

Name of College

College Emblem

Phase I MBBS CBME

LOG BOOK

Department of
(as per GMR 2019)

Name of the Student:

Roll No:

University Registration No:



KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR – 680 596

Certificate

This is to certify that Mr./Ms..... has undergone one year training inand his /her performance after assessment of various competencies and other criteria is found to be satisfactory/good/excellent.

Date:

Head of Department of

ACADEMIC PERFORMANCE

Monitoring and Feedback- Internal Assessment

Sl. No.	Internal Examination	Marks obtained	Feedback provided		Date	Signature of student	Signature of Faculty
			Positive points	Points that could be improved			
1	Theory						
	Practical						
	Formative Assessment						
2	Theory						
	Practical						
	Formative Assessment						

Sl. No.	Internal Examination	Marks obtained	Feedback Provided		Date	Signature of student	Signature of Faculty
			Positive points	Points that could be			
3	Theory						
	Practical						
	Formative Assessment						
4	Theory						
	Practical						
	Formative Assessment						

Sl. No.	Internal Examination	Marks obtained	Feedback Provided		Date	Signature of student	Signature of Faculty
			Positive points	Points that could be improved			
5	Theory Practical Formative Assessment						
6	Theory Practical Formative Assessment						

COMPETENCY ASSESSMENT

DATE	COMP ETENC Y No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given	SIGNATURE

DATE	COMP ETENC Y No:	COMPETENCY	Whether achieved or not	If not achieved remedial measures given	SIGNATURE

Additional Sheets may be added

Other details:

- **No: of Early Clinical Exposure Reflections**

- **Attendance %.....**

- **Timely Submission of Records.....**

- **Participation in Sports & Extracurricular Activities**
 - **College Level**

 - **Inter Collegiate Level**

 - **Inter University Level**

Any other details: