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

**Annexure – RP- MICRO**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN MICROBIOLOGY:**

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| --- | --- | --- | --- |
| **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** |
| Orientation posting | 1 month |  |  |
| Media room & Sterlization | 2 months |  |  |
| Bacteriology\* |  |  |  |
| Pus & Body fluids seat | 3 months |  |  |
| Blood seat | 3 months |  |  |
| Urine seat | 3 months |  |  |
| Enterobactericeae  | 3 months |  |  |
| Parasitology\* | 3 months |  |  |
| Microbial Immunology\* | 3 months |  |  |
| Mycology\* | 3 months |  |  |
| Virology\* | 3 months |  |  |
| Mycobacteriology\* | 2 months |  |  |
| Molecular Laboratory\* | 2 months |  |  |
| Infection Control & Antibiotic Stewardship\* | 2 months |  |  |
| Histopathology/ Cytology | 1 month |  |  |
| Revision & External posting | 2 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 DNB Microbiology 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) |