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

**Annexure – RP- RDG**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN RADIO DIAGNOSIS**

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| --- | --- | --- | --- | --- |
| **Tentative schedule as per DNB curriculum** | | **Modality** | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| **1st Year** | 1st - 3rd month | Conventional Radiography  Dark room procedures  Portable Radiography |  |  |
| 4-9th month | Special investigations  (Urogenital & Gastroentestinal)  Assisted interpretation |  |  |
| 10-12th month | USG & CT-Basics |  |  |
| **2nd Year** | 2 months | MRI |  |  |
| 2 months | Conventional + Mammography |  |  |
| 1 month | Barium procedures |  |  |
| 1 month | Urogenital procedures |  |  |
| 3 months | USG |  |  |
| 3 months | CT Supervised reporting |  |  |
| **3rd Year** | 1 month | Angiography, CRCP, Cardiac Procedure observation |  |  |
| 2 months | Conventional + Mammography |  |  |
| 2 months | Barium & urological procedure |  |  |
| 2 months each | USG, CT & MRI |  |  |
| 1 month | Elective |  |  |

*\* 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 Radio Diagnosis** 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) |