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

**Annexure – RP-CARD**

**ROTATIONAL POSTING OF DrNB TRAINEE(S) FOR CARDIOLOGY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/Area of Rotation** | **Tentative schedule as per DrNB curriculum (in months)** | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| Ward + CCU | 6+ 4 |  |  |
| Cath Lab | 12 |  |  |
| Echo | 04 |  |  |
| TMT/Holter/Pacemaker | 06 |  |  |
| Electrophysiology | 01 |  |  |
| Cardiac Surgery + Imaging | 01+ 01 |  |  |
| Paediatric Cardiology | 01 |  |  |

*\* 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 Cardiology 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) |