**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 proceduresPortable 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) |