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

**Annexure – RP-GIS**

**ROTATIONAL POSTING OF DrNB TRAINEE(S) IN SURGICAL GASTROENTEROLOGY TO ALLIED SPECIALTIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/Area of Rotation** | **Tentative schedule as per DrNB curriculum**  | **Name & Address of the institute/hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| **FIRST YEAR** |
| GIS OPD/IPD CareAssisting surgeryIntroduction to Clinical trials & research | 10 Months |  |  |
| Gastro-intestinal Endoscopy  | 1 Month |  |  |
| Intensive Care  | 1 Month |  |  |
| **SECOND YEAR** |
| GIS OPD/IPD CareAssisting surgeryUnder supervision | 91/2 Months |  |  |
| Gastroenterology | 1 Month |  |  |
| Radiology | 15 Days |  |  |
| Nuclear Medicine | 15 Days |  |  |
| Pathology | 15 Days |  |  |
| **THIRD YEAR** |
| GIS OPD/IPD CareAssisting and performing surgery independently | 9-11 Months |  |  |
| Elective posting at NBE accredited/ MCI recognized Gastro-intestinal center other than the parent unit | 1-3 Months |  |  |

\* *A copy of MOU should be submitted with other NBE accredited institute/hospital or medical college where DrNB trainees are posted for any of the above rotations, if the same is not feasible within the institute/hospital.*

It is herewith certified that DrNB trainees are/shall be rotated in all of the above disciplines as per the prescribed DrNB Surgical Gastroenterology curriculum.

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **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) |