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

**Annexure – RP-Radiation Oncology**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN RADIATION ONCOLOGY**

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| --- | --- | --- | --- |
| **Department/Area of Rotation** | **Duration** | **Name & Address of the institute / hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| **General Medicine** | **1 Month** |  |  |
| **Medical Oncology** | **1 Month** |  |  |
| **Critical Care Medicine** | **1 Month** |  |  |
| **Paediatrics** | **15 days** |  |  |
| **General Surgery** | **15 days** |  |  |

\**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.*

*N.B. - Candidate shall be at rotated in radiotherapy departments during rest of the period.*

It is herewith certified that DNB trainees are/shall be rotated in all of the above disciplines as per the prescribed DNB Radiation Oncology 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) |  |