 2021 (Accreditation Grant Period - JANUARY 2021 to DECEMBER 2025)

## **SAMPLE COPY - NBEMS ACCREDITATION AGREEMENT**

# AGREEMENT



## **Accreditation with National Board of Examinations in Medical Sciences**

- ◆ **Terms & Conditions**
- ◆ **Certificate of Adherence**

**DNB - <<Specialty Name>>**

**XYZ Hospital**

**Period of Accreditation:**

**e.g. JANUARY 2021 to DECEMBER 2025**

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### **LIST OF ABBREVIATIONS**

<b>NBEMS</b>	:	NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCEINCES
<b>DNB</b>	:	DIPLOMATE OF NATIONAL BOARD
<b>DrNB</b>	:	DOCTORATE OF NATIONAL BOARD
<b>FNB</b>	:	FELLOW OF NATIONAL BOARD
<b>FNB-PD</b>	:	FELLOW OF NATIONAL BOARD POST DOCTORAL
<b>MOHFW</b>	:	MINISTRY OF HEATH & FAMILY WELFARE
<b>NMC</b>	:	NATIONAL MEDICAL COMMISSION
<b>MCI</b>	:	MEDICAL COUNCIL OF INDIA
<b>MoU</b>	:	MEMORANDUM OF UNDERSTANDING
<b>OAAP</b>	:	ONLINE ACCREDITATION APPLICATION PORTAL
<b>SPoC</b>	:	SINGLE POINT OF CONTACT
<b>SPCB</b>	:	STATE POLLUTION CONTROL BOARD



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## **INDEX**

- 1. Accreditation: DNB/DrNB/FNB Programme**
- 2. Approved Faculty for the Programme**
  - A. Faculty status in the department
  - B. Guide for DrNB Thesis
  - C. Change in Faculty
- 3. DNB/DrNB/FNB Training**
  - A. Selection of Candidates
  - B. Joining of Candidates
  - C. Academic Programme
  - D. Formative Assessment / Appraisal of NBEMS trainees
  - E. DrNB Final Examinations
- 4. Approved Infrastructure, Facilities and Patient Load**
  - A. The Accredited Hospital
  - B. Minimum required beds in the accredited hospital
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- 5. Guidelines for Accredited Hospitals**
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## **6. Communication Protocol with NBEMS for Accreditation Purposes**

## **7. Effect of Agreement**

- A. Certificate of Adherence**
- B. Annual Review**
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## **8. Grievance Redressal Committee (Accredited Hospital)**

**Annexure – I: Public Notice for Training Charges & Fee Guidelines**

**Annexure - II: Certificate of Adherence**

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12/4/2019

NBEMS Accreditation Agreement - 2021 (Accreditation Grant Period - JANUARY 2021 to DECEMBER 2025)

Ref. No. NBEMS/ACCR/Granted/\_\_\_\_\_/\_\_\_\_\_/ Dated:

Header  
for  
each  
page

***DNB - <<Specialty Name>>  
XYZ Hospital***

## 1. Accreditation: DNB/DrNB/FNB Programme

**1.1.** National Board of Examinations in Medical Sciences (NBEMS) is pleased to grant Provisional Accreditation to the department of <<Specialty Name>> at XYZ Hospital for a period of upto five (05) years i.e. **JANUARY 2021** to **DECEMBER 2025** to provide Post Graduate training facilities for **upto 2 (TWO) DNB Seat(s)** each year in the specialty, as detailed below, subject to the terms & conditions as detailed in this Accreditation Agreement document.

**1.2. DURATION OF ACCREDITATION:** <<Specialty Name>> department of the above Hospital shall be provisionally accredited by the NBEMS for **DNB <Specialty Name>>** programme for a period of five upto years i.e. five admission sessions (JANUARY Session). However, accreditation so granted shall be reviewed annually through Annual Reviews conducted by NBEMS during the accredited period to reaffirm that minimum standards as prescribed by NBEMS are maintained by the accredited hospital.

Admission Session	DNB- Post MBBS Seat(s)
JANUARY 2021	2
JANUARY 2022	2
JANUARY 2023	2
JANUARY 2024	2
JANUARY 2025	2

**Agreed & Accepted By:Signature:**

.....

Name: .....

Designation:.....



UIN-74205193-1F2019-NBE

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(Please affix official stamp seal of the hospital)

This is an electronically generated Bar-Coded document by NBEMS (NBEMS) and does not require signature

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### 2. Approved Faculty for the Programme

#### A. Faculty Status in the department:

2.1. Following Faculty in the department of <<Specialty Name>> at this hospital have been approved as faculty for DNB - <<Specialty>> Programme:.

Sr. No.	Name & Qualification	Faculty Position in the Department as per NBEMS criteria
1	Dr. ABC	Sr. Consultant
2	Dr. DEF	Jr. Consultant

#### B. Guide for DrNB Thesis:

2.2. Thesis Guides can be assigned for NBEMS Trainees only from the eligible and approved faculty for the programme as detailed above.

**Sr. Consultant** working on full time basis with the accredited hospital can be guide/co-guide of **NBEMS Trainees** in respective department.

All Senior Consultants (as indicated above) in the accredited department are eligible as PG teachers as per NBEMS criteria and can be **Guide** for **maximum of two NBEMS Trainees** in an academic year and can be **Co-Guide** to other NBEMS Trainees in the department.

Junior Faculty can only co-guide a NBEMS Trainee in the applicant department. Senior and Junior Faculty can only be co-guides to NBEMS Trainees of other departments. Junior Faculty, Senior Residents and Adjunct/Part time/Visiting Faculty can not be assigned as thesis guides.



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### **C. Change in Faculty Status:**

**2.3.** The accredited department is required to maintain the minimum required staff position at all times. No changes in the faculty be made within the period of accreditation. However, under extreme circumstances if the Faculty/Guide present at the time of assessment is to be replaced, the same be carried out within *3 months under intimation to the NBEMS*. 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 or introducing a new faculty altogether. The hospital may refer to the latest Information Bulletin for Accreditation with NBEMS for criteria so prescribed for being an eligible faculty for DNB/DrNB/FNB programme.

**2.4.** Newly introduced faculty in the accredited department shall be required to submit his/her biodata in the prescribed format with supportive documents such as Additional Qualification Registration Certificate (AQRC), Form 16/16A, 26AS for respective assessment year, letter of appointment from this accredited hospital and relieving letter from last employer, if any.

#### **2.5. Full time status of Faculty:**

- **For Government/District Hospitals:** The faculty should be working full time in the hospital in accordance with the criteria/rules applicable to the concerned State/notified by the concerned State Government.
- **For Private/ other Hospitals:** The applicant hospital shall be the principal place of practice of the faculty in the department and working full time (6-8 hours per day) at the Applicant Hospital / Institution. However, the faculty are allowed to have their own private practice in a non-academic independent setup.

**2.6. Part time and visiting Faculty shall not be considered as a faculty for the NBEMS Accredited programme and shall not be counted for the purpose of accreditation of the applicant department.**

2.7. Proposed Faculty shall be added as DNB/DrNB/FNB faculty on receipt of above mentioned documents and its acceptance by NBEMS. Till such time explicit approval for acceptance of Faculty as faculty for DNB/DrNB/FNB programme is

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received from NBEMS, the faculty shall be considered "under consideration" and he/she should not be assigned as thesis guide/supervisor of trainees.

2.8. NBEMS reserves its absolute rights to verify the full-time status of faculty and their qualifications in the applicant hospital through surprise assessment or on basis of such documentary evidence for the validation of replacement of faculty.

2.9. The faculty status in the department shall be reviewed at the time of annual review conducted by NBEMS. The hospital shall be required to confirm availability of minimum required faculty for continuation of accreditation during the provisionally accredited period. Details of newly introduced faculty in the department can be updated through **Online Accreditation Application Portal (OAAP)**. Approved faculty status in the department shall be reflected on Online Accreditation Application Portal. It shall be the foremost responsibility of the accredited department to refer to the same for any corrections/updation/changes.

## **3. DNB/DrNB/FNB Training**

### **A. Selection of Candidates:**

3.1. The selection of candidates for NBEMS courses shall be through merit based counseling. Details of conduct of counseling, eligibility, schedule, seat matrix, venue, fee, procedure etc are notified time to time on NBEMS website.

### **3.2. There is no other admission methodology except that prescribed by NBEMS.**

It is absolutely binding on accredited hospitals to comply with the selection procedure for candidates as prescribed by NBEMS for its courses.

### **B. Joining of Candidates:**



**3.3.** Joining of a candidate to NBEMS accredited hospital through Centralized Merit Based Counseling is subject to medical fitness of the candidate as assessed/examined by the accredited hospital. The medical examination of the candidate shall be done by the Medical Board of the concerned NBEMS accredited hospital. Candidate found fit in the medical examination shall only be allowed to join DNB/DrNB/FNB course. NBEMS reserves its rights to take a final decision in

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the matter of the candidate being found unfit in medical examination and may undertake medical examination of candidate at its sole discretion.

**3.4.** Candidates joining the NBEMS course will be referred hereinafter as *trainees*.

### **C. Academic Programme:**

**3.5. Residency Guidelines:** The hospital will ensure that all the necessary training facilities and infrastructure is provided for implementation of DNB/DrNB/FNB curriculum in the specialty.

**3.6.** The DNB/DrNB/FNB training is a residency based training cum employment programme wherein the DNB/DrNB/FNB trainees discharge the duties of a Junior/Senior Resident and undergo a rigorous academic programme to enhance their knowledge and skills.

**3.7.** For performance of clinical/hospital duties, the trainees are required to discharge duties as may be prescribed by the hospital administration. NBEMS shall not ordinarily interfere in any dispute which is a work place dispute or an issue involving the accredited hospital and the DNB/DrNB/FNB trainee(s). However, in rare or exceptional cases NBEMS may consider the issue for necessary action or adjudication.

**3.8.** NBEMS reserves its rights to critically review the work allocation to the NBEMS trainees especially in reference to the implementation of academic programme and professional responsibilities. Record of duty roster of NBEMS trainees should be maintained for verification by NBEMS if so required.

**3.9.** The leave of NBEMS trainees shall be strictly governed by the NBEMS leave guidelines so notified on NBEMS website time to time.

**3.10. Curriculum:** DNB/DrNB/FNB curriculum may be downloaded from NBEMS website.

**3.11.** Academic programme for NBEMS trainees: Each accredited hospital shall publish a comprehensive academic programme for the specialties accredited. The design of the programme should be such that the entire course curriculum especially the protocol and clinical aspects are covered by way of seminar, symposia, general

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discussions, case base discussions, clinical examinations, OSCEs, bedside vivas, ward rounds, mock theory examinations, mock tests, grand vivas, final examinations, CMEs, workshops, guest lectures, e-learning, quizzes, group discussions etc. The record of academic sessions so conducted by the hospital shall be maintained by the hospital for verification by NBEMS if so required.

**3.12. Logbook:** A log of academic activities indicating a daily record of academic work, thesis protocol, cases presented and procedures done under observation/independently, rotational postings undertaken etc shall be maintained by the trainee; signed and supervised by the designated guide of trainee and countersigned by Director/Medical Superintendent of the hospital. NBEMS reserves its right to verify the logbooks of NBEMS trainees at any time during their training for its completeness and authenticity of information entered.

**3.13.** NBEMS may prescribe the creation of an e-Portfolio of assessment of the trainee and it shall be the foremost duty of the accredited hospital to enable participation in such assessments.

**3.14. Work Shops and CME:** The accredited hospital shall relieve the candidate for:

- *Attending the workshops organised by NBEMS.*

- *National conferences or state conferences of National Professional bodies in the concerned specialties.*
- *International conferences in the concerned specialties.*
- *Any other CME or workshop as may be deemed appropriate*

**3.15.** It is not obligatory on part of hospital to relieve the trainee if the exigency of hospital duties so warrants.

**3.16.** Such period of deployment to the above mentioned workshop / conferences shall be part of training and shall be governed by the applicable leave guidelines for NBEMS trainees.

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**3.17.** Each Faculty who has been shown as faculty for DNB/DrNB/FNB programme will devote at least 10 hour per week for teaching/ training in terms of case discussion, seminar, ward round, journal club etc. for NBEMS trainees. This is in addition to his/her assigned clinical & other hospital responsibilities.

**3.18.** 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 Faculty will have to attend NBEMS CMEs or faculty development workshops as conducted by NBEMS time to time.

**3.19.** The accredited hospital shall maintain details of its full time faculty for DNB/DrNB/FNB programme on its official website indicating their designations and time period of availability in the hospital.

**3.20. Library Facilities:** The minimum learning resources for the DNB/DrNB/ FNB trainee(s) in the hospital will be as follows:

- *Latest editions of Standard text books in the subject.*

*Internet access to trainees with institutional subscription to e-libraries and journals.*

- *Journals in the specialty accredited (at least two international and two national)*
- *The library should be accessible on all days except national holidays and for at least 12 hours each day.*

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

**3.22. General Beds:** The Hospital will earmark 30% of the beds in the specialty as "General (Teaching) Beds". General Beds are those 'earmarked' beds / cases whose patients shall be accessible at all times for supervised clinical work to NBEMS trainees. Data of patients admitted on such beds or such cases shall be accessible to NBEMS trainees for research purposes subject to applicable ethical guidelines and clearances from Institutional Ethics Committee & institutional policies. A

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certificate to this effect shall be furnished by the Head of Institute every year to NBEMS.

**3.23. Hands on Training:** The accredited hospital /institution shall make use of a clinical skills lab /surgical skills lab in the state /city and arrange for such training as may be required for training of the candidates. The hospital shall provide such access to procedures (observed and supervised), assisted procedures to the NBEMS trainees as may be required for enhancing their competence and skills.

### **B. Formative Assessment Test (FAT)/Appraisal of NBEMS trainees:**

**3.24.** The hospital shall ensure participation of NBEMS trainees in Formative Assessment Test organised by NBEMS or by the hospital itself as per guidelines notified time to time on NBEMS website [www.natboard.edu.in](http://www.natboard.edu.in)

### **C. Final/Exit Examination:**

**3.25.** The hospital shall be responsible to complete the training of the NBEMS trainees as per the given curriculum which is updated from time to time.

**3.26.** The accredited hospital shall be required to issue provisional training completion certificates and final training completion certificates to NBEMS trainees for the purpose of appearing in DNB/DrNB/FNB final examinations as per formats so prescribed for the purpose by NBEMS.

**3.27.** It shall be the obligatory responsibility of the accredited hospital to participate, organise and conduct various academic activities of NBEMS such as Formative Assessment Test, DNB/DrNB Practical Examinations, CMEs/Workshops etc.

**3.28.** The accredited hospital shall allow its faculty to participate in various academic activities of NBEMS such as thesis/protocol assessment, appraisal of centres, questions banking for various NBEMS examinations, assessment of departments for NBEMS accreditation, theory assessment and practical examinations.

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**3.29.** In the event the hospital is found not participating in the academic activities of NBEMS and/or not allowing its faculty to do so, appropriate penal action as deemed fit shall be taken by NBEMS against the hospital.

## **4. Approved Infrastructure, Facilities and Patient Load**

### **A. The Accredited Hospital:**

**4.1.** The accredited hospital is required to impart DNB/DrNB/FNB training to its trainees only at the approved clinical establishment in a single campus infrastructure, facilities, faculty and patient load of which have been proposed for seeking accreditation and assessed by NBEMS for said purpose. However, trainees can be rotated to recognized centres for externship which has been duly approved by NBEMS at the time of grant of accreditation.

**4.2.** Any clubbing of infrastructure, facilities and faculty of non-accredited hospitals/units of the applicant hospital is not permitted for the purpose of imparting training to NBEMS trainees.

**4.3.** It shall be the responsibility of the accredited hospital that mandatory regulatory/licensing approvals and all statutory requirement/clearances from the local authority/government for running such establishment are timely renewed and maintained valid.

**4.4.** In case of any change in infrastructure/shifting of hospital premises to a new location or change of management/ownership of the hospital, NBEMS shall be updated in a timely manner and necessary approval shall be required to be sought for continuation of accreditation.

**B. Minimum required beds in the accredited hospital:**

**4.5.** The accredited hospital shall be required to maintain the minimum number of beds as necessitated by NBEMS accreditation criteria for continuing NBEMS accreditation.

**4.6.** The accredited hospital which is offering exclusively single specialty medical services and has been accredited on the basis of applicable criteria for single

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specialty set up shall need to update NBEMS in case of transition from a single specialty to a multi-specialty set-up.

**4.7.** Failure to comply with the NBEMS accreditation criteria and/or to timely update NBEMS of crucial changes in relation to approved infrastructure for DNB/DrNB/FNB programme would entail withdrawal of accreditation.

**C. Minimum required beds in the accredited department:**

**4.8.** The accredited department shall have to maintain the minimum number of operational beds in accredited department as per prescribed NBEMS criteria. With introduction of newer DNB/DrNB/FNB programme in the same hospital, the approved bed strength of existing DNB/DrNB/FNB programme shall not suffer.

**4.9. General Beds:** The accredited department shall ensure to ' earmark' at least 30% beds whose patients shall be accessible at all times for supervised clinical work to NBEMS trainees. Data of patients admitted on such beds or such cases shall be accessible to NBEMS trainees for research purposes subject to applicable ethical guidelines and clearances from Institutional Ethics Committee & institutional policies.

**D. Patient Load:**

**4.10.** The accredited department shall maintain the minimum required patient load in OPD registrations and/or IPD admissions as per applicable NBEMS criteria.

**4.11.** In surgical disciplines, the surgical case load and spectrum of diagnosis in the accredited department shall be required to be maintained to minimum prescribed standards for continuing DNB/DrNB/FNB accreditation.

**4.12.** Fall in patient load in the accredited department due to any unforeseen reasons shall invite immediate information to NBEMS with details of provisions made for sustain minimum required "hands on" exposure of ongoing trainees.

**4.13.** Failure to comply with the NBEMS accreditation criteria and/or to timely update NBEMS of crucial fall in relation to approved patient load for DNB/DrNB/FNB programme would entail withdrawal of accreditation.

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**4.14.** Requisite support services and facilities for DNB/DrNB/FNB training shall be maintained during the period of accreditation. NBEMS trainees shall be allowed exposure in all supportive services as necessitated by applicable DNB/DrNB/FNB curriculum.

## **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:

**TABLE-19**

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

**5.2** The externship of NBEMS trainees is not automatic. Proposal for externship should be included as a component of accreditation application for

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areas which are deficient in-house. NBEMS 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 NBEMS trainees in hospitals/institutions that are not accredited with NBEMS or NMC 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 has 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 in another accredited hospital shall be borne by the parent hospital itself.

5.7. Both the partnering hospitals shall mutually agree on the nature of responsibilities of the respective hospital. A Memorandum of Understanding shall be signed between both the partnering hospitals as per prescribed Annexure - MoU (RP) available at <https://accr.natboard.edu.in/> under the link Downloads.

#### B. Training Charges & Fee Guidelines:

5.8. The training charges and fee guidelines shall be as per public notice dated: 15-01-2021 and can be seen at annexure I.

5.9. 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 NBEMS Courses can implement a service bond with prior approval of NBEMS.

#### C. Stipend Guidelines

5.10. Paying monthly stipend to the NBEMS trainees is compulsory.

5.11. According to the NBEMS stipend policy, the hospital shall have to pay the NBEMS trainees a **basic stipend** as follows or **basic stipend according to state government policy** (whichever is higher):

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### Post MBBS DNB (Broad Specialty) Programme:

Year of DRNB Training	Stipend (in INR) per month
• First Year	35000/-

• Second Year	37000/-
• Third Year	39000/-

**Post Diploma DNB (Broad Specialty) Programme:**

Year of DRNB Training	Stipend (in INR) per month
• First Year	37,000/-
• Second Year	39,000/-

**DrNB (Super Specialty) Programme:**

Year of DRNB Training	Stipend (in INR) per month
• First Year	41,000/-
• Second Year	43,000/-
• Third Year	45,000/-

**FNB Programme:**

Year of FNB Training	Stipend (in INR) per month
• First Year	41,000/-
• Second Year	43,000/-

5.18. The phrase "basic stipend according to state government policy" in aforesaid para should be interpreted for different states as detailed under:

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	The phrase "basic stipend according to state government policy" in NBEMS stipend guidelines should be interpreted as
--	--

Categories of States	under:	
	For DNB Broad Specialty trainees	For DrNB Super Specialty & FNB trainees
States where the stipend to DM/MC MD/MS and h trainees of State Govt Medical Colleges is paid as a <i>consolidated sum</i> (without any break-up of basic pay and allowances)	The consolidated sum paid to MD/MS trainees of State Govt Medical Colleges	The consolidated sum paid to DM/MCh trainees of State Govt Medical Colleges
States where the stipend paid to MD/MS and h trainees of State Govt Medical Colleges is structured as a " <i>Basic pay plus various allowances</i> " and paid as per recommendations of 7 <sup>th</sup> CPC	Pay level 10 of 7 <sup>th</sup> CPC * {Cell 1, 2 and 3 of pay level 10 in pay matrix of 7 <sup>th</sup> CPC correspond to first, second and third year of training respectively}	Pay level 11 of 7 <sup>th</sup> CPC * {Cell 1, 2 and 3 of pay level 11 in pay matrix of 7 <sup>th</sup> 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. The accredited hospitals are at liberty to pay any allowances over and above the minimum sum prescribed by NBEMS.*

**5.12.** 4th, 5th & 6th year trainees of a Direct 6 year NBEMS 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.

**5.13.** The said stipend guidelines further require that parity to the basic stipend paid by respective State government should be maintained and rates of stipend

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may accordingly be periodically revised.

**5.14.** NBEMS accredited hospitals are required to comply with the NBEMS guidelines for payment of stipend. Failure to do so shall invite appropriate action as per applicable NBEMS norms including withdrawal of provisional accreditation and debarment from seeking accreditation in future for a period of upto 5 years from the date of revocation.

**5.15.** Stipend to NBEMS trainee shall be paid through electronic transfer only and shall not be paid in cash and/or kind.

#### **D. Comprehensive Training Support Guidelines:**

**5.16.** The accredited department should have facilities for thesis support, teaching aids, specimen, library facility and designated faculty members and staff that can take charge of the training programme and can also act as nodal authority for compliance of training programme.

**5.17.** The applicant hospital shall designate the following authorities from its staff for DNB/DrNB/FNB programme:

- **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 NBEMS.
- **NBEMS 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 NBEMS pertaining to smooth running of the NBEMS courses. The communication from NBEMS shall be sent to SPoC.
- **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 NBEMS related to

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NBEMS courses. He/She shall be deciding the academic & duty/posting roster of NBEMS trainees.

**5.18.** 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 NBEMS trainees.

## **6. Communication Protocol with NBEMS for Accreditation Purposes:**

**6.1.** The preferred mode for handling the accreditation related query shall be by email. The emails may be sent to [accr@natboard.edu.in](mailto:accr@natboard.edu.in)

**6.2.** 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 NBEMS regarding grant/non-grant of accreditation
- Any claim/counter claim thereof
- Dates & venue of NBEMS meetings or name of the NBEMS officers or office bearers
- Any information which in the opinion of NBEMS cannot be revealed.

**6.3.** The accredited department shall be updated regarding accreditation related matters time to time through Online Accreditation Application Portal. It shall be the responsibility of the accredited hospital to get itself registered with the Online Accreditation Application Portal and remain abreast with the latest updates.

**6.4.** 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 NBEMS.

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

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6.6. Contact details:

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

6.7. 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.

## **7. Effect of Agreement:**

### **A. Certificate of Adherence**

7.1. The terms & conditions for accreditation agreement with NBEMS are detailed in this document. The accredited hospital /institution is required to submit a Certificate of Adherence (Refer Annexure - II) to these terms & conditions.

7.2. A copy of this agreement duly agreed and accepted on each page shall be returned to NBEMS along with duly completed Certificate of Adherence within 7 days from the receipt/upload of this agreement, failing which the accredited seat(s) in the department may not be included in the Centralized Counseling.

7.3. NBEMS reserves its absolute rights to alter/modify/delete/amend any or all of the terms & conditions as given in this agreement or any of the terms governing the DNB/DrNB/FNB Training programme including the schedule of entry/ exit examinations or any other item at any point of time.

**7.4.** 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 NBEMS is bound to follow the same in future.

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**7.5.** 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/accreditation agreement, the interpretation of NBEMS shall be final and binding on all parties.

### **B. Annual Review**

**7.6.** The grant of accreditation by NBEMS to a department for a DNB/DrNB/FNB programme is purely provisional and is governed by the terms and conditions as stated in the accreditation agreement and compliance to the same as verified in annual review of the department.

**7.7.** NBEMS shall undertake an annual review of the accredited department in the 3rd year of the accreditation cycle, to ensure that the hospital is complying with the terms & conditions of the accreditation agreement and is fulfilling the minimum NBEMS accreditation criteria.

**7.8.** The accredited DNB/DrNB/FNB seat of a department may be excluded from the counseling seat matrix if the hospital fails to successfully complete the annual review of the concerned specialty.

**7.9.** *Submission of Additional Information/Compliance other than annual review:* In addition to annual review, any information related to accreditation shall be furnished by the accredited hospital whenever sought by the NBEMS or if there are changes in the faculty or infrastructure of the accredited hospital pursuant to the grant of accreditation.

### **C. Applying for Renewal of Accreditation**

**7.10.** The hospital is required to apply for further renewal of accreditation along with prescribed accreditation fee in the year of expiry of provisional

accreditation as per calendar of accreditation applicable then. *For instance, if the NBEMS Accreditation to a hospital for DNB/DrNB/FNB programme is valid upto December 2025, then the hospital is required to apply for renewal of accreditation in January/February 2025 accreditation*

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*application session i.e. around 9-10 months prior to expiry of the ongoing accreditation. Similarly, for accreditation validity expiring in June 2025 shall be required to apply for renewal of accreditation in July/August 2024 session.*

**7.11.** In case the renewal application is not submitted in the time frame stipulated, the application for renewal of accreditation will be treated as an application for seeking fresh accreditation.

**7.12.** The Online Accreditation Application Portal will indicate the year in which the renewal application for a particular department needs to be submitted to NBEMS.

### **D. Withdrawal of Accreditation**

**7.13.** The accreditation granted to the department is purely provisional and is at the discretion of the NBEMS. It may be withdrawn, if at any time, it is found that, the hospital is not complying with the accreditation criteria, not maintaining minimum required faculty, training facilities & infrastructure etc., as per the minimum accreditation criteria prescribed by NBEMS, or if the hospital is found not complying with any of the guidelines issued by NBEMS from time to time or the hospital has violated any of the terms and conditions as contained in this agreement.

**7.14.** If any stage it came to the notice of NBEMS that the accredited department has resorted to submission of false information or fabricated records for the purpose of seeking accreditation, this may lead to withdrawal of accreditation and debarment from seeking accreditation in future as well.



**7.15.** In an unlikely event of an ineligible department being granted accreditation, NBEMS reserves its absolute right to revoke the accreditation so granted to the department.

**7.16.** NBEMS reserves its absolute right to take appropriate action including but not limited to withdrawal of provisional accreditation and debarment from seeking accreditation in future for a period of upto 5 years from the date of revocation and impose penalty as deemed fit by NBEMS against any

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institute for not adhering to guidelines / policies / directions and/or the terms of the instant provisional accreditation agreement or providing incorrect/false information in the annual review or withdrawal of seats from the seat matrix after the counseling process is started.

#### **E. Jurisdiction**

**7.17.** The jurisdiction for any disputes shall be at Delhi /New Delhi only.

## **8. Grievance Redressal Committee (Accredited Hospital):**

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

**8.2.** 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 NBEMS trainees.

**TABLE-20**

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	NBEMS programme Coordinator/SPoC of the hospital.	Member
5	Medical Superintendent/ HOD or equivalent in the hospital.	Member
6	Representative of NBEMS 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

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

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

**8.4.** Any grievance related to NBEMS training shall be attended by this committee. Such matters shall not ordinarily be entertained by NBEMS, However, if the complainant is not satisfied with the decision of the hospital Grievance Redressal Committee, such matters along with minutes of the meeting(s) of Grievance Redressal Committee of the concerned accredited hospital shall be forwarded to NBEMS for further adjudication in the matter.

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## Annexure I



### NATIONAL BOARD OF EXAMINATIONS NEW DELHI

Dated: 15-01-2021

#### NOTICE

\*\*\*\*

**Kind Attn.** : NBE accredited hospitals and all NBE trainees.

**Subject** : Payment of annual course fee by NBE trainees directly to NBE

1. NBE trainees undergoing training for various Broad Specialty (DNB), Super Specialty (DrNB) and Fellowship courses (FNB) shall, henceforth, be required to pay the annual course fee, for each year, directly to NBE. This is applicable for all the years of training as tabulated below:

S. No.	Course Type	Duration of training (in years)
i.	Post MBBS Broad Specialty (DNB)	3
ii.	Post Diploma Broad Specialty (DNB)	2
iii.	Super Specialty (DrNB)	3
iv.	Fellowship (FNB)	2
v.	Post MBBS Direct six-years courses (DrNB)	6

2. NBE trainees shall no longer be required to pay the annual course fee directly to the hospitals where they are undergoing training.
3. The annual course fee payable by an NBE trainee is as follows:

Fee	GST @ 18%	Total
Rs. 1,25,000/-	Rs. 22,500/-	Rs. 1,47,500/-*

\*Payment gateway charges shall be borne by the NBE trainee

4. The entire annual course fee is to be paid as one single transaction. Further, it is to be noted that the payment of GST, presently @ 18%, is mandatory as per government directives.
5. In case the hospital does not provide accommodation/ residential facilities, the NBE trainee is eligible to claim refund of the accommodation fee of Rs. 20,000/- per year directly from the concerned hospital.
6. The annual course fee shall be paid by the NBE trainees only through online mode, and only into the following bank account:

Bank Name	A/c No.	IFS Code	Bank Branch Address
Indian Bank	6626884509	IDIB000D046	Aggarwal Mall, 1st Floor, Ashirwad Chowk, Sector-5, Dwarka, New Delhi -110075

## SAMPLE COPY- NBEMS ACCREDITATION AGREEMENT

7. The receipt of the annual course fee payment to NBE, along with requisite details, shall mandatorily be sent by the NBC trainees to [coursefee@natboard.edu.in](mailto:coursefee@natboard.edu.in) in the following format within two weeks of the payment of the annual course fee:

Name of the trainee		
Specialty in which the training is being undertaken		
Name of the hospital		
Date of Joining of NBE training by the trainee		
Mobile Number		
Date of Transaction		
UTR No. of Transaction		
Amount		
Account Number and Bank IFS Code from which payment has been made	Account No.	IFS Code

8. NBE trainees may note that if they have paid the annual course fee directly to the hospital before issuance of this notice, proof of payment of such fees directly to the concerned hospital, along with the details mentioned at paragraph 7, is to be sent to [coursefee@natboard.edu.in](mailto:coursefee@natboard.edu.in)
9. The annual course fee, along with the GST, for each NBE trainee shall be transferred by NBE to the concerned hospital in bi-annual instalments i.e. each instalment shall be 50% of the annual course fee, along with GST.
10. Failure to pay the annual course fee to the NBE, and share the requisite details as mentioned in paragraph 7, shall lead to de-registration and the candidature of the NBE trainee shall stand cancelled.
11. For any queries, please write to NBE at [coursefee@natboard.edu.in](mailto:coursefee@natboard.edu.in)



**NBE**

# SAMPLE COPY - NBEMS ACCREDITATION AGREEMENT

NBEMS Accreditation Agreement - 2021 ( Accreditation Grant Period - JANUARY 2021 to DECEMBER 2025)

12/4/2019

Ref. No. NBEMS/ACCR/Granted/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ Dated:

**DNB - <<Specialty Name>>  
XYZ Hospital**

**Annexure - II**

## Certificate of Adherence

*The certificate should be made on a Non Judicial Stamp Paper (duly notarised/attested by Magistrate) and submitted to National Board of Examinations in Medical Sciences.*

I, Dr. \_\_\_\_\_, am duly competent/authorized by the Trust/Society/Company/Institute named \_\_\_\_\_ to sign this agreement on its behalf and have read all the terms & conditions of this accreditation agreement.

I, Dr. \_\_\_\_\_, hereby undertake the terms & conditions indicated in the accreditation agreement Ref No. \_\_\_\_\_ dated \_\_\_\_\_, and agreed and accepted the same for compliance.

\_\_\_\_\_  
Signature with official stamp of Authorized administrative signatory of this hospital

\_\_\_\_\_  
Name of Authorized administrative signatory of this hospital

Complete Correspondence Address \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

### Agreed & Accepted By:

Signature: .....

Name: .....

Designation:.....

*(Please affix official stamp seal of the hospital)*



*This is an electronically generated Bar-Coded document by NBEMS (NBEMS) and does not require signature*

# SAMPLE COPY - NBEMS ACCREDITATION AGREEMENT

## Annexure II



**NATIONAL BOARD OF EXAMINATIONS  
NEW DELHI**

Dated: 15-01-2021

### NOTICE

\*\*\*\*

**Kind Attn.** : NBE accredited hospitals and all NBE trainees.

**Subject** : Payment of annual course fee by NBE trainees directly to NBE

1. NBE trainees undergoing training for various Broad Specialty (DNB), Super Specialty (DrNB) and Fellowship courses (FNB) shall, henceforth, be required to pay the annual course fee, for each year, directly to NBE. This is applicable for all the years of training as tabulated below:

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iv.	Fellowship (FNB)	2
v.	Post MBBS Direct six-years courses (DrNB)	6

2. NBE trainees shall no longer be required to pay the annual course fee directly to the hospitals where they are undergoing training.
3. The annual course fee payable by an NBE trainee is as follows:

Fee	GST @ 18%	Total
Rs. 1,25,000/-	Rs. 22,500/-	Rs. 1,47,500/-*

\*Payment gateway charges shall be borne by the NBE trainee

4. The entire annual course fee is to be paid as one single transaction. Further, it is to be noted that the payment of GST, presently @ 18%, is mandatory as per government directives.
5. In case the hospital does not provide accommodation/ residential facilities, the NBE trainee is eligible to claim refund of the accommodation fee of Rs. 20,000/- per year directly from the concerned hospital.
6. The annual course fee shall be paid by the NBE trainees only through online mode, and only into the following bank account:

Bank Name	A/c No.	IFS Code	Bank Branch Address
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7. The receipt of the annual course fee payment to NBE, along with requisite details, shall mandatorily be sent by the NBE trainees to [coursefee@natboard.edu.in](mailto:coursefee@natboard.edu.in) in the following format within two weeks of the payment of the annual course fee:

Name of the trainee		
Specialty in which the training is being undertaken		
Name of the hospital		
Date of Joining of NBE training by the trainee		
Mobile Number		
Date of Transaction		
UTR No. of Transaction		
Amount		
Account Number and Bank IFS Code from which payment has been made	Account No.	IFS Code

8. NBE trainees may note that if they have paid the annual course fee directly to the hospital before issuance of this notice, proof of payment of such fees directly to the concerned hospital, along with the details mentioned at paragraph 7, is to be sent to [coursefee@natboard.edu.in](mailto:coursefee@natboard.edu.in)
9. The annual course fee, along with the GST, for each NBE trainee shall be transferred by NBE to the concerned hospital in bi-annual instalments i.e. each instalment shall be 50% of the annual course fee, along with GST.
10. Failure to pay the annual course fee to the NBE, and share the requisite details as mentioned in paragraph 7, shall lead to de-registration and the candidature of the NBE trainee shall stand cancelled.
11. For any queries, please write to NBE at [coursefee@natboard.edu.in](mailto:coursefee@natboard.edu.in)

\*\*\*\*



**NBE**



## **National Board of Examinations in Medical Sciences**

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

**PH: 011-45593000, Fax: 011-45593009**

**Email: [accr@natboard.edu.in](mailto:accr@natboard.edu.in) ; Website: [www.natboard.edu.in](http://www.natboard.edu.in)**