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

**Annexure – RP- NEPHRO**

**ROTATIONAL POSTING OF DrNB TRAINEE(S) IN NEPHROLOGY:**

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| --- | --- | --- | --- |
| **Department/Area of Rotation** | **Tentative schedule as per DrNB curriculum** | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| Ward/ Indoor service/ Outpatient (Clinics/ Consultations) | 14 months  |  |  |
| Dialysis & Critical Care Nephrology including CRRT, CAPD and vascular access creation | 14 months |  |  |
| Renal transplantation | 06 months |  |  |
| Interventional & investigative Nephrology | 1 month |  |  |
| Externship to NBE/MCI Nephrology recognized department | 1 month |  |  |

*\* 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 DrNB Nephrology 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) |