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

**Annexure – RP- NEUROLOGY**

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

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| --- | --- | --- | --- |
| **Department/Area of Rottaion** | **Tentative schedule as per DrNB curriculum** | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| Neurology | 2 yrs & 2.5 months |  |  |
| Clinical Neurophysiology | 4.5 months |  |  |
| Neurosurgery | 1 month |  |  |
| Neuropathology | 2 weeks |  |  |
| Neuro-Radiology | 1.5 month |  |  |
| Neuropsychiatry | 1.5 month |  |  |
| Neuro-rehabilitation | 2 weeks |  |  |
| OPD and Wards | Rest of the period |  |  |

*\* 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 Neurology 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) |