

**MEMORANDUM OF UNDERSTANDING FOR EXTERNSHIP OF  
DNB TRAINEES**

The present Memorandum of Understanding (MoU) is being signed between:

‘Hospital 1’ .....

and

‘Hospital 2’ .....

Whereas in terms of the applicable rules and regulations of the NBEMS and in order to ensure comprehensive training of the candidate, as per the prescribed DNB/DrNB curriculum in the concerned specialty (Obstetrics and Gynecology), the present MoU is being signed between Hospital 1 and Hospital 2.

Whereas Hospital 1 has applied for accreditation with the NBEMS for the DNB program in the Specialty of Obstetrics and Gynecology, but does not have adequate exposure in \_\_\_\_\_ .

And whereas Hospital 2 is recognized/accredited for the MS / DNB program in the Specialty of Obstetrics and Gynecology and the above mentioned exposure is available.

And whereas the trainees of the above mentioned Hospital 1 shall be rotated to the abovementioned Hospital 2 for externship for 06 months as per the following plan:

Areas wherein exposure is inadequate in the Hospital 1	Name and Complete Address for Hospital 2	Duration of rotational posting (in weeks / months)

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And whereas the abovementioned externship shall be governed by following terms and conditions:

1. That the rotation shall be hands on experience and not mere observership.
2. That \_\_\_\_\_ shall bear the stipend of the candidate during the period of externship in Hospital 2.
3. That the supervision of thesis shall be done by the Hospital 1 during the period of externship.
4. Hospital 1 and Hospital 2 both agree that failure to comply with any of the aforementioned conditions may lead to withdrawal of accreditation by the NBEMS and / or a recommendation to the NMC for the withdrawal of recognition granted to the said hospital / institution.

That the present MoU shall be effective from \_\_\_\_\_  
and shall remain valid till \_\_\_\_\_.

Date :-

Place:-

\_\_\_\_\_

\_\_\_\_\_

Signature and Stamp  
of HOI of Hospital 1

Signature and Stamp  
of HOI of Hospital 2