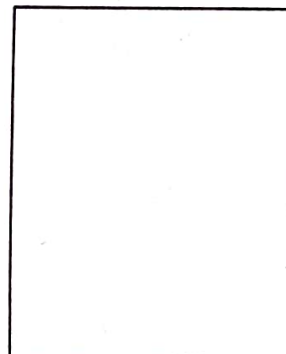




**Pt.B.D.SharmaPostGraduateInstituteofMedicalSciences Rohtak
(Haryana)**

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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Name: _____ RollNo: _____

Foundation Course

Reflections: What

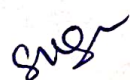
Happened?

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

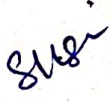
Name: _____ Roll No: _____

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. 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						

Suri
 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		
Total										

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**

8/8/21
Sr. Professor & Head
Department of Anatomy,
Pt. B.D. Sharma Univ. of Health Sci
ROHTAK

Name: _____ RollNo: _____

Physiology

Name: _____ RollNo: _____

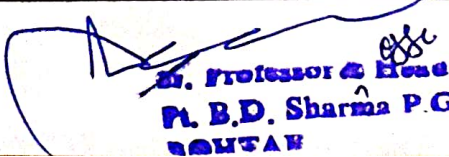
Certification of Competency

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 Completed (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: _____

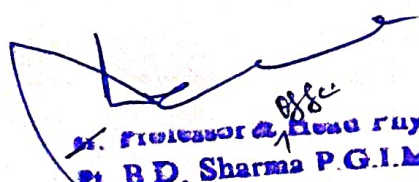
Certification of Competency

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						


 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 Complete d (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. TA

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: _____

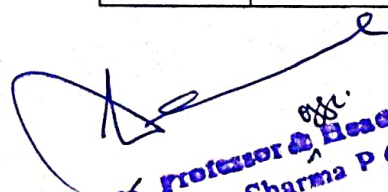
Certification of Competency

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: _____

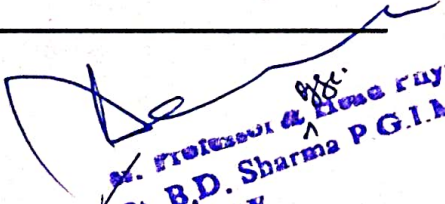
Certification of Competency

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: _____

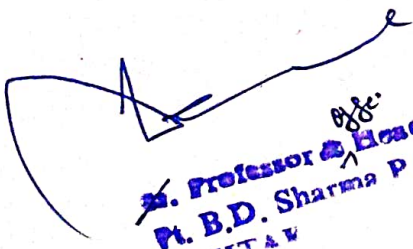
Certification of Competency

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
 BQU TAV

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. P.B.D. Sharma
 Head Physiology
 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
 ROHTAK

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						

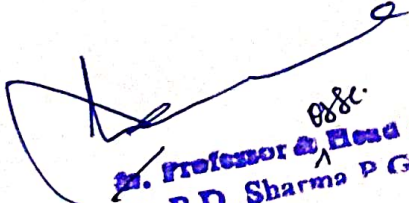

M. Professor & Head, P.G.D. Sharma P.G.I.M.S
MOUTAV

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					

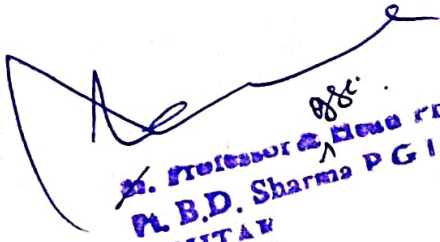

P. B.D. Sharma PGIMS
BANTAL

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					

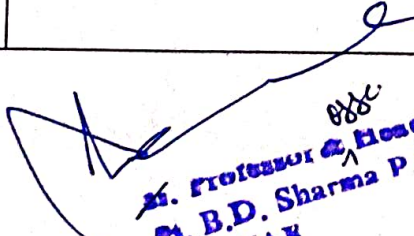

P. B.D. Sharma P.G.I.M.S.
BOLTAH

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

Name: _____

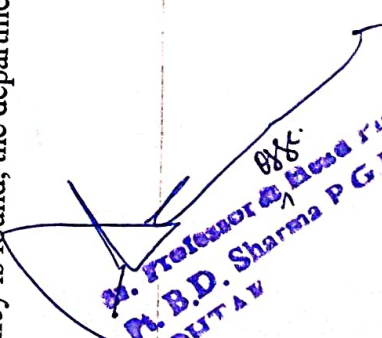
Roll No: _____

Attendance Record

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

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


 Pt. B.D. Sharma PGIMS, Rohtak

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

Biochemistry

NAME: _____

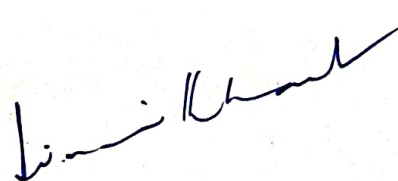
Roll No: _____

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					
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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: BC14.4

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

NAME: _____

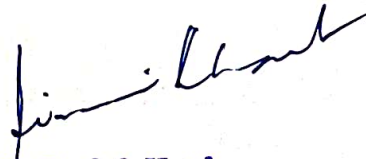
Roll No: _____

Certification of competencies

Competency Code: BC14.7

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

NAME: _____

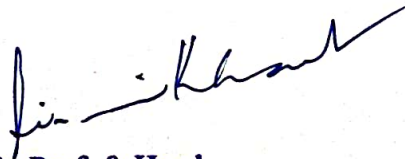
Roll No: _____

Certification of competencies

Competency Code: BC14.8

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
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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: BC14.9

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

NAME: _____

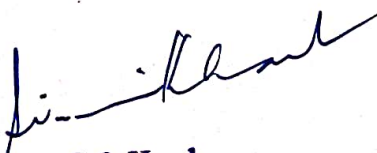
Roll No: _____

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
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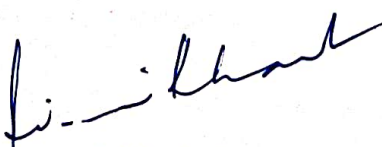

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NAME: _____ Roll No: _____
Certification of competencies

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
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NAME: _____

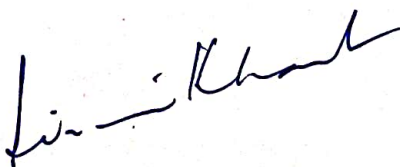
Roll No: _____

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

NAME: _____

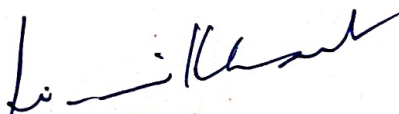
Roll No: _____

Certification of competencies

Competency Code: BC14.21

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
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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			


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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. 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					


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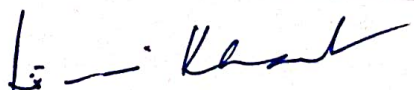
Name: _____ Roll No: _____

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		
Total										

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