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

**Annexure – RP- NVI**

**ROTATIONAL POSTING OF FNB TRAINEE(S) IN NEUROVASCULAR INTERVENTION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Department/Area of Rotation** | **Tentative Period** | | | | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| ***Neuroradiology*** | ***Neurosurgery*** | ***Neurology*** | ***Radiology*** |  |  |
| ***Neuroimaging*** | Not Applicable | 03 Months | 03 Months | Not Applicable |  |  |
| ***Neurosurgery OT*** | 2 weeks | Not Applicable | 2 weeks | 01 Month |  |  |
| ***Neurology*** | 2 weeks | 2 weeks | Not Applicable | 01 Month |  |  |
| ***Neuro ICU*** | 2 weeks | Not Applicable | Not Applicable | 01 Month |  |  |

*\* A copy of MOU should be submitted with other NBE accredited institute/hospital or medical college where FNB 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 tentative period.

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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) |