**Annexure – MoU (RP)**

\_\_\_\_\_\_\_\_\_\_ *(Name of the applicant hospital)* has applied for seeking accreditation with NBE in the speciality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name of the applicant department for accreditation is sought)* The applicant hospital does not have adequate exposure in the areas of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Specify departments, procedures, wherein exposure is deficient in-house)*

As per NBE requirements, comprehensive training shall be provided by the hospital as per prescribed DNB/DrNB curriculum in the specialty. To ensure the same, the applicant hospital has undertaken a Memorandum of Understanding (MoU) with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name of the hospital with which MOU is undertaken)* which is recognized for MD/MS/DNB/DrNB Programme in the specialty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Name of the applicant department for accreditation is sought)* and where the above mentioned exposure is available.

As per the MOU, the trainees of the applicant hospital shall be rotated to the above mentioned *hospital under MOU* as per following externship plan:

|  |  |  |
| --- | --- | --- |
| **Areas wherein exposure is inadequate in the applicant hospital** | **Proposed hospital for externship of trainees**  (Specify Name & complete address) | **Duration of rotational posting**  **(**in weeks/months) |
|  |  |  |
|  |  |  |
|  |  |  |

The above said externship shall be governed by following terms and conditions:

|  |  |  |
| --- | --- | --- |
|  | **Terms & Conditions for Externship** | **Hospital submission** |
|  | The rotation shall be Hands on experience and not mere observership. |  |
|  | How does the applicant hospital propose to monitor the training of the candidates as part of the proposed MoU? |  |
|  | Who shall bear the stipend of the candidate during this period of training outside the hospital in another accredited institute? |  |
|  | What shall be status of theses supervision? |  |
|  | How will the thesis supervisor and guide of the candidate provide teaching and mentoring support during this period? |  |
|  | Nature of responsibilities of the respective hospitals that shall deploy the candidate for the appropriate period of providing training. |  |
|  | *Validity of MoU*: The MOU shall be effective w.e.f. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and shall remain valid till \_\_\_\_\_\_. | |

**Date:**

**Place:**

|  |  |
| --- | --- |
|  |  |
| **Signature & Stamp of Head of the Institute**  **(Applicant Hospital)** | **Signature & Stamp of Head of the Institute**  **(Hospital under MOU)** |