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

**Annexure – RP- RPD**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN RESPIRATORY MEDICINE:**

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| --- | --- | --- | --- |
| **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** |
| Intensive Care | 2 Month |  |  |
| Emergency | 1 Month |  |  |
| PFT Lab  | 15 days |  |  |
| Bronchoscopy Lab | 1 Month |  |  |
| Radiology | 1 Month |  |  |
| Pathology | 15 days |  |  |
| Microbiology and Mycobactoriology  | 15 days |  |  |
| Sleep Lab  | 15 days |  |  |
| RNTCP and PMDT | 1 Month |  |  |

*\* 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 Respiratory Medicine 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) |