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

**Annexure – RP- DVD**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN DERMATOLOGY & VENEREOLOGY:**

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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** |
| **CLINICS** |  |  |  |
| WARD | 6 MONTHS |  |  |
| STD CLINIC | 6 MONTHS |  |  |
| LEPROSY CLINIC | 3 MONTHS |  |  |
| MINOR OT | 3 MONTHS |  |  |
| OPD | 18 MONTHS |  |  |
| ***SPECIAL CLINICS (ONCE A WEEK):*** |  |  |  |
| VITILIGO CLINIC | 3 MONTHS |  |  |
| PSORIASIS CLINIC | 3 MONTHS |  |  |
| VESICO BULLOUS CLINIC | 3 MONTHS |  |  |
| PIGMENTARY CLINIC | 3 MONTHS |  |  |
| PSORIASIS CLINIC | 3 MONTHS |  |  |
| DERMATOSURGERY | 3 MONTHS |  |  |
| PHOTOTHERAPY | 3 MONTHS |  |  |
| COSMETOLOGY (PEELS, FILLERS ETC.) | 3 MONTHS |  |  |

*\* 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*

It is herewith certified that DNB trainees are/shall be rotated in all of the above disciplines as per the prescribed DNB Dermatology & Venereology 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) |