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

**Annexure – RP- Maternal & Foetal Medicine**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN MATERNAL & FOETAL MEDICINE:**

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| --- | --- | --- | --- |
| **Department/****Area of Rotation** | **Tentative schedule as per FNB curriculum** | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| Induction | 2 weeks |  |  |
| OPD / speciality clinics & IPD | 7 months[ 4 months-1st year + 3months- 2nd year] |  |  |
| Fetal Medicine [6 months] &Genetics [1 month] | 7 months[ 4 months-1st year + 3months- 2nd year ] |  |  |
| Labour Room | 4 months[ 2 months each in 1st and2nd year] |  |  |
| Obstetric Emergency / Triage | 1 month |  |  |
| Neonatology | 1 month |  |  |
| Anaesthesia | 1 month |  |  |
| Extramural training includingacademic leave | 1.5 months |  |  |
| Elective posting | 1 month |  |  |

\* *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 FNB trainees are/shall be rotated in all of the above disciplines as per the prescribed FNB Maternal & Foetal Medicinecurriculum.

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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) |