**Annexure – FT – Secondary Node**

To be completed on an official letter head of the annexed Secondary Node:

**UNDERTAKING FOR ANNEXED SECONDARY NODE FACULTY**

It is to confirm hereby that the *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name and Complete address of Annexed Secondary Node)* has been annexed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name and Complete address of Applicant District Hospital)* for the purpose of District DNB Programme.

Following faculty/Consultant(s) is/are working as full time faculty/consultant at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ department at above mentioned Secondary node:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name & Designation** | **Eligible PG Qualification in the specialty** | **\* Whether the qualification recognized as per IMC Act (Yes/No)** | **Total Clinical Experience after PG in an Organized Clinical set up** | **Primary Place of Practice** | **Other Institutional Attachments (mention NO if no other attachments)**  | **Signature of the faculty** (Scanned signatures are not accepted) |
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|  |  |  |  |  |  |  |

 \* The qualifications which are duly recognized as per provisions of section 11(2) of Indian Medical Council (IMC) Act, duly notified by Government of India, are the only valid & recognized qualifications for being a faculty/specialist of DNB/FNB courses.

It is also to confirm that the above mentioned department at secondary node is the principle place of practice of aforementioned faculty/consultant(s) and they have no other institutional attachment/affiliation except their own private practice in a non academic independent setup. *Further, they have not been shown as an Adjunct PG teacher for seeking accreditation of any other District DNB Programme at any District hospital.*

It is also to confirm that aforesaid faculty has consented to serve as Adjunct PG teacher and impart training to the DNB trainees in the specialty at above mentioned applicant district hospital as per NBE norms.

**Date:**

**Place:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Dean/Medical Director/Principal of**

***Annexed Secondary Node* with stamp**