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

**Annexure – RP- PSY**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
| Ward/OPD/ Emergency | 20 months |  |  |
| Neurology | 2 months |  |  |
| Internal Medicine | 2 months |  |  |
| Consultation-Liaison and emergency management  | 3 months |  |  |
| Psychiatry Hospital/Nursing Home  | 1 month |  |  |
| Clinical Psychology | 1 month |  |  |
| Drug De-addition | 2 months |  |  |
| Child & Adolescent Psychiatry | 3 months |  |  |
| Community Psychiatry | 2 months |  |  |

*\* 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 Psychiatry 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) |