**To be completed on an official letter head of the institute**

**Annexure *“BS”***

**DETAILS OF ARRANGEMENT FOR TRAINING IN BASIC SCIENCES**

**a. In-House Arrangement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Basic Sciences** | **Name of Teaching faculty** | **Qualification**  (With Area of Specialization) | **Status of faculty**  **(In-house or Visiting)** | **Signature of Faculty** |
| Anatomy |  |  |  |  |
| Physiology |  |  |  |  |
| Pharmacology |  |  |  |  |
| Pathology |  |  |  |  |
| Bio-Chemistry |  |  |  |  |
| Microbiology |  |  |  |  |

*(In case of visiting faculty being employed elsewhere, a permission letter of the Employing Authority of respective medical college/institution/other organization where the faculty is presently working)*

***‘OR’***

**b. Memorandum of Understanding with other Institution (e.g. Medical College / Universities / Institutes)**

*Kindly enclose a copy of MOU along with the available teaching faculty and teaching schedule at respective medical college / university / institute)*

It is to certify that the training in Basic Sciences to DNB/DrNB/FNB trainees of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Hospital/Institute name) shall be provided strictly in accordance with prescribed NBE norms.

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

**Signature of Head of the Institute with Stamp**

**Date:**

Please affix your stamp here

**Place:**