

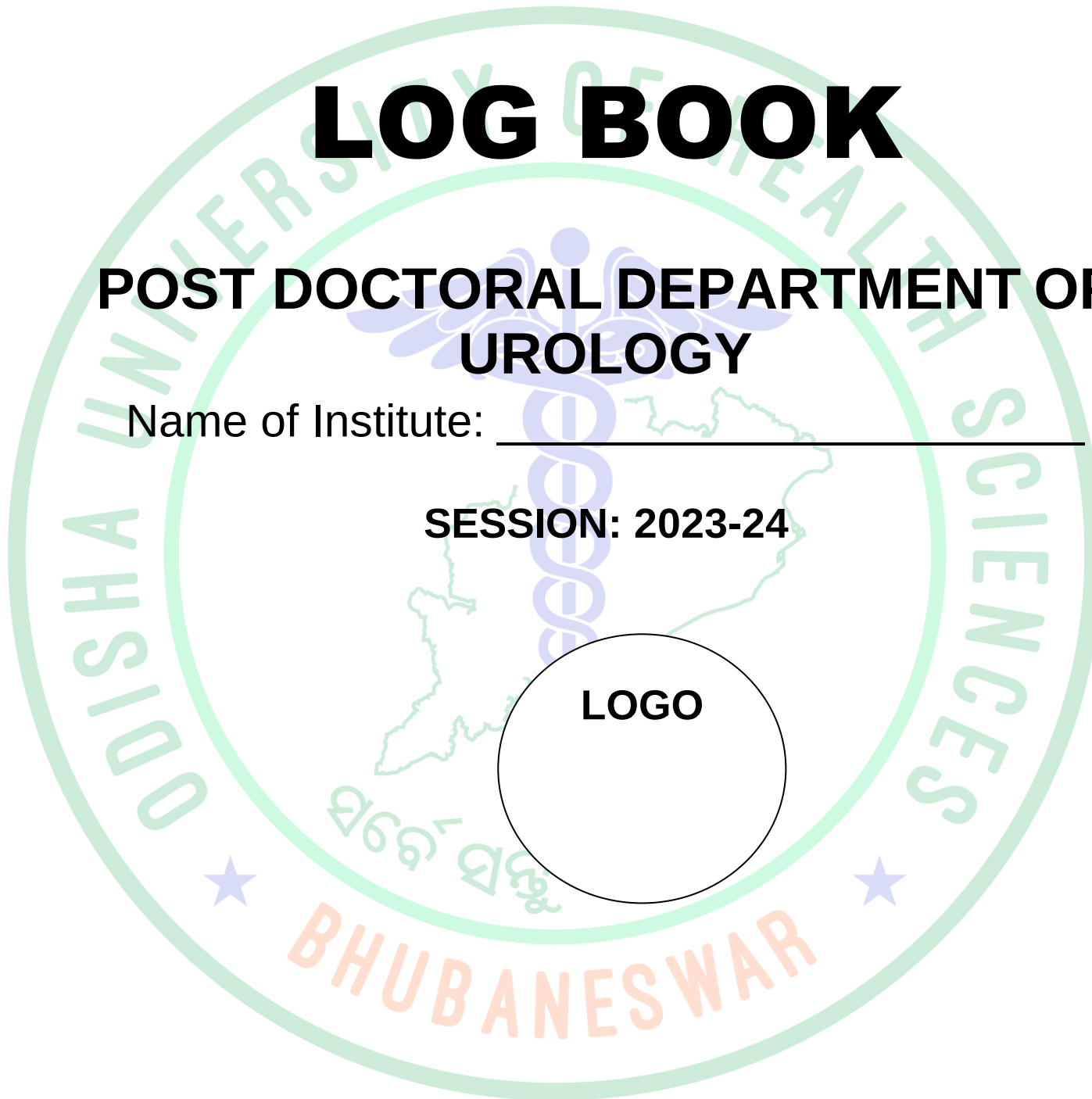
LOG BOOK

POST DOCTORAL DEPARTMENT OF UROLOGY

Name of Institute: _____

SESSION: 2023-24

LOGO



POST DOCTORAL DEPARTMENT OF UROLOGY

_____**MEDICAL COLLEGE & HOSPITAL**

_____, **ODISHA**

LOG BOOK

SESSION: 20____ TO 20____

Signature of Candidate

Signature of Professor & H.O.D

Signature of Dean & Principal

ESTD 2023

BHUBANESWAR

POST DOCTORAL DEPARTMENT OF UROLOGY

STUDENT'S PARTICULARS

1. Name of the student :
2. Discipline :
3. Study Period :
4. University :
5. College Identity Card No. :
6. University Roll No. :
7. University Registration No. :
8. Permanent Address :
9. Mobile / E-mail :
10. Title of the Thesis/ Dissertation:

A Passport size
Photograph is to be
past here duly attested
across by the Principal
with official Seal

Signature of the Candidate

CERTIFICATE OF AUTHENTICITY & COMPLETION

Certified that this log book carries all the entries that are genuine & original based on the real learning experiences the post-doctoral trainee is exposed to during the course period at _____.

Professor & HOD
Dept of Urology

Dean & Principal

ESTD 2023

(The countersignatures with official seal are mandatory for filling up the form for appearance in the final degree examination)

BHUBANESWAR

1ST YEAR

PROFORMA FOR

DOCTORAL RESIDENT

NAME OF THE POST-DOCTORAL

PERIOD OF ASSESSMENT:

Date

Month

Year

POSTING DURING ABOVE PERIOD :

ASSESSMENT DONE BY :

(Should preferably be done by post-doctoral teacher with whom the post-doctoral resident worked for most part of above period)

SL. NO	QUALITY BEING ASSESSED	TOTAL MARKS	MARKS SECURED
01.	Patient/ skill evaluation	50	
02.	Academic Knowledge	20	
03.	Curiosity about unexplained observations	10	
04.	Counselling Skill	10	
05.	Seminar Presentation	50	
06.	Teaching Skills	20	
07.	Punctuality/ Discipline	10	
08.	Attitude towards teacher/ Colleagues/ Paramedics	10	
09.	Practical/ Clinical examination every year	100	
10.	Research	20	

In presence of Post-docto.

Signature of Concerned Post

Signature of concerned faculty:

BHUBANESWAR

2nd YEAR

PROFORMA FOR POST-DOCTORAL RESIDENT

NAME OF THE POST-DOCTORAL RESIDENT:

PERIOD OF ASSESSMENT:

Date

Month

Month

Year

POSTING DURING ABOVE PERIOD:

ASSESSMENT DONE BY:

(Should preferably be done by post-doctoral teacher with whom the post-doctoral resident worked for most part of above period)

SL. NO	QUALITY BEING ASSESSED	TOTAL MARKS	MARKS SECURED
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02.	Academic Knowledge	20	
03.	Curiosity about unexplained observations	10	
04.	Counselling Skill	10	
05.	Seminar Presentation	50	
06.	Teaching Skills	20	
07.	Punctuality/ Discipline	10	
08.	Attitude towards teacher/ Colleagues/ Paramedics	10	
09.	Practical/ Clinical examination every year	100	
10.	Research	20	

In presence of Post-doctoral teacher:

Signature of Concerned Post-doctoral teacher:

Signature of concerned faculty:

2nd YEAR

PROFORMA FOR

DOCTORAL RESIDENT

NAME OF THE POST-DOCTORAL RESIDENT:

PERIOD OF ASSESSMENT:

Date

Month

Month

Year

POSTING DURING ABOVE PERIOD:

ASSESSMENT DONE BY:

(Should preferably be done by post-doctoral teacher with whom the post-doctoral resident worked for most part of above period)

SL. NO	QUALITY BEING ASSESSED	TOTAL MARKS	MARKS SECURED
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10.	Research	20	

In presence of Post-doctoral teacher:

Signature of Concerned Post-doctoral teacher:

Signature of concerned faculty:

Certificate

*This is to certify that this Log Book for M.Ch. Urology contains
No. of pages.*

Date:

Place:

Signature of the Prof. & Head
Post-Doctoral Department of
Urology



INSTRUCTIONS:

- This log book is to be mandatory maintained by each of the post graduate trainee enrolled for education at _____.
- It is published and put to practice vide D-11011/1/22/AC/Guidelines/27 of National Medical Commission.
- It is a record of all the learning experiences the post graduate trainee is exposed to during the whole training period at the institute with each of the entry duly countersigned by the 'teacher' and/ or the 'Head' of the Department.
- It is personal property of the student concerned after the course is completed.
- It shall be mandatory produced for due counter signed by the Head of the Institute before any student is allowed to fill up the application form to appear for the final Post Graduate Degree Examination.
- It must be produced at the time of 'formative internal assessments' for necessary evaluation by the Head of the Department.
- It must be produced at the time of 'final degree examination' for evaluation by all the external and internal examination with due signature of the assigned spots.
- The student has to obtain 50% marks to qualify for M. Ch. Examination.
- 20% marks from log book marking will be added in the final examination.

INDEX

1.	Major OT (Endourology/Open/Lap)
2.	Minor OT
3.	Journal Presentation
4.	Topic Presentation
5.	Case Presentation
6.	Conference/ CME/ Workshop attended
7.	Training Details: Research Methodology, GCP, BCBR, Course in Ethics, BCLS, ACLS
8.	Leave Record
9.	Dissertation Work
10.	Post Graduate Students Appraisal Form

MAJOR OPERATIVE CASES

Date	Pt. Details (Age/Sex)	Disease	Procedure	Assisted/ Performed

Signature of H.O.D.

MINOR OPERATIVE CASES

Date	Pt. Details (Age/Sex)	Disease	Procedure	Assisted/ Performed

Signature of H.O.D.

JOURNAL PRESENTATION

Sl. No.	Date	Topic	Presenter

Signature of H.O.D.

TOPIC SEMINARS

[illegible]

Signature of H.O.D.

CASE PRESENTATION

Sl. No.	Date	Topic	Presenter

Signature of H.O.D.

CONFERENCES / CME / WORKSHOPS ATTENDED

Sl. No.	Date	Name of the Academic Program	International/National/State/Institutional Event	Organized By	Nature of Participation (Delegate/ Presentation)

Signature of H.O.D.

CONFERENCES / CME / WORKSHOPS ATTENDED

Sl. No.	Date	Name of the Academic Program	International/National/State/Institutional Event	Organized By	Nature of Participation (Delegate/ Presentation)

Signature of H.O.D.

Training Details: Research Methodology, GCP, BCBR, Course in Ethics, BCLS, ACLS

[illegible]

Signature of H.O.D.

Leave Record

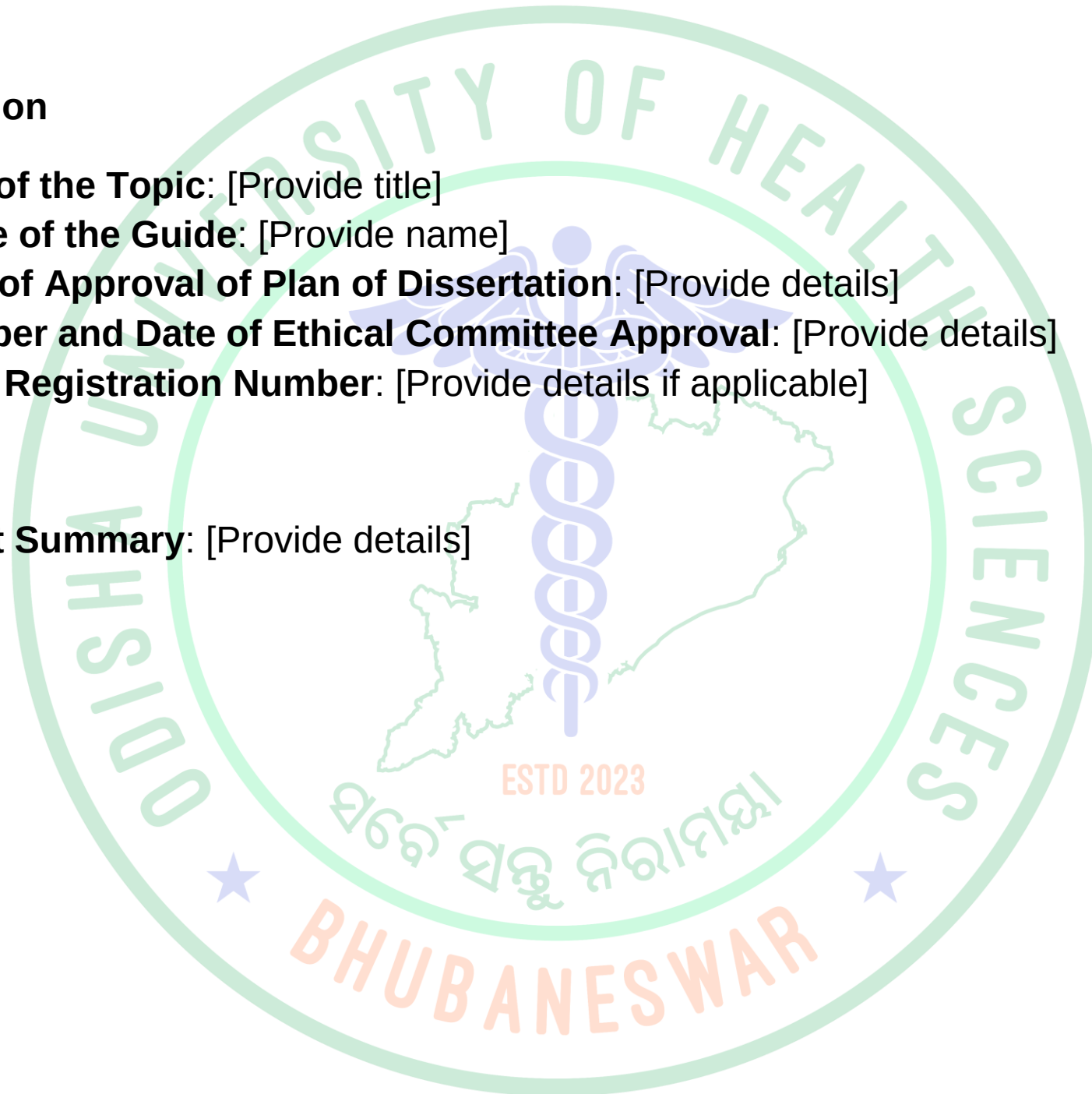
[illegible]

Signature of H.O.D.

Dissertation

- **Title of the Topic:** [Provide title]
- **Name of the Guide:** [Provide name]
- **Date of Approval of Plan of Dissertation:** [Provide details]
- **Number and Date of Ethical Committee Approval:** [Provide details]
- **CTRI Registration Number:** [Provide details if applicable]

- **Short Summary:** [Provide details]



Postgraduate Students Appraisal Form

Name of the Department:

Name of the PG Student:

Period of Training: FROM TO.....

Performance Appraisal Table:

Category	Score (1-10)	Remarks
Knowledge		
Clinical Skills		
Research and Publications		
Teaching Ability		
Professionalism		
Communication Skills		
Teamwork		
Attendance and Punctuality		

Publications: Yes / No

No of Publications:

Remarks:

.....

.....

.....

Remarks: Any significant positive or negative attributes of a postgraduate student to be mentioned. For scores less than 4 in any category, remediation must be suggested. Individual feedback to the postgraduate student is strongly recommended.

Post Graduate Guide _____

Head of the Department _____

DEPARTMENT OF _____,

_____ MEDICAL COLLEGE

