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

**Annexure – RP- Paed Gastro**

**ROTATIONAL POSTING OF FNB TRAINEE(S) IN PEDIATRIC GASTROENTEROLOGY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/****Area of Rotation** | **Proposed schedule for rotation** | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| Inpatients |  |  |  |
| Outpatients |  |  |  |
| Pediatric surgery |  |  |  |
| Other relevant departments as deemed fit (eg. Adult Gastroenterology and endoscopy/ Radiology/ Liver Transplant, these are not a must and can be modified depending upon the available local expertise |  |  |  |

\* *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 FNB trainees are/shall be rotated in all of the above disciplines as per the prescribed FNB Pediatric Gastroenterologycurriculum.

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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) |