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

**Annexure – RP- SURG ONCO**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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.

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