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

**Annexure – RP- PHO**

**ROTATIONAL POSTING OF FNB TRAINEE(S) IN PEDIATRIC HEMATO-ONCOLOGY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/**  **Area of Rotation** | **Proposed schedule for rotation** | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| Inpatient hematology and oncology |  |  |  |
| Outpatient hematology and oncology |  |  |  |
| Hematology rotation (including transfusion medicine, hemato-pathology, special coagulation |  |  |  |
| Bone marrow transplant |  |  |  |
| Radiation Oncology |  |  |  |
| Research Exploration |  |  |  |

\* *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 FNB Paediatric Hemato-Oncologycurriculum.

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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) |