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

**Annexure – RP-HAH**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN HOSPITAL ADMINISTRATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
| ER and Ambulance Services | 4 Weeks |  |  |
| ICU | 4 Weeks |  |  |
| Nursing Units | 8 Weeks |  |  |
| Operation Theatres | 4 Weeks |  |  |
| Medical Stores | 4 Weeks |  |  |
| Billing Department | 2 Weeks |  |  |
| CSSD | 2 Weeks |  |  |
| PR Department | 2 Weeks |  |  |
| Imaging Services | 2 Weeks |  |  |
| Kitchen | 2 Weeks |  |  |
| Mortuary and OtherServices | 2 Weeks |  |  |

\* *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 Hospital Administration 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) |