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

**Annexure – RP- PED**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN PAEDIATRICS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/Area of Rotation** | **Tentative schedule** | **Name & Address of the institute / hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| NICU | 3 months each year;2 months posting can be in special care new-born unit(SCNBU) and 1 month in tertiary care nursery (through externship) each year for hospitals which do not have NICU. |  |  |
| PICU | 2 months each year;1 month in Pediatric emergency/wards for those hospitals which do not have PICU and 1 month in PICU (through externship) |  |  |

\* *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 tentative schedule.

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **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) |