

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Log Book

(POST GRADUATE)

FACULTY - MEDICAL

MD GERIATRICS MEDICINE

Log Book passed in BOS meeting on 18/11/2016 & by Faculty on 19/11/2016. Approved by Academic Council vide Resolution 127/2016 dated 19/12/2016 From Academic Year 2017-18

Personal details

- Full Name : (Surname, first name, middle name):
 Date of Birth (dd/ mm/ yy):
 Age:
- 5. Local Address and telephone/ mobile:

4. Permanent Address & telephone:

- 6. E-Mail id:
- 7. MBBS Degree:
 - a. Year of passing-
 - b. College-
 - c. University-
 - d. Distinction/ Prizes/ Medals/ Scholarships etc.-
- 8. Internship:
 - a. Month / year of beginning
 - b. Month / year of completion
 - c. College & hospital
- 9. Previous Experience (Give Details):
- 10. Maharashtra Medical Council Registration No.
- 11. Name of PG teacher:
- 12. Month & year of joining the course:
- 13. Month & year of appearing for the degree examination:
- 14. Special Interest / Hobbies and Extra Curricular Activities:

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AIMS AND OBJECTIVES OF THE LOG -BOOK

The aim of the log-book is to evaluate the training program on a day to day basis so as to ascertain the eligibility of the candidate to appear for the final university examination for the degree / diploma. Following are the objectives of maintaining the log book:

- 1. To help the Resident to maintain the day to day record of work done by him / her.
- 2. To enable the faculty to have first hand information about the work done by the resident and suggest improvement for better performance.
- 3. To confirm the participation in post graduate training activities like ward rounds, presentation of scientific articles at journal club, case clinics, post graduate seminars, clinical symposia and book reviews.
- 4. Assessing the skills acquired by residents in patient care, teaching and research.
- 5. To confirm level and degree of participation in research activities.

ASSESSMENT OF RESIDENCY

The resident will maintain a record of work which is to be verified by the Unit Head / In-charge of the activity and Head of the department on term basis. Based on the record of the work, the Head of Department will certify the satisfactory completion of training annually under intimation to the Head of the Institution.

GUIDELINES FOR ASSESSMENT

A. Personal Attributes:

SN	Attribute	Satisfactory? (State as 'Yes' or 'No')
1	Sincerity	
2	Regularity / Punctuality	
3	Diligence & Performance	
4	Interpersonal skills	
5	Initiative	
6	Academic ability	
7	Capacity to work in a team	
8	Undergraduate / P.G. Teaching	
9	Leadership Qualities	
10	Research Aptitude	
	Overall assessment	

Sincerity: Sincerely and motivation dependable, honest, admits mistakes, does not misrepresent facts, respects values, loyal to institution; has initiative, assumes responsibilities, goes beyond routine work, exhibits keen desire to learn.

Punctuality: Punctual, available continuously on duty, responds promptly to call takes proper permission for level.

Diligence and Performance: Dedicated, hardworking, does not shirk duties, levels no work pending, does not sit idle; competent in clinical case work up and management (where applicable), skilled in procedures, proficient in record keeping and file work.

Academic ability: Intelligent, shows sound, knowledge and skills, participates adequately in academic activities and performs well in oral presentation and departmental tests.

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Inter- personal skills: Has compassionate attitude towards patients, gets on well with colleagues and paramedical staff, respectful to seniors.

B. Clinical Work:

SN	Attribute	Satisfactory ? (State as 'Yes' or 'No')
1	Punctuality	
2	Regularity of attendance	
3	Quality of ward work (procedures)	
4	Maintenance of case records	
5	Presentation of cases during rounds	
	(approach)	
6	Investigation work up	
7	Bedside manners	
8	Rapport with patients	
9	Rapport with colleagues	
10	Motivation for blood donation	
11	Counseling patient's relatives	
12	Management of emergencies	
13	Knowledge of the subject	
14	Subject / Speciality related skills Overall	
	assessment	

C. Clinical Seminars / Symposia:

SN	Attribute	Satisfactory ? (State as 'Yes' or 'No')
1	Presentation	
2	Completeness of Preparation	
3	Cogency of presentation	
4	Use of audiovisual aids	
5	Understanding of subjects	
6	Ability to answer questions	
7	Time scheduling	
8	Review of literature	
9	Recent advances	
10	Answers to questions	
	Overall assessment	

D. Case Presentations:

SN	Attribute	Satisfactory? (State as 'Yes' or 'No')
1	Logical order in presentation	
2	Cogency of presentation	
3	Complete /Relevant history	
4	Accuracy of General Physical Examination	
5	signs elicited correctly	
6	Accuracy of Systemic Examination	
7 Di	agnosis – Logical flow based on History & findings 8	
Orde	er of differential diagnosis (logical)	
9	Investigations required (Complete list, Relevant order, Interpretation of investigations, Unnecessary investigations asked)	
10	Treatment: Principles & details	
11	Communication with Patient/ Relatives	
12	Diagnosis & Management	
13	Answers to questions:	
Abilities	to react to questioning:	
Abilities	to defend diagnosis:	
Ability t	justify differential diagnosis:	
Accepta	ability of plan of management	
	Confidence	
	Overall assessment	

E. Journal Club:

SN	Attribute	Satisfactory ? (State as 'Yes' or 'No')
1	Choice of article relevant	, ,
2	Cogency of presentation	
3	Whether understood and conveyed the purpose of	
	the article	
4	How did he/ she defended article	
5	Whether cross references have seen consulted	
6	Understood explained basics of statistic in article	
7	Whether relevant information mentioned from other	
	similar articles	
8	Use of audio visual aids	
9	Presentation	
10	Response to questioning	
	Overall assessment	

College logo

[NAME AND ADDRESS OF THE COL	-
DEPARTMENT	
CERTIFICATE	
This is to certify that	
Dr	
Was registered as a post- gradueate s	student for the
Degree	
in the subject of	
at	College,
(place).	
The procedures and the academic act	ivities recorded in the log-book have been
checked and authenticated and are as	per the hospital records and have been
carried out under the guidance of the f	aculty members of
the	(name of college,& place).
Signature and name of the PG Teacher	Signature and name of the Head of the Department
Signature of Head of Institute	
DISSERTATION DETAILS	

TITLE:
Stipulated date of submission to the MUHS
Date of approval by Institutional Review Board / Ethics
Committee:
Date of submission of completed dissertation to MUHS
i
Name of PG Teacher:
Signature of PG Teacher
Dated

THE RESIDENCY PROGRAM

Chronological record

Period		Speciality/	Unit In-	Institution	Assessment-	Signature
From	То	Super- speciality	charge		Satisfactory? (State as 'Yes' or 'No')	of Unit In- charge

(Continued)	
THE RESII	DENCY PROGRAM	(continued)

Period		Speciality/	Unit In-	Institution	Assessment-	Signature
From	То	Super- speciality	charge		Satisfactory? (State as 'Yes' or 'No')	of Unit In- charge

1	Continued)
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FIRST YEAR RESIDENCY

Log of Cases seen in Out-Patient Clinics

GERIATRIC MEDICINEOPD

Department _____ Month(s) _____ Year _____

Overton who discours	No. of cases seen		
System wise diseases	Month	Month	Month
Procedures			
Done			

FIRST YEAR RESIDENCY Log of Cases seen in Out-Patient Clinics GERIATRIC MEDICINEOPD Department _____ Month(s) _____Year ____ No. of cases seen System wise diseases Month Month Month Procedures Done Procedure done in Out-Patient Clinics GENERAL MEDICINE OPD Department _____ Month(s) _____Year ____ No. of cases seen System wise diseases Month Month Month Procedures Done Assessment by Unit In-Charge: ☐ Satisfactory ☐ Unsatisfactory Signature & date Procedure done in Out-Patient Clinics GENERAL MEDICINE OPD Department _____ Month(s) _____ Year ____

System wise diseases	No. of		
System wise diseases	Month	Month	Month
Procedures			
Done			

Assessment by Unit In-Charge: ☐ Satisfactory ☐ Unsatisfactory

Signature & date

FIRST YEAR RESIDENCY				
Call attended in emergency Department Month	(s)	Year _	····	
	1	No	of cases seen	
System wise diseases		Month	Month	Month
Drocoduros dono:				
Procedures done:				
Assessment by Unit In-Charge: ☐ S	Satisfacto	ory □ Unsatis	factory	
FIRST YEAR RESIDENCY			Sign	ature & date
Log of Cases seen in Indoor Wards				
Department Month	(s)	Year		
O		No	o. of cases seen	<u> </u>
System wise diseases		Month	Month	Month
Procedures done:				
Assessment by Unit In-Charge: □ S	atisfacto	ory □ Unsatist	actory	
			Signa	ture & date
Any additional information not covere Additional sheet for records FIRST YEAR RESIDENCY Any additional information not covere Additional sheet for records FIRST YEAR RESIDENCY Any additional information not covere Additional sheet for records FIRST YEAR RESIDENCY Additional sheet for records FIRST YEAR RESIDENCY	d in abov	re sections may l	oe entered here	

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Any additional information not covered in above sections may be entered here Additional sheet for records

	tment	Month(s)	`	Year	
Sr. No.	Date	Case Title	Presented/ Attended	Assessment- Satisfactory? (State as'Yes' or No')	Signature of faculty
	onal sheet f				
		activities- Journal Clu	b		
_		Month(s)		Year	
Sr. No.	Date	Case Title	Presented/ Attended	Assessment- Satisfactory? (State as'Yes' or No')	Signature of faculty
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PARTICIPATION IN OTHER P.G.TRAINING ACTIVITES

Sr. No.	Date	Type of Activity	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

FIRST YEAR RESIDENCY

Conference/ Workshop/ CME/ Update/ Guest Lecture attended (BY INVIATED FACULTY)

Sr. No. FIRST YEA	R RESIDENCY Y TEACHER S (C Date(s) R RESIDENCY PIT AND DEATH Date(s)	Topic	Place	Signature of PG Teache
Sr. No. FIRST YEA APER AUD	R RESIDENCY OTT AND DEATH	Topic		PĞ Teache
Sr. No. FIRST YEA APER AUD	R RESIDENCY OTT AND DEATH	Topic		PĞ Teache
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APER AUD	IT AND DEATH		Place	Signature o
			Place	Signature of
				PG Teache
		PRESNTATION ,PUBL		STER
Sr. No.	Date(s)	Topic	Place	Signature o
	R RESIDENCY F IN ADMINISTR	ATION (IF ANY)		
Sr. No.	Date(s)	Topic	Place	Signature o
	R RESIDENCY		MNIADV EVAM	
EDM EVAN		<u>O PRACTICAL) PRELII</u> Topic	Place	Signature o
Sr. No.	Date(s)			PG Teache

Extra-Curricular Activities

Sr. No.	Date(s)	Event & place	Awards	Signature of PG Teacher

FIRST YEAR RESIDENCY

Any additional information not covered in above sections may be entered here Additional sheet for records

FIRST YEAR RESIDENCY

Any additional information not covered in above sections may be entered here Additional sheet for records

FIRST YEAR RESIDENCY

Assessment at the end of First Year Residency

Sr. No.	Assessment Area	Satisfactory ? (State as 'Yes' or 'No')
Α	Personal attributes	
В	Clinical work	
С	Clinical Seminars/ Symposia	
D	Case presentations	
E	Journal club	
F	Computer usage and familiarity	
G	Others	

Remarks:			
Signature of Head	of Department	Date	
Signature of the H	ead of Institute	Date	
SECOND YEAR RESIDE	NCY		
Log of Cases seen in Ou Department			

System wise diseases	No. of cases seen			
System wise diseases	Month	Month	Month	
Procedure Done				

SECOND YEAR RESIDENCY				
Log of Cases seen in Out-Patient Clinics PS				
DepartmentMonth(s)	Year			
	No	. of cases seer	1	
System wise diseases	Month	Month	Month	
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December 2				
Procedure Done				
OF COMPLYE A DIRECTOR				
SECOND YEAR RESIDENCY				
Log of Cases seen in Out-Patient Clinics N				
DepartmentMonth(s)	Year			
No. of cases seen				
System wise diseases	Month	Month	Month	
Procedure Done				
SECOND YEAR RESIDENCY				
Log of Cases seen in Out-Patient Clinics IC	CU IPD			
DepartmentMonth(s)				
	No	. of cases seer	<u> </u>	
System wise diseases	Month Month Month			
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Procedure Done				
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SECOND YEAR RESIDENCY				
Log of Cases seen in Out-Patient Clinics El		CV (DIABETIC	V VID	
•	NDOCKAINOLO	GT (DIABETIC	AND	
THYROID CLINICS)	V			
DepartmentMonth(s)				
	Al a	of occasions		
System wise diseases		. of cases seen	Month	
-	Month	Month	WOULT	

Procedure Done

SECOND YEAR RESIDENCY			
Log of Cases seen in Out-Patient Clinics R	REHABILITATIO	N /PHYSIOTHE	RAPY
DepartmentMonth(s)	Year _		
	l N	o. of cases see	n
System wise diseases	Month	Month	Month
Due co dune Done			
Procedure Done			
SECOND YEAR RESIDENCY			
Log of Cases seen in Out-Patient Clinics M	1ICU		
DepartmentMonth(s)	Year _		
System wise diseases	Month	o. of cases see	n Month
	WOITH	WOITH	WIGHTH
Procedure Done			
Procedure done in skin ward			
Department Month(s)	Voor		
Departmentwionting)	1 Cai _		
	T N	lo. of cases see	n
System wise diseases	Month	Month	Month
Procedure Done			
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Assessment by Unit In-Charge: ☐ Satisfac	tony 🗖 . Uneati	efactory	
Assessment by Onk In-Charge. 🗖 Saksiac	lory in Orisali	Stactory	
		Signa	ture & date
SECOND YEAR RESIDENCY			
Log of Cases seen in Indoor Wards			
DepartmentMonth(s)	Year _		
	NI -		
System wise diseases	•	of cases seen	Month
•	Month	Month	Month
		+	
Procedure Done			
	•	'	
Assessment by Unit In-Charge: ☐ Satisfact	torv 🗆 Unsati	sfactory	

Signature & date

SECOND YEAR RESIDENCY

URBAN HEALTH CENTRE AND OUTREACH ACTIVITIES (as applicable)

Posting from Date _____ To Date _____

Sr.		Details Of Skill		
No.	Type of Activity	Aquired	Assessment-	Signature of
			Satisfactory? (State	Lecturers
			as'Yes' or No')	

SECOND YEAR RESIDENCY

RURAL HEALTH CENTRE (as applicable)

Posting from Date _____ To Date ____

Sr. No.	Type of Activity	Details Of Skill Aquired	Assessment- Satisfactory? (State as'Yes' or No')	Signature of Lecturers

SECOND YEAR RESIDENCY

Any additional information not covered in above sections may be entered here Additional sheet for records

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SECOND YEAR RESIDENCY

Log of Acade	mic activities- Case Presentations		
Department	Month(s)	Year	

Sr. No.	Date	Case Title	Presented/ Attended	Assessment- Satisfactory? (State as'Yes' or No')	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

				DENCY es- Clinical Seminars	& Symposia			
Depar	tmer	nt		Month(s)	Year _	_		
Sr. No.	D	ate		Case Title	Presented/ Attended	Assessmer Satisfactory? (as'Yes' or N	State	Signatur of facult
SECC	ND	YEAF	R RESI	ected to obtain the si DENCY THER P.G.TRAININ			itself	•
Sr. No.			Case Title	Presented/ Attended	Assessment- Satisfactory? (State as'Yes' or No')		Signatur of facult	
	rend	ce/ Wo		IDENCY / CME/ Update/ Gue	est Lecture att	tended (BY INVI	ATED	
Sr. N	lo.	Dat	e(s)	Topic		Place	_	ature of Teacher
			_	I DENCY R S (GMC TEACHER	8)			
Sr. N			e(s)	Topic	-,	Place		ature of Teacher
				DENCY EATH AUDIT	'			
Sr. N			e(s)	Topic		Place		ature of Teacher

SECOND YEAR RESIDENCY

REASEARCH WORK ,PAPER PRESNTATION ,PUBLICATION AND POSTER PRESENTATION

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

SECOND YEAR RESIDENCY

ASSISTANCE IN ADMINISTRATION (IF ANY)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

SECOND YEAR RESIDENCY

TERM EXAM (THEORY AND PRACTICAL) PRELIMNARY EXAM

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

Extra- Curricular Activities

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

SECOND YEAR RESIDENCY

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SECOND YEAR RESIDENCY

Any additional information not covered in above sections may be entered here Additional sheet for records

SECOND YEAR RESIDENCY

Assessment at the end of Second Year Residency

Sr. No.	Assessment Area	Satisfactory ? (State as 'Yes' or 'No')
Α	Personal attributes	
В	Clinical work	
С	Clinical Seminars/ Symposia	
D	Case presentations	
E	Journal club	
F	Teaching sessions	
G	Dissertation progress	
Н	Computer usage and familiarity	
I	Others	

Remarks:		
Signature o	f Head of Department	
Date		
Signature o	f Head of Institution	
Date		
IIRD YEAR RES	DENCY	
	in Out-Patient Clinics GE Month(s)	_

Occations with a discussion	No	No. of cases seen			
System wise diseases	Month	Month	Month		
Procedure Done					

_					
Accecement	hy I Init In	Chargo: [☐ Satisfactory	\Box	Incaticfactory
W22C22HCH	. DV OHIL HI	-Cilaiue, L	_	\mathbf{L}	วทอลแอเลษเบเ ข

Signature & date

Call attended			
DepartmentN	lonth(s)Yea	r	
		No. of cases see	n
System wise diseas	es Month	Month	Month
Assessment by Unit In-Charge	e: □ Satisfactory □ Uns	atisfactory	
	s	ignature & date	
THIRD YEAR RESIDENCY			
Log of Cases seen in Indoor V	/ards		
DepartmentN		r	
		No. of cases see	<u> </u>
			Month
System wise diseas	ses Month	Month	IVIOTILIT
System wise diseas	Month	Month	WOILLI
System wise diseas	Month	Month	WOITE
· · · · · · · · · · · · · · · · · · ·	Month	Month	Worth
· · · · · · · · · · · · · · · · · · ·	Month	Month	Monar
Procedure Done	WOULT		Month
Procedure Done	e: □ Satisfactory □ Uns	atisfactory	Month
Procedure Done	e: □ Satisfactory □ Uns		MOTH
Procedure Done	e: □ Satisfactory □ Uns	atisfactory	MOTH
Procedure Done Assessment by Unit In-Charge	e: □ Satisfactory □ Uns	atisfactory	MOTILIT
Procedure Done Assessment by Unit In-Charge THIRD YEAR RESIDENCY	e: Satisfactory Uns	atisfactory ignature & date	
Procedure Done Assessment by Unit In-Charge THIRD YEAR RESIDENCY URBAN HEALTH CENTRE A	Satisfactory □ Uns	atisfactory ignature & date	
Procedure Done Assessment by Unit In-Charge THIRD YEAR RESIDENCY URBAN HEALTH CENTRE A Posting from Date Sr. Type of Activity	Satisfactory □ Uns	atisfactory ignature & date	

Sr.	Type of Activity		Assessment-	Signature
No.		Details Of Skill Acquired	Satisfactory? (State as'Yes' or No')	of Lecturers

THIRD YEAR RESIDENCY RURAL HEALTH CENTRE (as applicable) Posting from Date ______ To Date _____

Sr.	Type of Activity		Assessment-	Signature
No.		Details Of Skill Acquired	Satisfactory? (State as'Yes' or No')	of Lecturers

THIRD YEAR RESIDENCY

Any additional information not covered in above sections may be entered here Additional sheet for records

THIRD YEAR RESIDENCY

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THIRD YEAR RESIDENCY	
Log of Academic activities- Case Presentat	ions

Department	Month(s)	_Year

Sr. No.	Date	Case Title	Presented/ Attended	Assessment- Satisfactory? (State as'Yes' or No')	Signature of faculty

The PG student is expected to obtain the signature on the day of activity itself

THIRD YEAR RESIDENCY Log of Academic activities- Journal Club Department Title of the Presented/ Signature Sr. **Date** article Assessmentof faculty No. Attended Satisfactory? (State as'Yes' or No') The PG student is expected to obtain the signature on the day of activity itself THIRD YEAR RESIDENCY Log of Academic activities- Clinical Seminars & Symposia Department ______Month(s) ______Year _____ Title of the Sr. **Date** Seminar/ Presented/ Assessment-Signature Attended **Satisfactory?** (State of faculty No. **Symposium** as'Yes' or No') The PG student is expected to obtain the signature on the day of activity itself THIRD YEAR RESIDENCY PARTICIPATION IN OTHER P.G.TRAINING ACTIVITES Type of Activity Presented/ Signature Sr. Date Assessment-**Attended** Satisfactory? (State of faculty No. as'Yes' or No')

The PG student is expected to obtain the signature on the day of activity itself **THIRD YEAR RESIDENCY**

Conference/ Workshop/ CME/ Update/ Guest Lecture attended (BY INVIATED FACULTY)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

THIRD YEAR RESIDENCY

LECTURE BY TEACHER S (GMC TEACHER)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

THIRD YEAR RESIDENCY

PAPER AUDIT AND DEATH AUDIT

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

THIRD YEAR RESIDENCY

REASEARCH WORK ,PAPER PRESNTATION ,PUBLICATION AND POSTER PRESENTATION

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

THIRD YEAR RESIDENCY

ASSISTANCE IN ADMINISTRATION (IF ANY)

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

THIRD YEAR RESIDENCY

TERM EXAM (THEORY AND PRACTICAL) PRELIMNARY EXAM

Sr. No.	Date(s)	Topic	Place	Signature of PG Teacher

THIRD YEAR RESIDENCY

Teaching Sessions Conducted

Sr. No.	Date	Type of session (lecture, case clinic, other)	Student category (UG, PG, Nurses, OT, PT, other)	Title / Topic	Signature of faculty

Assessment by Unit In-Charge: ☐ Satisfactory ☐ Unsatisfactory

THIRD YEAR RESIDENCY

Conference/ Workshop/ CME/ Update/ Guest Lecture attended

Sr. No.	Date	Topic	Place	Signature Of PG teacher

Extra- Curricular Activities

Sr. No.	Date	Event and place	Award	Signature Of PG teacher

THIRD YEAR RESIDENCY

Any additional information not covered in above sections may be entered here Additional sheet for records

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THIRD YEAR RESIDENCY

Assessment at the end of Third Year Residency

Sr. No.	Assessment Area	Satisfactory? (State as 'Yes' or 'No')
Α	Personal attributes	
В	Clinical work	
С	Clinical Seminars/ Symposia	
D	Case presentations	
Е	Journal club	
F	Teaching sessions	
G	Dissertation progress, completion and certification	
Н	Computer usage and familiarity	
I	Others	

Remarks:	
Signature of Head of Department	Date
Signature of Head of Institution	Date