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

**Annexure – RP- Gynaecological Oncology**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN GYNAECOLOGICAL ONCOLOGY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/Area of Rotation** | **Tentative Period**  | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| Radiation Oncology | 15 days |  |  |
| Medical Oncology | 1 month |  |  |
| Gastrointestinal Surgical Oncology | 2 month |  |  |
| Uro-oncology/ Urology | 1 month |  |  |
| Breast Surgery | 15 days |  |  |
| Pain and Palliative Medicine | 15 days |  |  |
| Surgical and Cyto – Pathology, Microbiology | 15 days |  |  |

*\* 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 period.

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **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) |