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

**Annexure – RP- SURG ONCO**

**ROTATIONAL POSTING OF DrNB TRAINEE(S) IN SURGICAL ONCOLOGY:**

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| --- | --- | --- | --- |
| **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** |
| GIS Services | 4 months |  |  |
| GUS Services | 4 months |  |  |
| Thoracic Services | 3 months |  |  |
| Breast services | 4 months |  |  |
| Thyroid Services | 4 months |  |  |
| Bone & Soft tissue | 4 months |  |  |
| Oral Oncology Unit | 3 months |  |  |
| Head & Neck Oncology | 3 months |  |  |
| Gynaec Oncology | 3 months |  |  |
| Radiation Oncology | 1 month |  |  |
| Medical Oncology | 1 month |  |  |
| Surgical Pathology | 1 month |  |  |
| Supportive and Rehabilitative Care | 1 month |  |  |
| Clinical rotation at an outside reputable national or international cancer institute | 1 month |  |  |

\* *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 Oncologycurriculum.

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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) |