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

**Annexure – RP- Family Medicine**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN FAMILY MEDICINE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/Area of Rotation** | **Tentative schedule** | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| General medicine and allied medical specialties including dermatology and psychiatry | 9 months |  |  |
| Pediatrics including neonatology | 6 months |  |  |
| Obstetrics and gynecology | 6 months |  |  |
| Surgery and allied specialties including Anesthesia, ENT, Orthopedics and Ophthalmology | 6 months |  |  |
| Family Practice | 6 months |  |  |
| Emergency medicine | 1 month |  |  |
| Electives | 2 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 tentative schedule.

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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) |