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

**Annexure – RP- MEDICINE**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN GENERAL MEDICINE**

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| --- | --- | --- | --- |
| **Department/**  **Area of Rotation** | **Tentative schedule** | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| Cardiology | 2 months |  |  |
| Neurology | 2 months |  |  |
| Nephrology | 1 month |  |  |
| Gastroenterology | 2 months |  |  |
| ICU and Accident & Emergency | 4 months |  |  |
| Dermatology | 15 days |  |  |
| Psychiatry | 15 days |  |  |
| General Medicine | 24 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) |