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

**Annexure – RP-GASTRO**

**ROTATIONAL POSTING OF DrNB TRAINEE(S) IN MEDICAL GASTROENTEROLOGY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/Area of Rotation** | **Tentative schedule** | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| Pathology | 4 weeks |  |  |
| Radiology | 4 weeks |  |  |

\* *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 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) |