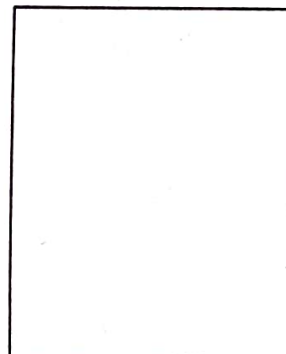




**Pt.B.D.SharmaPostGraduateInstituteofMedicalSciences Rohtak  
(Haryana)**

**Logbook-MBBS Phase-I**



**Name:** \_\_\_\_\_

**Roll No. & Batch:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Date of Admission to MBBS Course:** \_\_\_\_\_

**Registration No. (College/University ID):** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

\_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

\_\_\_\_\_

**Student's Contact No:** \_\_\_\_\_

\_\_\_\_\_

**Father's/Guardian's Contact No:** \_\_\_\_\_

**Student's Email Id:** \_\_\_\_\_

**Father's/Guardian'sEmailId:** \_\_\_\_\_

**Pt.B.D.SharmaPGIMS,Rohtak**



**LOGBOOKCERTIFICATE**

This is to certify that this logbook is the bonafide record of the candidate Mr./Ms.

.....  
Roll No..... Admission Year..... at Pt. B.D.Sharma,  
PGIMS Rohtak under University of Health Sciences Rohtak, Haryana.

The log book is as per the guidelines of Competency Based Undergraduate Medical Education Curriculum, Regulations on GME 1997 in Gazette of India Amendment Notification No. MCI-34(41)/2019-Med./161726 (dated 06.11.2019).

He/She has satisfactorily attended/completed all assignments mentioned in this logbook for MBBS Phase I in the subject of Anatomy, Physiology and Biochemistry during the period from..... to.....

Sr. Professor & Head,  
Department of Anatomy,  
Pt.B.D.SharmaPGIMS,  
Rohtak

Sr. Professor & Head,  
Department of Physiology,  
Pt. B. D. Sharma PGIMS,  
Rohtak

Sr. Professor & Head,  
Department of Biochemistry,  
Pt. B. D. Sharma PGIMS,  
Rohtak

**Date:**

**Dean**  
**Pt.B.D. SharmaPGIMS,Rohtak**

## **Self-Declaration Form**

I am Mr./Ms/ \_\_\_\_\_ Son/Daughter of Sh. \_\_\_\_\_

Roll No. \_\_\_\_\_ University Reg. No. \_\_\_\_\_

Resident of \_\_\_\_\_

Contact No. (Student) \_\_\_\_\_ Contact No. (Parents) \_\_\_\_\_

**Aware that:**

1. As per MCI Guidelines Regulations on GME 1997 in Gazette of India Amendment Notification No. **MCI-34(41)/2019-Med./161726 (dated 06.11.2019) Chapter VI Assessment:**
  - a) **11.1.1.(a)(1):** Attendance requirements are 75% in theory and 80% in practical /clinical for eligibility to appear for the examinations in that subject. In subjects that are taught in more than one phase - the learner must have 75% attendance in theory and 80% in practical in each phase of instruction in that subject.
  - b) **11.1.1.(b)(5):** Learners must secure at least 50% marks of the total marks (combined in theory and practical/clinical; not less than 40% marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
2. Pt. B. D. Sharma, University of Health Sciences, Rohtak also follows the same rule.
3. If I am not fulfilling the above criteria, Institute will not forward/recommend my name to appear in University Examination.
4. If I will be detained due to lack of attendance or short of assessment, I cannot appear in the University Supplementary Examination unless I improve on it. If I fail to improve, then I will be eligible to appear only after one year along with Junior Batch and for this only myself be responsible.
5. It will be my own duty to intimate my parents from time to time regarding my attendance and internal assessment.

**Signature of the Student**

Name.....

Roll No.....



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Sr. No.	Description of Course	Page Numbers	
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Name: \_\_\_\_\_ RollNo: \_\_\_\_\_

**Foundation Course**

**Reflections: What**

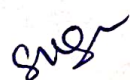
**Happened?**

**So What?**

**What Next?**

**Signature**  
**Foundation Course Coordinator (Phase-I)**

# Anatomy



Sr. Professor & Head  
Department of Anatomy,  
Pt. B.D. Sharma Univ. of Health Sci.  
ROHTAK

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

### Certification of Competency

Competency Code: AN65.1

Competency Addressed: Identify epithelium under the microscope & describe the various types that correlate to its function

Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					

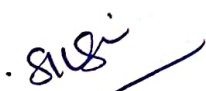
*Sr.*  
Sr. Professor & Head  
Department of Anatomy,  
Pt. B.D. Sharma Univ. of Health Sci  
ROHTAK



Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

**Early Clinical Exposure**

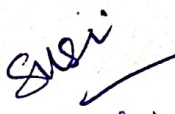
ECE Module (3hours each)	Topic	Date Held	Signature of Faculty
ECE Module1			
ECE Module2			
ECE Module3			
ECE Module4			
ECE Module5			

  
Sr. Professor & Head  
Department of Anatomy,  
Pt. B.D. Sharma Univ. of Health Sci  
ROHTAK

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

**Self-Directed Learning (SDL) Sessions**

Sr. No.	Date	Topic	Mode of Bearing	Feedback	Initial of Facilitator	Initial of Learner
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

  
 Sr. Professor & Head  
 Department of Anatomy,  
 Pt. B.D. Sharma Univ. of Health Sci  
 ROHTAK

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

**Self-Directed Learning (SDL) Sessions**

Sr. No.	Date	Topic	Mode of Bearing	Feedback	Initial of Facilitator	Initial of Learner
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

  
Sr. Professor & Head  
Department of Anatomy,  
Pt. B.D. Sharma Univ. of Health Sci  
ROHTAK



Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

**Theory Test Record:**

Sr. No.	Topic/Region	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*Sugri*  
Sr. Professor & Head  
Department of Anatomy,  
Pt. B.D. Sharma Univ. of Health Sci  
ROHTAK

Name: \_\_\_\_\_

Roll No: \_\_\_\_\_

**Practical Test Record:**

Sr. No.	Topic/Region	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

SVS  
Sr. Professor & Head  
Department of Anatomy,  
Pt. B.D. Sharma Univ. of Health Sci  
ROHTAK

Name: \_\_\_\_\_

Roll No: \_\_\_\_\_

## Attendance Record

(From-To)	Theory				Practical				Signature of Student	Signature of Faculty
	Held	Attended	75%	Shortage	Held	Attended	80%	Shortage		
<b>Total</b>										

**Note:** Above information is for the benefit of students and parents.  
If any discrepancy found then the departmental record will be considered as final.

**Faculty In-charge**

**Sr. Professor & Head,  
Department of Anatomy,  
Pt. B.D. Sharma PGIMS, Rohtak**

*Sr. Professor & Head*  
Department of Anatomy,  
Pt. B.D. Sharma Univ. of Health Sci  
ROHTAK



Name: \_\_\_\_\_ RollNo: \_\_\_\_\_

# Physiology

Name: \_\_\_\_\_ RollNo: \_\_\_\_\_

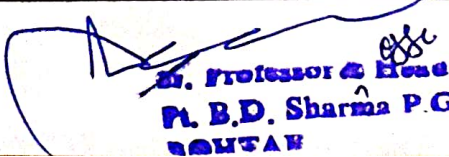
### Certification of Competency

#### Hematology Physiology:

**Competency Code: PY2.11**

**Competency Addressed: Estimate Hb, RBC, TLC, DLC, Blood groups, BT/CT, and RBC Indices.**

1	2	3	4	5	6	7
Name of Activity	Date completed: dd-mm-yy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectations or numerical score.	Decision of faculty Complete d (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Hb Practical/ OSPE/ Viva voce						
RBC Practical/ OSPE/ Viva voce						
TLC Practical/ OSPE/ Viva voce						
DLC Practical/ OSPE/ Viva voce						

  
 Pt. B.D. Sharma P.G.I.M.S.  
 RAIPUR

Name: \_\_\_\_\_ RollNo: \_\_\_\_\_

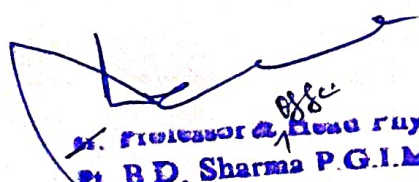
### Certification of Competency

#### Hematology Physiology:

**Competency Code: PY2.11**

**Competency Addressed: Estimate Blood groups, BT/CT, and RBC Indices.**

1	2	3	4	5	6	7
Name of Activity	Date completed: dd-mm-yy	Attempt at activity First or Only(F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectations or numerical score.	Decision of faculty Complete d (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Blood group Practical/ OSPE/ Viva voce						
BT/CT Practical/ OSPE/ Viva voce						
RBC Indices Practical/ OSPE/ Viva voce						

  
 Professor & Head Physiology  
 Pt. B.D. Sharma P.G.I.M.S  
 ROHTAK



Name: \_\_\_\_\_ RollNo: \_\_\_\_\_


**Certification of Competency**

**Nerve Muscle Physiology:**

**Competency Code: PY 3.11**

**Competency Addressed: Perform Ergography and calculate work done by a skeletal muscle.**

1	2	3	4	5	6	7
Name of Activity	Date completed: dd-mm-yy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectations or numerical score:	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
Pt. B.D. Sharma P.G.I.M.S  
ROHTAK

Name: \_\_\_\_\_ RollNo: \_\_\_\_\_

### Certification of Competency

#### Gastro-Intestinal Physiology:

**Competency Code: PY 4.12**

**Competency Addressed: Obtain relevant history and conduct general and clinical examination of the abdomen in a normal healthy volunteer or simulated environment.**

1	2	3	4	5	6	7
Name of Activity	Date completed: dd-mm-yy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectations or numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
 Pt. B.D. Sharma P.G.I.M.S  
 ROUTAL

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competency**

**Cardiovascular Physiology:**

**Competency Code: PY5.14**

**Competency Addressed: Record blood pressure & pulse at rest.**

1	2	3	4	5	6	7
Name of Activity	Date completed: dd-mm-yy	Attempt at activity First or Only(F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectations or numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
P. B.D. Sharma P.G.I.M.S.  
HON. T.A.B.

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_


**Certification of Competency**

**Cardiovascular Physiology:**

**Competency Code: PY5.14**

**Competency Addressed: Record blood pressure & pulse in different grades of exercise.**

1	2	3	4	5	6	7
Name of Activity	Date completed :dd-mm-yy	Attempt at activity First or Only(F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectations or numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
M. Professor & Head Physiology  
M. B.D. Sharma P.G.I.M.S  
GANTAN



Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competency**

**Cardiovascular Physiology:**

**Competency Code: PY 5.14**

**Competency Addressed: Record blood pressure & pulse in different postures in a volunteer or simulated environment**

1	2	3	4	5	6	7
Name of Activity	Date completed :dd-mm-yy	Attempt at activity First or Only(F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectations or numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
P. B.D. Sharma P.G.I.M.S.  
ROHTAK



Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

### Certification of Competency

#### Cardiovascular Physiology:

**Competency Code: PY 5.15**

**Competency Addressed: Record and interpret normal ECG in a volunteer or simulated environment**

1	2	3	4	5	6	7
Name of Activity	Date completed :dd-mm-yy	Attempt at activity First or Only(F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectations or numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

*Offc.*  
**Dr. Professor & Head Physiology**  
**Pt. B.D. Sharma P.G.I.M.S**  
**ROHTAK**

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

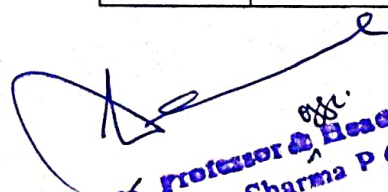
### Certification of Competency

#### Cardiovascular Physiology:

**Competency Code: PY 5.16**

**Competency Addressed: Obtain relevant history and conduct general and clinical examination of the cardiovascular system in a normal healthy volunteer or simulated environment**

1	2	3	4	5	6	7
Name of Activity	Date completed :dd-mm-yy	Attempt at activity First or Only(F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectations or numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
**Dr. Professor & Head Physiology**  
**Pt. B.D. Sharma P.G.I.M.S**  
**ROHTAK**

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

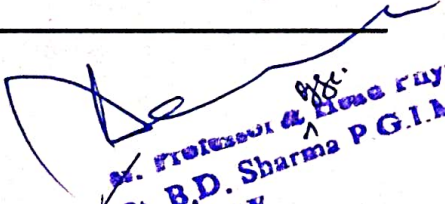
### Certification of Competency

#### Respiratory Physiology

**Competency Code: PY6.10**

**Competency Addressed: Perform spirometry and interpret the findings  
(Digital/ Manual)**

1	2	3	4	5	6	7
Name of Activity	Date completed :dd-mm-yy	Attempt at activity First or Only(F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectations or numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
 P. B.D. Sharma P.G.I.M.S.  
 ROHTAK

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

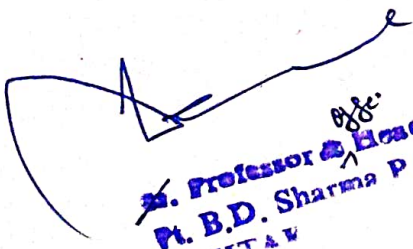
### Certification of Competency

#### Respiratory Physiology

**Competency Code: PY6.12**

**Competency Addressed: Demonstrate the correct clinical examination of the respiratory system in a normal volunteer or simulated environment.**

1	2	3	4	5	6	7
Name of Activity	Date Completed: dd-mm-yy	Attempt at activity First or Only(F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectation or Numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Skill assessment/ Viva voce/ OSCE						
Skill assessment/ Viva voce						
Skill assessment/ Viva voce						

  
 Pt. B.D. Sharma PGI M.S.  
 Head Physiology  
 RAJIV GANDHI



Name: \_\_\_\_\_ Roll No: \_\_\_\_\_


### Certification of Competency

#### Neurophysiology:

**Competency Code: PY10.19**

**Competency Addressed: Demonstrate the correct clinical examination of the nervous system: Higher functions, in a normal volunteer or simulated environment**

1	2	3	4	5	6	7
Name of Activity	Date Completed: dd-mm-yy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectation Meets (M) expectation Exceeds (E) Expectation or Numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Skill assessment/ Viva voce/ OSCE						
Skill assessment/ Viva voce						
Skill assessment/ Viva voce						

  
**Dr. Professor & Head Physiology**  
**P. B. D. Sharma PGIMS**  
**ROHTAK**



Name: \_\_\_\_\_ Roll No: \_\_\_\_\_


### Certification of Competency

#### Neurophysiology

Competency Code: PY10.19

Competency Addressed: Demonstrate the correct clinical examination of the nervous system: Sensory system in a normal volunteer or simulated environment

1	2	3	4	5	6	7
Name of Activity	Date Completed: dd-mm-yy	Attempt at activity First or Only(F) Repeat (R) Remedial (Re)	Rating Below (B) expectation Meets (M) expectation Exceeds(E) Expectation or Numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Skill assessment/ Viva voce/ OSCE						
Skill assessment/ Viva voce						
Skill assessment/ Viva voce						

  
 M. Professor & Head, Neurophysiology  
 M. B.D. Sharma P.G.I.M.S.  
 JALANDHAR

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_


### Certification of Competency

#### Neurophysiology

Competency Code: PY10.19

Competency Addressed: Demonstrate the correct clinical examination of the nervous system: Motor system in a normal volunteer or simulated environment.

1	2	3	4	5	6	7
Name of Activity	Date Completed: dd-mm-yy	Attempt at activity First or Only(F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectation or Numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Skill assessment/ Viva voce/ OSCE						
Skill assessment/ Viva voce						
Skill assessment/ Viva voce						

  
 Dr. Professor & Head Physiology  
 P. B.D. Sharma PGIMS  
 ROHTAK

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

### Certification of Competency

#### Neurophysiology

**Competency Code: PY10.19**

**Competency Addressed: Demonstrate the correct clinical examination of the nervous system: Reflexes in a normal volunteer or simulated environment.**

1	2	3	4	5	6	7
Name of Activity	Date Completed: dd-mm-yy	Attempt at activity First or Only(F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectation or Numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Skill assessment/ Viva voce/ OSCE						
Skill assessment/ Viva voce						
Skill assessment/ Viva voce						

  
 P. B.D. Sharma P.G.I.M.S  
 SOHNA

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

### Certification of Competency

#### Neurophysiology

Competency Code: PY10.20

Competency Addressed: Demonstrate the correct clinical examination of the nervous system: Cranial nerves in a normal volunteer or simulated environment.


1	2	3	4	5	6	7
Name of Activity	Date Completed: dd-mm-yy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) Expectation or Numerical score.	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of Faculty and date	Feedback Received Initial of Learner
Skill assessment/ Viva voce/ OSCE						
Skill assessment/ Viva voce						
Skill assessment/ Viva voce						

  
 Dr. P.B.D. Sharma P.G.I.M.S.  
 BONTAR

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

**Early Clinical Exposure**

ECE Module (1 hours each)	Topic	Date Held	Signature of Faculty
ECE Module1			
ECE Module2			
ECE Module3			
ECE Module4			
ECE Module5			
ECE Module6			
ECE Module7			
ECE Module8			
ECE Module9			
ECE Module10			

  
P. B.D. Sharma P.G.I.M.S.  
SANTAY




Name: \_\_\_\_\_

Roll No: \_\_\_\_\_

**Self Directed Learning**

Sr. No.	Date	Topic	Mode of Bearing	Feedback	Initial of Facilitator	Initial of Learner
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

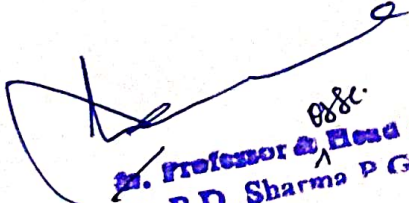
  
M. Professor & Head, P.G.D. Sharma P.G.I.M.S  
MOUTAV

Name: \_\_\_\_\_

Roll No: \_\_\_\_\_

**Theory Tests Assessment Record**

Sr. No.	Topic	Max. Marks	Marks obtained	Signature of student	Signature faculty
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

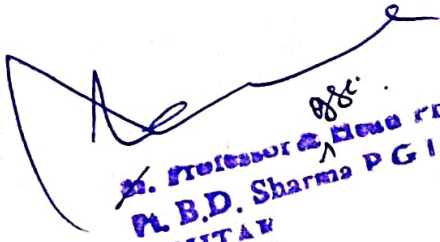
  
P. B.D. Sharma PGIMS  
BANTAL

Name: \_\_\_\_\_

Roll No: \_\_\_\_\_

**Practical Tests Assessment Record**

Sr. No.	Topic	Max. Marks	Marks obtained	Signature of student	Signature faculty
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

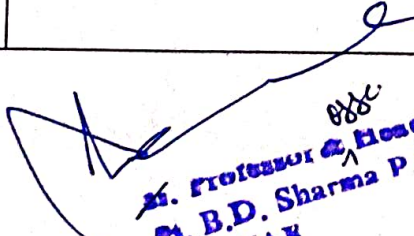
  
P. B.D. Sharma P.G.I.M.S.  
BOLTAH

Name: \_\_\_\_\_

Roll No: \_\_\_\_\_

**Tutorial/Seminar Assessment Record**

Sr. No.	Topic	Max. Marks	Marks obtained	Signature of student	Signature faculty
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

  
M. Professor & Head of Department  
M. B.D. Sharma P.G.I.M.S.  
ROHTAK

Name: \_\_\_\_\_

Roll No: \_\_\_\_\_

## Attendance Record

(From-To)	Theory				Practical				Signature of Student	Signature of Faculty
	Held	Attended	75%	Shortage	Held	Attended	80%	Shortage		
<b>Total</b>										

**Note:** The above information is for the benefit of students and parents.  
If any discrepancy is found, the departmental record will be considered final.

Faculty IN-charge

*(Signature)*  
A. B.D. Sharma PGIMS, Rohtak

Sr. Professor & Head,  
Department of Physiology  
Pt. B.D. Sharma PGIMS, Rohtak



# Biochemistry

NAME: \_\_\_\_\_

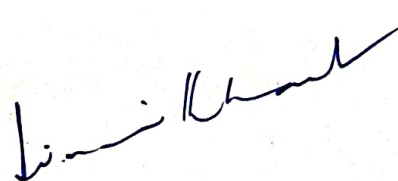
Roll No: \_\_\_\_\_

Certification of competencies

**Competency Code: BC14.3**

**Competency Addressed:** Describe the physical properties, chemical constituents of normal urine and abnormal constituents of urine and perform urine analysis to determine normal and abnormal constituents (including dipstick method demonstration)

Sr. No	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat(R) Remedial(Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
Sr Prof. & Head,  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak

NAME: \_\_\_\_\_


Roll No: \_\_\_\_\_

Certification of competencies

**Competency Code: BC14.3**

**Competency Addressed:** Describe the physical properties, chemical constituents of normal urine and abnormal constituents of urine and perform urine analysis to determine normal and abnormal constituents (including dipstick method demonstration)

Sr. No	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat(R) Remedial(Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					


  
Sr. Prof. & Head,  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak

NAME: \_\_\_\_\_ Roll No: \_\_\_\_\_  
Certification of competencies

**Competency Code: BC14.4**

**Competency Addressed:** Identify abnormal constituents in urine, interpret the findings and correlate this with pathological states and prepare a urine report

Sr. No	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat(R) Remedial(Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
**Sr. Prof. & Head,**  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak



NAME: \_\_\_\_\_

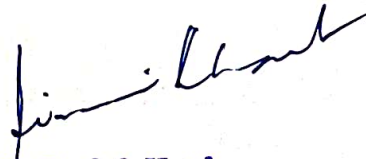
Roll No: \_\_\_\_\_

**Certification of competencies**

**Competency Code: BC14.7**

**Competency Addressed:** Perform estimation of glucose by manual /semi-automated analyser method and demonstrate glucometer usage and interpretation of results with clinical scenarios

Sr. No	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat(R) Remedial(Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
**Sr. Prof. & Head,**  
**Department of Bio-Chemistry**  
**Pt. B.D.S. P.G.I.M.S., Rohtak**

NAME: \_\_\_\_\_

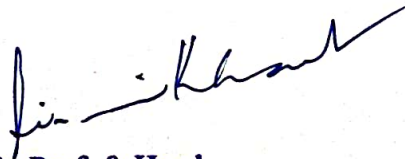
Roll No: \_\_\_\_\_

**Certification of competencies**

**Competency Code: BC14.8**

**Competency Addressed:** Perform estimation of urea and calculate BUN and interpretation of results in clinical scenarios.

Sr. No	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat(R) Remedial(Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
**Sr. Prof. & Head,**  
**Department of Bio-Chemistry**  
**Pt. B.D.S. P.G.I.M.S., Rohtak**

NAME: \_\_\_\_\_


Roll No: \_\_\_\_\_

Certification of competencies

Competency Code: BC14.9

Competency Addressed: Perform the estimation of serum creatinine and calculate creatinine clearance.

Sr. No	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat(R) Remedial(Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
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Sr. Prof. & Head,  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak

NAME: \_\_\_\_\_

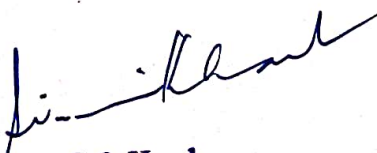
Roll No: \_\_\_\_\_

Certification of competencies

**Competency Code: BC14.10**

**Competency Addressed:** Perform estimation of uric acid in serum and interpretation of results with clinical scenarios.

Sr. No	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat(R) Remedial(Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
Sr. Prof. & Head,  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak

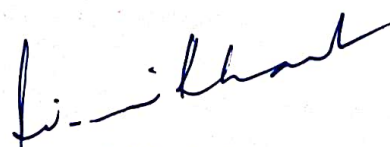


NAME: \_\_\_\_\_ Roll No: \_\_\_\_\_  
Certification of competencies

Competency Code: BC14.11

Competency Addressed: Perform estimation of serum proteins, albumin and A:G ratio

Sr. No	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat(R) Remedial(Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
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Sr. Prof. & Head,  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak

NAME: \_\_\_\_\_

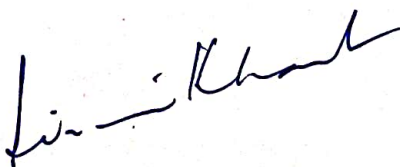
Roll No: \_\_\_\_\_

Certification of competencies

**Competency Code: BC14.12**

**Competency Addressed: Perform the estimation of serum total cholesterol.**

Sr. No	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat(R) Remedial(Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					



Sr. Prof. & Head,  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak

NAME: \_\_\_\_\_

Roll No: \_\_\_\_\_

**Certification of competencies**

**Competency Code: BC14.13**

**Competency Addressed: Perform the estimation of serum Bilirubin by natural /semi- automated analyser method.**

Sr. No	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat(R) Remedial(Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					



**Sr. Prof. & Head,  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak**

NAME: \_\_\_\_\_

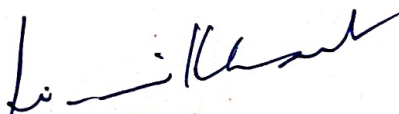
Roll No: \_\_\_\_\_

**Certification of competencies**

**Competency Code: BC14.21**

**Competency Addressed: Describe Quality control and identify basic L J Charts in Clinical Biochemistry Lab**

Sr. No	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat(R) Remedial(Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					


  
**Sr. Prof. & Head,**  
**Department of Bio-Chemistry**  
**Pt. B.D.S. P.G.I.M.S., Rohtak**



Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

**Early Clinical Exposure**


ECE Module (3hours each)	Topic	Date Held	Signature of Faculty
ECE Module1			
ECE Module2			
ECE Module3			
ECE Module4			
ECE Module5			
ECE Module6			
ECE Module7			
ECE Module8			
ECE Module9			
ECE Module10			

  
Sr. Prof. & Head,  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

**Self-Directed Learning (SDL) Sessions**

Sr. No.	Date	Topic	Mode of Bearing	Feedback	Initial of Facilitator	Initial of Learner
1						
2						
3						
4						
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10						

  
Sr. Prof. & Head,  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak


Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

**Theory Test Record:**

Sr. No.	Topic	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					

**Practical Test Record:**

Sr. No.	Topic/Region	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					

  
Sr. Prof. & Head,  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak

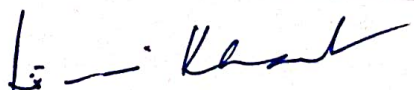
Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

**Tutorial Assessment Record**

Sr. No.	Topic	Max. Marks	Marks obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					

**Seminar Assessment Record**

Sr. No.	Topic	Max. Marks	Marks obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					

  
Sr. Prof. & Head,  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak



Name: \_\_\_\_\_


Roll No: \_\_\_\_\_

## Attendance Record

(From-To)	Theory				Practical				Signature of Student	Signature of Faculty
	Held	Attended	75%	Shortage	Held	Attended	80%	Shortage		
<b>Total</b>										

**Note:** Above information is for the benefit of students and parents.  
If any discrepancy found then the departmental record will be considered as final.

**Faculty In-charge**

  
 Sr. Prof. & Head,  
 Department of Bio-Chemistry  
 Pt. B.D.S. P.G.I.M.S., Rohtak


Sr. Professor & Head,  
 Department of Biochemistry  
 Pt. B.D. Sharma PGIMS, Rohtak

### Achievements/awards

S. No	Date	Creditdetails	Signature

### ExtracurricularActivities

S. No	Date	Creditdetails	Signature

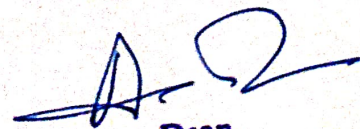
  
Sr. Prof. & Head,  
Department of Bio-Chemistry  
Pt. B.D.S. P.G.I.M.S., Rohtak

### MENTOR-MENTEE INTERACTION RECORD

Date of meeting	Signature of Mentor	Signature of Mentee	Any Red flags/ Remarks

#### Categories of issues to be addressed during meeting:

- Coping with Academics
- Language
- Career
- Personal
- Health Feeling homesick
- Interaction with Seniors
- Interaction with Peers
- Interaction with Teachers
- Interaction with paramedical staff
- Hostel
- Others



Dean,  
Pt. B.D. Sharma P.G.I.M.  
ROHTAK.