

Veerangana Avantibai Lodhi Autonomous State  
Medical College  
Etah, UP – 207001



# *Log Book*

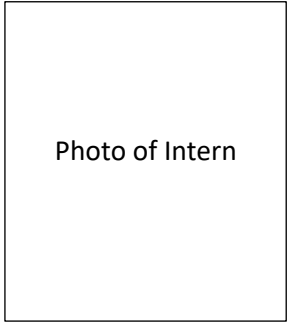
*For Compulsory Rotating Medical Internship  
(CRMI) as per NMC Regulations, 2021*

Name of Intern : .....

MBBS Batch: .....ID: .....

Provisional Reg. No: ..... (issued by UP State Medical Council)

Internship Period From: ...../...../.....To: ...../...../.....



Name of Intern : .....

Permanent Address: .....

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Self E-mail Address: .....

Self Mobile Number: .....

Parents Mobile Number: .....

Signature of Intern

## **Instructions for MBBS Internship issued by National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021.**

**Internship to be an integral part of undergraduate medical education.**— Without prejudice to the provisions of regulations, compulsory rotating medical internship shall be an integral part of undergraduate medical education degree.

**Bar on licence to permanent registration.**—No medical graduate shall be eligible to permanent registration to practice medicine in India unless he undergoes the compulsory rotating medical internship in India as provided in Schedule II.

**Duration and Period of Internship**— The overall duration of compulsory rotating medical internship shall not be less than twelve months and institutions or hospitals from where it may be undergone shall be such as specified in Schedule I and shall be completed within a period of two years from the date of qualifying credentials to pursue compulsory rotating medical internship.

**Quality of internship.**— No medical graduate shall be considered to have undergone compulsory rotating medical internship unless—

- (a) all the essential (practical) aspects of medicine in the areas specified in the Schedule III and IV are completed during the internship; and
- (b) the entire course of internship is done under active supervision of the mentor duly qualified in that respect, and the mentor has duly issued certificate in that respect, as per the proforma provided in Schedule IV

**Qualifications of mentor.**— No person shall be eligible either to supervise a medical interneer or certify the completion of compulsory rotating medical internship, unless he possesses all the qualifications specified in Schedule IV.

### **DURATION and PERIOD OF COMPULSORY ROTATING MEDICAL INTERNSHIP (CRMI)**

#### **1. Total Duration**

Every candidate shall be required to undergo a compulsory rotating medical internship (CRMI) for a minimum period of twelve months, to the satisfaction of the college authorities and the University concerned after passing the final Bachelor of Medicine and Bachelor of Surgery (MBBS) examination/ National Exit Exam for MBBS (Next), so as to be eligible for the award of the MBBS degree by the respective Universities.

#### **2. Period for Completion**

(a) The Internship shall be completed within two years of passing the final MBBS or Foreign Medical Graduate Examination (FMGE) or NExT Step-1 examination, whenever in force.

(b) The minimum duration of compulsory rotating medical internship may be extended appropriately by a reasonable period on recommendation by the College or University for reasons including but not limited to:

- (i) insufficient period of attendance; or
- (ii) any exigency such as disasters or unforeseen circumstances in the country as notified by the Government of India or any competent authority duly authorized to do so.

(c) The duration of internship may be curtailed or temporarily suspended or even withdrawn or cancelled at any time by the institution or University according to the prevailing rules or regulations of the relevant authority, provided—

- (i) the registrant, due to any reason whatsoever, desires not to pursue CRMI; or
- (ii) the registrant is not found to have fulfilled eligibility requirements; or
- (iii) there are proven acts of indiscipline; or
- (iv) there are proven acts of professional misdemeanour or misconduct; or
- (v) any other acts or actions including those violating law of the land.

(d). **An intern shall be allowed to avail the following leaves:-**

#### **A. Normal Leave:**

- (i) Interns shall be permitted a maximum of fifteen days leave with prior permission, during the entire period of internship.
- (ii) The entire period of fifteen days cannot be availed during any of the one week or two weeks postings applicable to a single department or specialty

#### **B. Maternity Leave:**

- (i) Lady Interns may be permitted Maternity Leave according to prevailing rules and regulations of the Central Government or State Government, as may be applicable

#### **C. Paternity Leave:**

- (i) Male interns may be permitted paternity leave for two weeks either in continuation or in intervals of one week each within one year of internship.

#### **D. Medical Leave:**

- (i) Medical Leave shall be included within the fifteen days of normal leave.
- (ii) Any medical leave beyond this period shall be recommended only by a duly constituted Medical Board.

#### **E. The internship shall be extended if the leave of absence of any kind exceeds beyond this period:**

- (i) The period of extension shall be equivalent to the period beyond permissible fifteen days of leave.
- (ii) The internship shall be repeated only in the department or specialty wherein the above extension is necessary.

### 3. SPECIALTIES FOR TRAINING:

(a) Time Distribution for Internship- An intern shall be posted by rotation as specified in the Table below:-

SI	Nature of Posting	Department/ Specialty	Duration	Remarks
1	2	3	4	5
1	Mandatory Exclusive	Community Medicine	12 Weeks	(a) Postings should be in Community Health Centres (CHC)/ Rural Health Centre (RHC) with rotation of: (i) 3 weeks- General Surgery (ii) 3 weeks- General Medicine (iii) 3 weeks- Obstetrics and Gynaecology (iv) 3 weeks- Community Medicine (b) Not more than 15 interns at any given time in one centre (c) As provided in the Minimum Requirements for Annual MBBS Admissions Regulations (2020) section A.1.14 related to Community Medicine must be followed.
2	Mandatory Exclusive	General Medicine	6 Weeks	Includes postings in out- patient, in-patient wards and admission day emergency and exposure to High Dependency Units (HDU) and Intensive Care Units (ICU)
3	Mandatory Exclusive	Psychiatry	2 Weeks	Predominantly Out-patient postings with exposure to handling emergencies
4	Mandatory Exclusive	Paediatrics	3 Weeks	Includes postings in Out- patient, In-patient wards and Admission Day Emergency postings and exposure to Neonatal or Paediatric High Dependency and Intensive Care Units (HDU/NICU/PICU)
5	Mandatory Exclusive	General Surgery	6 Weeks	Includes postings in Out- patient, In-patient wards, Admission Day Emergency and both Minor and Major Operation Theatres and exposure to High Dependency Units (HDUs) and Intensive Care Units (ICUs)
6	Mandatory Exclusive	Anaesthesiology & Critical Care	2 Weeks	Includes postings in Operation Theatre, Intensive Care Units, Basic Life Support (BSL) training and additionally Pain Clinic and Palliative Care, if available
7	Mandatory Exclusive	Obst. & Gynae (including family welfare planning)	7 Weeks	Includes postings in Out- patient, In-patient wards, Admission Day Emergency, Labour Room and Operation Theatres and exposure to High Dependency Units (HDU), Intensive Care Units (ICU) and Family Planning methods
8	Mandatory Exclusive and concurrent PMR with Orthopaedics	Orthopaedics including Physical Medicine and Rehabilitation (PM&R)	2 Weeks	Includes postings in Out- patient, In-patient, Admission Day Emergency, Plaster Room and Operation Theatres Postings in Physical Medicine and Rehabilitation (PM&R) may run concurrent in afternoons/mornings equivalent to 4 half-days (14% of total postings)
9	Mandatory Exclusive	Emergency/ Trauma/ Casualty	2 Weeks	Includes postings related to Resuscitation areas, Triage, In-patient wards and Operation Theatre, Basic Life Support as well as exposure to medico-legal procedures
10	Mandatory Exclusive	Forensic Medicine & Toxicology	1 Week	Includes Autopsy postings
11	Mandatory Exclusive	Dermatology, Venereology and Leprology	1 Week	Predominantly Out-patient postings with exposure to handling emergencies
12	Mandatory Exclusive	Otorhinolaryngology	2 Weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres
13	Mandatory Exclusive	Ophthalmology	2 Weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres
14	Elective Exclusive	Broad Specialties Group	2 Weeks	• Respiratory Medicine and Directly Observed Treatment Short Course in Tuberculosis (DOTS_TB) Center
			1 Week	• Radio Diagnosis
15	Elective Exclusive	Indian Systems of Medicine	1 week	Ayurveda

**Note: Exposure of interns is mandatory in the following relevant areas during posting for training in clinical departments, namely:—**

- (i) Laboratory Medicine and Clinical Biochemistry;

- (ii) Histopathology and Cytopathology;
- (iii) Hematology, and Transfusion Medicine / Blood Bank;
- (iv) Microbiology (including Virology);
- (v) Hospital Infection Control, Biomedical Waste Management, Central Sterile Supply Units;
- (vi) Medical Record Keeping;
- (vii) Hospital Information Services.

#### 4. CERTIFIABLE PROCEDURAL SKILLS

*A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate that should be included in log books*

Specialty	Procedure
<b>General Medicine</b>	<ul style="list-style-type: none"> <li>• Venipuncture (I)</li> <li>• Intramuscular injection (I)</li> <li>• Intradermal injection (D)</li> <li>• Subcutaneous injection (I)</li> <li>• Intra Venous (IV) injection(I)</li> <li>• Setting up IV infusion and calculating drip rate (I)</li> <li>• Blood transfusion (O)</li> <li>• Urinary catheterization (D)</li> <li>• Basic life support (D)</li> <li>• Oxygen therapy (I)</li> <li>• Aerosol therapy / nebulization (I)</li> <li>• Ryle's tube insertion (D)</li> <li>• Lumbar puncture (O)</li> <li>• Pleural and asciticfluid aspiration (O)</li> <li>• Cardiac resuscitation (D)</li> <li>• Peripheral blood smear interpretation (I)</li> <li>• Bedside urine analysis (D)</li> </ul>
<b>General Surgery</b>	<ul style="list-style-type: none"> <li>• Basic suturing (I)</li> <li>• Basic wound care (I)</li> <li>• Basic bandaging(I)</li> <li>• Incision and drainage of superficial abscess(I)</li> <li>• Early management of trauma (I) and trauma life support(D)</li> </ul>
<b>Orthopedics</b>	<ul style="list-style-type: none"> <li>• Application of basic splints and slings(I)</li> <li>• Basic fracture and dislocation management (O)</li> <li>• Compression bandage (I)</li> </ul>
<b>Obstetrics</b>	<ul style="list-style-type: none"> <li>• Obstetric examination(I)</li> <li>• Episiotomy(I)</li> <li>• Normal labor and delivery (including partogram) (I)</li> </ul>
<b>Gynecology</b>	<ul style="list-style-type: none"> <li>• Per Speculum (PS) and Per Vaginal (PV) examination(I)</li> <li>• Visual Inspection of Cervix with Acetic Acid (VIA) (O)</li> <li>• Pap Smear sample collection &amp; interpretation (I)</li> <li>• Intra- Uterine Contraceptive Device (IUCD) insertion &amp; removal(I)</li> </ul>
<b>Pediatrics</b>	<ul style="list-style-type: none"> <li>• Neonatal resuscitation(D)</li> <li>• Setting up Pediatric IV infusion and calculating drip rate (I)</li> <li>• Setting up Pediatric Intraosseous line (O)</li> </ul>
<b>Forensic Medicine</b>	<ul style="list-style-type: none"> <li>• Documentation and certification of trauma (I)</li> <li>• Diagnosis and certification of death(D)</li> <li>• Legal documentation related to emergency cases (D)</li> <li>• Certification of medical-legal cases e.g. Age estimation, sexual assault etc.(D)</li> <li>• Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc (D)</li> </ul>
<b>Otorhinolaryngology</b>	<ul style="list-style-type: none"> <li>• Anterior nasal packing (D)</li> <li>• Otoscopy (I)</li> </ul>
<b>Ophthalmology</b>	<ul style="list-style-type: none"> <li>• Visual acuity testing (I)</li> <li>• Digital tonometry(O)</li> <li>• Indirect ophthalmoscopy (O)</li> <li>• Epilation (O)</li> <li>• Eye irrigation(I)</li> <li>• Instillation of eye medication (I)</li> <li>• Ocular bandaging(I)</li> </ul>
<b>Dermatology</b>	<ul style="list-style-type: none"> <li>• Slit skin smear for leprosy(O)</li> <li>• Skin biopsy(O)</li> <li>• Gram's stained smear interpretation (I)</li> <li>• KOH examination of scrapings for fungus (D)</li> <li>• Dark ground illumination (O)</li> <li>• Tissue smear (O)</li> <li>• Cautery - Chemical and electrical (O)</li> </ul>
<b>Pathology and Blood Banking</b>	<ul style="list-style-type: none"> <li>• Peripheral blood smear preparation, staining and interpretation (I)</li> <li>• Urine routine and microscopy examination (I)</li> <li>• Manual blood sugar estimation (I)</li> <li>• CSF examination (I)</li> </ul>

	<ul style="list-style-type: none"> <li>• Blood grouping (I)</li> <li>• Saline cross match method (I)</li> </ul>
<b>Microbiology</b>	<ul style="list-style-type: none"> <li>• Gram's stained smear interpretation (I)</li> <li>• KOH examination of scrapings for fungus (I)</li> <li>• Dark ground illumination (O)</li> <li>• ZN stained smear interpretation (I)</li> <li>• Wet mount examination of stool for ova and cysts (I)</li> <li>• Identification of blood parasites on PBS (I)</li> </ul>
<b>Pharmacology</b>	<ul style="list-style-type: none"> <li>• Writing a prescription (D)</li> <li>• Audit of a given prescription (D)</li> <li>• Recognize an adverse drug reaction (I)</li> <li>• Be able to prepare a list of essential drugs for a healthcare facility</li> </ul>
<b>Applied Anatomy</b>	<ul style="list-style-type: none"> <li>• Identification of structures on X-rays/ ultrasound</li> </ul>
<b>Applied Physiology</b>	<ul style="list-style-type: none"> <li>• Perform, analyze, and interpret pulmonary function (e.g. FVC, MVV) (O)</li> <li>• Perform, analyze, and interpret measurements of cardiac and vascular function (e.g. HR, BP, ECG) (D)</li> <li>• Interpret blood parameters (e.g. hematocrit/red blood cell count, lactate, glucose) (I)</li> <li>• Perform, analyze, and interpret CNS function (e.g. nerve conduction velocity, EMG, cranial nerve examination) (D)</li> </ul>
<b>Applied Biochemistry</b>	<ul style="list-style-type: none"> <li>• Estimate glucose, creatinine, urea and total proteins, A:G ratio in serum (D)</li> <li>• Estimate serum total cholesterol, HDL cholesterol, triglycerides(D)</li> <li>• Estimate serum bilirubin, SGOT/SGPT/alkaline phosphatase (D)</li> <li>• Estimate calcium and phosphorous(D)</li> </ul>
<b>Biomedical waste management</b>	<ul style="list-style-type: none"> <li>• Segregation and disposal of sharps, plastics, OT material, HIV/ HBsAg/ HCV/corona virus infected material (O)</li> </ul>

**Abbreviations:**

- I : Independently performed on patients
- O : Observed in patients or on simulations
- D : Demonstration on patients or simulations and performance under supervision in Patients

**1. MENTOR-** A mentor for intern shall possess postgraduate qualification in the subject concerned and shall be duly certified as a mentor for interns by Professor and Head of the Department concerned.

**2. ASSESSMENT**

- (i) The intern shall maintain a record of work in a log book, which is to be verified and certified by the medical officer under whom he/she works.
- (ii) Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training;
  - (a) The assessments shall predominantly test clinical/ practical skills.
  - (b) Feed-back mechanisms must be in place so that progress and deficiencies are conveyed to interns such that measures for correction and improvement can be instituted early and effectively.
  - (c) Based on the record of work and objective assessment at the end of each posting, the respective Head of the Unit and Head of the Department shall certify satisfactory completion of the posting.
  - (d) The Dean/Principal shall issue cumulative certificate of satisfactory completion of training at the end of internship.
  - (e) Interns shall have to undergo an eligibility licentiate test/NExT step-2 whenever duly notified as a requisite to granting of Permanent Registration/ license to practice.

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## Community Medicine Twelve (12) weeks posting

- From ...../...../..... to ...../...../..... (total..... weeks)
- From ...../...../..... to ...../...../..... (total..... weeks)
- From ...../...../..... to ...../...../..... (total..... weeks)

SL.	SKILLS /ACTIVITY	RHTC/CHC			DEPARTMENT/UHTC (3 weeks)
		Medicine (3 weeks)	Surgery (3 weeks)	Obst & Gynae (3 weeks)	
<b>1</b>	<b>Medical Care (OPD/Indoor)</b>				
1.1	Patients Examined				
1.2	Emergencies Attended				
1.3	Dressing				
1.4	I/M Injection				
1.5	I/V Injection/Drip				
1.6	Wound Stitched				
1.7	Abscesses Drained				
1.8	Others				
<b>2</b>	<b>Family Planning and MCH Services</b>				
2.1	Antenatal check-ups				
2.2	Deliveries Conducted				
2.3	Episiotomies				
2.4	BCG/ Polio / DPT /Measles				
2.5	Tetanus/ Toxoid				
2.6	Family Clinic attended				
2.7	IUD insertion				
2.8	Tubectomy attended				
2.9	Vasectomy attended				
2.10	Post natal Services				
<b>3</b>	<b>Lab Investigation</b>				
3.1	Urine examination				
3.2	Stool examination				
3.3	Blood examination				
3.4	AFB examination				
3.5	Others				
<b>4</b>	<b>Field Activities</b>				
4.1	School health Check Up				
4.2	IEC/ Health Talk				
4.3	Sub Centre Visit				
4.4	Monthly meeting attended				
4.5	Outbreak control measures				
<b>5</b>	<b>Managerial Skills</b>				
5.1	Exercise				
5.2	Role Play				
5.3	Spot/Simulation exercise				
5.4	Analysis of Records				
<b>6</b>	<b>Miscellaneous</b>				
6.1	Journal Club/ Seminars				
6.2	Charts Prepared				
6.3	Others				

Signature of In-charge

Signature of HOD

Signature of Intern

Sl	Date	Activities performed by the Intern	Signature	
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**GENERAL MEDICINE**  
**Six (06) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)
- From ...../...../..... to ...../...../..... (total..... weeks)

**WORK DONE STATEMENT**

SI	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	OPD Cases					
2	Case sheets written					
3	Follow ups written					
4	Discharge summaries written					
5	Critically ill patients					
6	Blood samples drawn					
7	Injections given (IV, IM, SC)					
8	IV Cannulas inserted					
9	Ryle's inserted					
10	Catheterization done					
11	Pleural/Ascitic fluid aspirations done					
12	Nebulizations given					
13	Oxygen delivery					
14	Cardiac monitoring Observed					
15	CPR done					
16	Intubation done					
17	Defibrillation done					
18	Resuscitation of patients in shock					
19	Revealing bad news to relatives					
20	Recording of ECGs done					
21	Emergencies attended					
22	Blood Transfusions given and monitored					
23	Attending and participating in Health Education Programmes					

**Signature of Intern**

**Signature of In-charge**

**Signature of HOD**

Sl	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**INTERNSHIP ASSESSMENT FORM**

**GENERAL MEDICINE**  
**Six (06) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)
- From ...../...../..... to ...../...../..... (total..... weeks)

Name of Intern : .....

Leaves : .....days                      Absence: .....days

Dates of Leaves: .....                      Dates of Absence: .....

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**RATING**

**(Please rate on a scale of A, B, C, D)**

**A: Outstanding / B: Good / C: Average / D: Needs further training** : .....

***Scoring may be based on***

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

**:: In case of Extension/Repetition ::**

The Intern was given ..... days of extension from ..... /..... /..... to  
..... /..... /..... which he/she completed satisfactorily on ..... /..... /.....

**Signature of In-charge**

**Signature of Head of Department with Stamp**

**GENERAL SURGERY**  
**Six (06) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)
- From ...../...../..... to ...../...../..... (total..... weeks)

**WORK DONE STATEMENT**

SI	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	Resuscitation of a critically injured patient and a severe burns patient					
2	Control surface bleeding and manage open wound					
3	Monitoring of patients of head, spine chest, abdominal and pelvic injury					
4	Institute first line management of acute abdomen					
5	Venesection					
6	Tracheostomy and endotracheal intubation					
7	Catheterize patients with acute urinary retention					
8	Drain superficial abscess					
9	Suture wound					
10	Circumcision					
11	Biopsy of surface tumours					
12	Vasectomy					

**Signature of Intern**

**Signature of In-charge**

**Signature of HOD**

Sl	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**INTERNSHIP ASSESSMENT FORM**

**GENERAL SURGERY**  
**Six (06) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)
- From ...../...../..... to ...../...../..... (total..... weeks)

Name of Intern : .....

Leaves : .....days                      Absence: .....days

Dates of Leaves: .....                      Dates of Absence: .....

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**RATING**

**(Please rate on a scale of A, B, C, D)**

**A: Outstanding / B: Good / C: Average / D: Needs further training** : .....

***Scoring may be based on***

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

**:: In case of Extension/Repetition ::**

The Intern was given ..... days of extension from ..... /..... /..... to  
..... /..... /..... which he/she completed satisfactorily on ..... /..... /.....

**Signature of In-charge**

**Signature of Head of Department with Stamp**

**PAEDIATRICS**  
**Three (03) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)
- From ...../...../..... to ...../...../..... (total..... weeks)

**WORK DONE STATEMENT**

SI	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	Drawing of Blood Samples					
2	I.V. Cannulation					
3	Blood Transfusion and Monitoring					
4	Injections giving IV					
	IM					
	SC					
	ID					
5	Vaccine Administration					
6	Nasogastric tube insertion					
7	Lumbar puncture					
8	Assessment of dehydration and Oral rehydration therapy					
9	Assessment of Respiratory Distress & Scoring					
10	Vital signs monitoring in ICU					
11	Assessment of nutritional status and Preparation of diet charts Malnutrition					
	Renal failure					
12	Tuberculin testing and reading					
13	Health Education and Nutritional Education					
14	Urine examination					
15	Peripheral smear					
16	Stool examination					
17	DESIRABLE TO DO/ ASSIST/ OBSERVE					

	Pleural tap					
	Ascetic tap					
	Bone Marrow Aspiration					
	Liver Biopsy					
	Peritoneal dialysis					
	Intra-osseous infusion					
	Recognise growth abnormalities					
	Recognise anomalies of psychomotor development					
	Recognise congenital abnormalities					
18	<b>NEONATOLOGY</b>					
	Assessment of new born normal and sick and making a record of information collected					
	Infant feeding Gavage/otherwise					
	Breast feeding counselling					
	Neonatal resuscitation					
	Phototherapy					
	Exchange Transfusion					
	Preterm care					

**Signature of Intern**

**Signature of In-charge**

**Signature of HOD**

Sl	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**Obst. & Gynae (including Family Welfare Planning)**  
**Seven (07) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)
- From ...../...../..... to ...../...../..... (total..... weeks)
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**WORK DONE STATEMENT**

SI	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	Diagnosis of early pregnancy					
	Antenatal Care					
2	<b>Diagnosis of pregnancy related to</b>					
	Abortions					
	Ectopic Pregnancy					
	Tumours complicating pregnancy					
	Acute abdomen in early pregnancy					
	Hyper emesis gravid arum					
3	<b>Selection of High Risk Pregnancy cases and suitable advice</b>					
	PIH					
	Polyhydramnios					
	Antepartum haemorrhage					
	Multiple pregnancies					
	Abnormal presentations					
	Intrauterine growth retardation					
	Preterm labour					
4	Antenatal pelvic assessment					
	Detection of Cephalo pelvic disproportion					
5	Induction of labour and amniotomy					
6	Management of Normal Labour					
	Detection of abnormalities of labour					
	Episiotomy					
	Post partum Haemorrhage					
	Repair of perineal tear					

7	Forceps delivery					
8	Caesarean section and postoperative care thereof					
9	Detection and management of abnormalities of lactation					
10	Nonstress test during pregnancy					
11	Per speculum, per vaginum and per rectal examination for detection of common congenital inflammatory Neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries					
12	Minor Procedures					
	Dilatation & Curettage and fractional curettage					
	Endometrial biopsy					
	Endometrial ablation					
	Pap smear collection					
	IUCD insertion/Removal					
	Minilap ligation / Lap Ligation					
	Urethral catheterization					
	Suture removal in post operative cases					
	Cervical punch biopsy					
13	Major abdominal and vaginal surgery cases in Obstetrics and Gynaecology					
	14	Follow up post Operative cases of Obstetrics and Gynaecology				
		Colposcopy				
	Second trimester MTP proceures eg Emcredyl and prostaglandin instillations					
17	Intra cervical Foley's inscersion					
	To evaluate and prescribe contraceptives					

**Signature of Intern**

**Signature of In-charge**

**Signature of HOD**

Sl	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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## FORENSIC MEDICINE & TOXICOLOGY

### One (01) week posting

- From ...../...../..... to ...../...../..... (total..... week)

#### WORK DONE STATEMENT

SI	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	Documentation and certification of trauma					
2	Diagnosis and certification of death					
3	Legal documentation related to emergency cases					
4	Certification of medical-legal cases e.g. Age estimation, sexual assault etc.					
5	Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc					

**Signature of Intern**

**Signature of In-charge**

**Signature of HOD**

SI	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**INTERNSHIP ASSESSMENT FORM**  
**FORENSIC MEDICINE & TOXICOLOGY**  
**One (01) week posting**

- From ...../...../..... to ...../...../..... (total..... week)

Name of Intern : .....

Leaves : .....days

Absence: .....days

Dates of Leaves: .....

Dates of Absence: .....

.....

**RATING**

(Please rate on a scale of A, B, C, D)

**A: Outstanding / B: Good / C: Average / D: Needs further training** : .....

***Scoring may be based on***

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

**:: In case of Extension/Repetition ::**

The Intern was given ..... days of extension from ..... /..... /..... to  
..... /..... /..... which he/she completed satisfactorily on ..... /..... /.....

**Signature of In-charge**

**Signature of Head of Department with Stamp**

## DERMATOLOGY, VENEREOLOGY AND LEPROLOGY

### One (01) week posting

- From ...../...../..... to ...../...../..... (total..... week)

#### WORK DONE STATEMENT

Sl	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	<b>Simple, routine investigative procedures for</b>					
	Scraping for fungus					
	Slit smears and staining for AFB for leprosy patient and for STD cases					
2	Skin biopsy for diagnostic purpose					

Signature of Intern

Signature of In-charge

Signature of HOD

Sl	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**INTERNSHIP ASSESSMENT FORM**  
**DERMATOLOGY, VENEREOLOGY AND LEPROLOGY**  
**One (01) week posting**

- From ...../...../..... to ...../...../..... (total..... week)

Name of Intern : .....

Leaves : .....days                      Absence: .....days

Dates of Leaves: .....                      Dates of Absence: .....

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**RATING**

(Please rate on a scale of A, B, C, D)

**A: Outstanding / B: Good / C: Average / D: Needs further training** : .....

***Scoring may be based on***

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

**:: In case of Extension/Repetition ::**

The Intern was given ..... days of extension from ..... /..... /..... to  
..... /..... /..... which he/she completed satisfactorily on ..... /..... /.....

**Signature of In-charge**

**Signature of Head of Department with Stamp**

# AYURVEDA (Indian System of Medicine)

## One (01) week posting

- From ...../...../..... to ...../...../..... (total..... week)

### WORK DONE STATEMENT

SI	Skills	Remarks/ Comments
1	Fundamentals of Ayurveda Target of Ayurveda	
2	Ritucharya- Ayurvedic Seasonal Regimen	
3	Diagnosis in Ayurveda	
4	Ayurveda Medicinal Knowledge (Herbal)	
5	Panchakarma- Therapy Antiageing- Therapy	
6	Role of Ayurveda in Life Style disease	
7	Yoga and its role in life	

Signature of Intern

Signature of In-charge

Signature of HOD

SI	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**INTERNSHIP ASSESSMENT FORM**  
**AYURVEDA (Indian System of Medicine)**

**One (01) week posting**

- From ...../...../..... to ...../...../..... (total..... week)

Name of Intern : .....

Leaves : .....days                      Absence: .....days

Dates of Leaves: .....                      Dates of Absence: .....

.....

**RATING**

**(Please rate on a scale of A, B, C, D)**

**A: Outstanding / B: Good / C: Average / D: Needs further training** : .....

**Scoring may be based on**

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

**:: In case of Extension/Repetition ::**

The Intern was given ..... days of extension from ..... /..... /..... to  
..... /..... /..... which he/she completed satisfactorily on ..... /..... /.....

**Signature of In-charge**

**Signature of Head of Department with Stamp**

## RADIO-DIAGNOSIS One (01) week posting

- From ...../...../..... to ...../...../..... (total..... week)

### WORK DONE STATEMENT

SI	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	Identify and diagnosing acute abdominal conditions clinically and choose appropriate imaging modality for diagnosis					
2	Identify and diagnosing acute traumatic conditions in bones and skull using X rays / CT Scans with emphasis on fractures and head injuries					
3	Recognise basic hazards and precautions in radio-diagnostic practices specially related to pregnancy					
4	Various clinical procedures like myelogram					
5	Learn procedures of sophisticated like Sonography, MRI, X-Ray and CT Scan					

**Signature of Intern**

**Signature of In-charge**

**Signature of HOD**

SI	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**INTERNSHIP ASSESSMENT FORM**

**RADIO-DIAGNOSIS**  
**One (01) week posting**

- From ...../...../..... to ...../...../..... (total..... week)

Name of Intern : .....

Leaves : .....days                      Absence: .....days

Dates of Leaves: .....                      Dates of Absence: .....

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**RATING**

**(Please rate on a scale of A, B, C, D)**

**A: Outstanding / B: Good / C: Average / D: Needs further training** : .....

***Scoring may be based on***

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

**:: In case of Extension/Repetition ::**

The Intern was given ..... days of extension from ..... /..... /..... to  
..... /..... /..... which he/she completed satisfactorily on ..... /..... /.....

**Signature of In-charge**

**Signature of Head of Department with Stamp**

**RESPIRATORY MEDICINE AND DIRECTLY OBSERVED TREATMENT  
SHORT COURSE IN TUBERCULOSIS (DOTS-TB) CENTER**

**Two (02) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)
- From ...../...../..... to ...../...../..... (total..... weeks)

**WORK DONE STATEMENT**

SI	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	History, Clinical examination, Diagnosis, Management of common Respiratory disorders & emergencies					
2	Spot diagnosis and approach to management					
3	Sputum collection, Staining method & Examination of AFB under microscope					
4	Interpretation of chest X-Rays					
5	Interpretation of CECT of Thorax					
6	Performing & Interpretation of PFT					
7	Pleural Aspiration					
8	Bronchoscopy					
9	Chest Tube Insertion					

**Signature of Intern**

**Signature of In-charge**

**Signature of HOD**

Sl	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**Orthopaedics (including Physical Medicine and Rehabilitation (PM&R))**  
**Two (02) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)

**WORK DONE STATEMENT**

SI	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	Examination of patients					
2	Application of plasters for undisplaced fracture of arm, forearm, leg and ankle					
3	Manual reduction of common dislocations: interphalangeal, metacarpophalangeal, elbow, shoulder					
4	Intra-articular injections					
5	Emergency care of patients with multiple injuries					
6	Transportation of a patient with spine injury					
7	Advice to patients with Polio-myelitis, cerebral palsy, rehabilitation of Amputees, leprosy deformity etc.					
8	Work up of cases Application and maintenance of traction					
9	Reduction of Colle's fracture					
10	Reduction of anterior dislocation of shoulder and elbow					
11	Management of greenstick fractures					
12	Skin closure					
13	Drainage for acute osteomyelitis					
14	Sequesterectomy					
15	Internal and external fixation					

**Signature of Intern**

**Signature of In-charge**

**Signature of HOD**

Sl	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**INTERNSHIP ASSESSMENT FORM**

**Orthopaedics (including Physical Medicine and Rehabilitation (PM&R))**

**Two (02) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)

Name of Intern : .....

Leaves : .....days

Absence: .....days

Dates of Leaves: .....

Dates of Absence: .....

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**RATING**

**(Please rate on a scale of A, B, C, D)**

**A: Outstanding / B: Good / C: Average / D: Needs further training** : .....

***Scoring may be based on***

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

**:: In case of Extension/Repetition ::**

The Intern was given ..... days of extension from ..... /..... /..... to  
..... /..... /..... which he/she completed satisfactorily on ..... /..... /.....

**Signature of In-charge**

**Signature of Head of Department with Stamp**

# EMERGENCY/TRAUMA/CASUALTY

## Two (02) weeks posting

- From ...../...../..... to ...../...../..... (total..... weeks)

Sl	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	Assessment and management of Airway and Ventilation					
2	Basic Adult Resuscitation					
3	Basic Pediatric Resuscitation					
4	Knowledge of vital signs patient monitoring and monitoring devices					
5	Identification of various emergencies in various disciplines of medical practice					
6	Management of Acute Anaphylactic Shock					
7	Management of Peripheral Vascular Failure and Shock					
8	Management of patients with Hypertension					
9	Management of Acute Pulmonary oedema and Left Ventricular Failure (LVF)					
10	Emergency management of Drowning					
11	Emergency management of Poisoning					
12	Emergency management of Seizure and Status Epilepticus					
13	Emergency management of Bronchial Asthma and Status Asthmaticus					
14	Emergency management of Hyperpyrexia and Hypothermia					
15	Assessment and management of Hyperpyrexia and Hypothermia					
16	Assessment and management of acute chest pain					
17	Emergency management of comatose patient (a) Airway Management (b) Positioning (c) Prevention of aspiration (d) Prevention of injuries					
18	Assessment and management of Burns including electrical burn					
19	Assessment of Trauma Victims as per ATLS guidelines					
20	Management of Trauma victims as per ATLS guidelines					
21	Assessment and management of Acute Abdominal Pain					
22	Assessment of Acute Obstetrical emergencies- Ruptured ectopic pregnancy, Eclampsia, Labour Pain					
23	Assessment and management of Diarrhoea					

24	Assessment and management of Stroke patients					
25	Management of bleeding and application of splints					
26	Assessment and management of Hypoglycaemia and Hyperglycaemia					
27	Assessment and management of Toxicological emergencies					
28	Identification of Medico legal cases and knowledge of other medico legal formalities in (a) Injuries (b) Poisoning (c) Sexual offences (d) Drowning (e) Alcohol intoxication (f) Hanging (g) Other unnatural conditions					
29	Mass casualty, TRIAGE, seek help properly					
30	IV Cannulation, Blood sampling					
31	IM, IV, SC Injections					
32	Ordering for blood grouping and cross matching for blood and blood component					
33	Basic emergency procedures (I) Ryle's tube insertion (II) Foley's Catheterisation (III) Gastric Lavage (IV) Patient positioning and transport (V) Intubation					
34	Management of Adverse Drug Reaction with pharmacovigilance					
35	Communication skills with sick patients and their relatives					

**Signature of Intern**

**Signature of In-charge**

**Signature of HOD**

Sl	Date	Activities performed by the Intern	Signature	
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**INTERNSHIP ASSESSMENT FORM**  
**EMERGENCY/TRAUMA/CASUALTY**  
**Two (02) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)

Name of Intern : .....

Leaves : .....days                      Absence: .....days

Dates of Leaves: .....                      Dates of Absence: .....

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**RATING**

(Please rate on a scale of A, B, C, D)

**A: Outstanding / B: Good / C: Average / D: Needs further training** : .....

***Scoring may be based on***

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

**:: In case of Extension/Repetition ::**

The Intern was given ..... days of extension from ..... /..... /..... to  
..... /..... /..... which he/she completed satisfactorily on ..... /..... /.....

**Signature of In-charge**

**Signature of Head of Department with Stamp**

## PSYCHIATRY

### Two (02) weeks posting

- From ...../...../..... to ...../...../..... (total..... weeks)

#### WORK DONE STATEMENT

Sl	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	Diagnosis and management of common psychiatric disorders					
2	Identify and manage psychological reaction and psychiatric disorders in medical and surgical patients					
3	Psychological counselling skills & psychotherapy					
4	Managing psychiatric emergencies					
5	Enhancement of academic knowledge through participation in case conferences, seminars, deptt. academic calendar					

Signature of Intern

Signature of In-charge

Signature of HOD

Sl	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**INTERNSHIP ASSESSMENT FORM**

**PSYCHIATRY**

**Two (02) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)

Name of Intern : .....

Leaves : .....days                      Absence: .....days

Dates of Leaves: .....                      Dates of Absence: .....

.....

**RATING**

**(Please rate on a scale of A, B, C, D)**

**A: Outstanding / B: Good / C: Average / D: Needs further training** : .....

***Scoring may be based on***

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

**:: In case of Extension/Repetition ::**

The Intern was given ..... days of extension from ..... /..... /..... to  
..... /..... /..... which he/she completed satisfactorily on ..... /..... /.....

**Signature of In-charge**

**Signature of Head of Department with Stamp**

# ANAESTHESIOLOGY & CRITICAL CARE

## Two (02) weeks posting

- From ...../...../..... to ...../...../..... (total..... weeks)

### WORK DONE STATEMENT

Sl	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	Pre-anaesthetic check up of all allotted patients					
2	Venepuncture & starting I.V. drip of all allotted patients					
3	Laryngoscopy and endotracheal intubation (5,5,5)					
4	C.P.R. on mannequins and also on patients					
5	Monitor patients during anaesthesia and post-operative period of all allotted patients					
6	Maintain anaesthetic record of all allotted patients					
7	L.P. and spinal anaesthesia (5,5,5)					
8	I.C.U.					

Signature of Intern

Signature of In-charge

Signature of HOD

Sl	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**INTERNSHIP ASSESSMENT FORM**  
**ANAESTHESIOLOGY & CRITICAL CARE**

**Two (02) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)

Name of Intern : .....

Leaves : .....days                      Absence: .....days

Dates of Leaves: .....                      Dates of Absence: .....

.....

**RATING**

(Please rate on a scale of A, B, C, D)

**A: Outstanding / B: Good / C: Average / D: Needs further training** : .....

**Scoring may be based on**

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

**:: In case of Extension/Repetition ::**

The Intern was given ..... days of extension from ..... /..... /..... to  
..... /..... /..... which he/she completed satisfactorily on ..... /..... /.....

**Signature of In-charge**

**Signature of Head of Department with Stamp**

## OTORHINOLARYNGOLOGY (E.N.T.)

### Two (02) weeks posting

- From ...../...../..... to ...../...../..... (total..... weeks)

#### WORK DONE STATEMENT

Sl	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
1	Use of Head Mirror					
2	Use of Otoscope					
3	Use of indirect laryngoscope					
4	Ear syringing					
5	Antrum puncture					
6	Packing for epistaxis					
7	Packing of external auditory canal					
8	Removal of foreign body from nose and ear					
9	Endoscopy procedures					
10	Tracheostomy					
11	Rehabilitative programmes for ENT problems					

**Signature of Intern**

**Signature of In-charge**

**Signature of HOD**

Sl	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**INTERNSHIP ASSESSMENT FORM**  
**OTORHINOLARYNGOLOGY (E.N.T.)**  
**Two (02) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)

Name of Intern : .....

Leaves : .....days

Absence: .....days

Dates of Leaves: .....

Dates of Absence: .....

.....

**RATING**

(Please rate on a scale of A, B, C, D)

**A: Outstanding / B: Good / C: Average / D: Needs further training** : .....

***Scoring may be based on***

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

**:: In case of Extension/Repetition ::**

The Intern was given ..... days of extension from ..... /..... /..... to  
..... /..... /..... which he/she completed satisfactorily on ..... /..... /.....

**Signature of In-charge**

**Signature of Head of Department with Stamp**

**OPHTHALMOLOGY**  
**Two (02) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)

**WORK DONE STATEMENT**

SI	Skills	Observed (Nos.)	Assisted (Nos.)	Done Under Supervision (Nos.)	Able to do independently (Nos.)	Remarks/ Comments
<b>1</b>	<b>Diagnose and Management</b>					
	Trauma & Ocular Emergencies					
	Acute Conjunctivitis					
	Allergic Conjunctivitis					
	Xerosis					
	Entropion					
	Corneal Ulcer					
	Iridocyclitis					
	Myopia					
	Hypermetropia					
	Cataract					
	Glaucoma					
	Ocular injury					
	Sudden loss of vision					
<b>2</b>	Assessment of refractive errors					
<b>3</b>	<b>Investigative procedures</b>					
	Tonometry					
	Syringing					

	Direct Ophthalmoscopy					
	Fluorescence staining of cornea					
<b>4</b>	<b>Procedures</b>					
	Subconjunctival injection					
	Ocular bandaging					
	Removal of concretion					
	Epilation and Electrolysis					
	Corneal foreign body removal					
	Cauterization of corneal ulcer					
	Chalazion removal					
	Entropion correction					
	Suturing tear of conjunctiva					
	Lid repair					
	Glaucoma surgery					
	Enucleation of eyes in cadaver					

**Signature of Intern**

**Signature of In-charge**

**Signature of HOD**

Sl	Date	Activities performed by the Intern	Signature	
			Intern	In-charge
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**INTERNSHIP ASSESSMENT FORM**

**OPHTHALMOLOGY**  
**Two (02) weeks posting**

- From ...../...../..... to ...../...../..... (total..... weeks)

Name of Intern : .....

Leaves : .....days

Absence: .....days

Dates of Leaves: .....

Dates of Absence: .....

.....

**RATING**

(Please rate on a scale of A, B, C, D)

**A: Outstanding / B: Good / C: Average / D: Needs further training** : .....

***Scoring may be based on***

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

**:: In case of Extension/Repetition ::**

The Intern was given ..... days of extension from ..... /..... /..... to  
..... /..... /..... which he/she completed satisfactorily on ..... /..... /.....

**Signature of In-charge**

**Signature of Head of Department with Stamp**

**Details of Leaves of Intern** (To be filled during posting only)

Sl	Department	Date & No. Leave		Kind of Leave	Balance Leave	Signature of HOD
		Date	No.			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						