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

**Annexure – RP- CARD ANAES**

**ROTATIONAL POSTING OF DrNB TRAINEE(S) IN CARDIAC ANAESTHESIA:**

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| --- | --- | --- | --- |
| **Department/**  **Area of Rotation** | **Tentative schedule as per DrNB curriculum** | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| Cardiac anaesthesia | 2 years |  |  |
| CTVS | 3 months |  |  |
| Cath Lab | 2 months |  |  |
| Echo lab | 1 month |  |  |
| ICCU | 1 month |  |  |
| Paediatric ICU | 1 month |  |  |
| Research experience | 1 month (optional) |  |  |
| Perfusion | 1 month |  |  |
| Post Op cardiac surgical ICU | 2 months |  |  |

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

It is herewith certified that DrNB trainees are/shall be rotated in all of the above disciplines as per the prescribed DrNB Cardiac Anaesthesiacurriculum.

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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) |