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

**Annexure – RP- PMR**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN PHYSICAL MEDICINE AND REHABILITATION:**

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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** |
| Orthopedics | Total 6 months(The duration of posting in different departments will be 15 days to 1 month, as per availability of different services and mutual agreement between heads of the departments/ institutions) |  |  |
| Internal Medicine |  |  |
| Pediatrics |  |  |
| Neurology |  |  |
| Neurosurgery |  |  |
| Cardiology and Cardiothoracic Surgery |  |  |
| Pulmonary/Respiratory Medicine |  |  |
| Burns and Plastic Surgery |  |  |
| Psychiatry |  |  |
| Urology |  |  |
| Accident & Emergency |  |  |
| Intensive Care Unit |  |  |
| HDU (High Dependency Unit) |  |  |
| ENT |  |  |
| Ophthalmology |  |  |
| Elective posting | 15 days |  |  |
| PMR | Rest of the period |  |  |

*\* 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 Physical Medicine and Rehabilitation 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) |