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

**Annexure – RP-ANS**

**ROTATIONAL POSTING OF DNB TRAINEE(S) FOR ANAESTHESIOLOGY:**

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| --- | --- | --- | --- |
| **Department/****Area of Rotation** | **Tentative schedule as per DNB curriculum**  | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| **General Surgery#** | 06 months |  |  |
| Urology | 02 month |  |  |
| Eye | 01 month |  |  |
| **ENT#** | 02 months |  |  |
| Dental/Faciomaxillary Surgery | 01 month |  |  |
| **Orthopedic / Trauma / Emergency Medicine #** | 05 months |  |  |
| **Gynecology#** | 03 months |  |  |
| **Obstetrics/ Labour Room#** | 03 months |  |  |
| Pediatrics Surgery  | 02 months |  |  |
| Burns /Plastic Surgery | 01month |  |  |
| CTVS, Cardiac CATH lab | 01 month |  |  |
| Neurosurgery | 02 months |  |  |
| ICU | 04 months |  |  |
| **Pain Clinic#** | 01 month |  |  |
| Recovery area (PACU) | 01 month |  |  |
| Peripheral Theatre / Family Planning OT, / Radiology, Radiotherapy, ECT | 01 month |  |  |

*\* A copy of MOU should be submitted with other NBE accredited institute/hospital or medical college where DNB trainees are posted for any of the above rotations, if the same is not feasible within the institute/hospital.*

***# Core areas which needs to available in-house and can not be fulfilled through externship****.*

It is herewith certified that DNB trainees are/shall be rotated in all of the above disciplines as per the prescribed DNB Anaesthesia curriculum.

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| **Signatures of Head of the Department/ Course Director with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**(Authorized signatory on behalf of applicant hospital) |