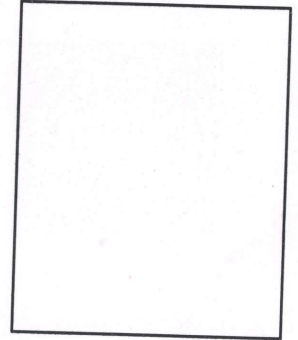




**Pt. B. D. Sharma Post Graduate Institute of Medical Sciences
Rohtak (Haryana)**

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's Email Id: _____


Dean, 22/4/22
Pt. B.D. Sharma P.G.I.M.S.
ROHTAK.



Pt. B. D. Sharma PGIMS, Rohtak



LOGBOOK CERTIFICATE

This is to certify that this log book 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. Sharma PGIMS,
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. Sharma PGIMS, Rohtak

Sm

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: _____ Roll No: _____

Foundation Course

Reflections:

What Happened?

So What?

What Next?

Signature
Foundation Course Coordinator (Phase-I)



Anatomy

Name: _____ Roll No: _____

Certification of Competency

Competency Code: AN25.1

Competency Addressed: Identify, draw and label a slide of trachea and lung

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					

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					

8/1

Name: _____ Roll No: _____

Early Clinical Exposure

ECE Module (3 hours each)	Topic	Date Held	Signature of Faculty
ECE Module 1	Claw Hand		
ECE Module 2	Pleural Effusion		
ECE Module 3	Tetralogy of Fallot		
ECE Module 4	Lumbar Puncture		
ECE Module 5	Bell's Palsy		
ECE Module 6	Inguinal Hernia		
ECE Module 7	Portal Hypertension		
ECE Module 8	Cervical Lymphadenopathy		
ECE Module 9	Varicose Veins		
ECE Module 10	Venipuncture		

SN

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						



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						



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					

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					

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**

Physiology

Name: _____

Roll No: _____

Certification of Competency

Cardiovascular Physiology:

Competency Code: PY 5.12

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						



Name: _____ Roll No: _____

Certification of Competency

Competency Code: PY 5.12

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						

Signature

Name: _____ Roll No: _____

Certification of Competency

Competency Code: PY 5.12

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						

Name: _____

Roll No: _____

Certification of Competency

Respiratory Physiology

Competency Code: PY 6.9

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						

Name: _____

Roll No: _____

Certification of Competency

Neurophysiology:

Competency Code: PY10.11

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						



Name: _____

Roll No: _____

Certification of Competency

Neurophysiology:

Competency Code: PY10.11

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						

Name: _____

Roll No: _____

Certification of Competency**Competency Code: PY10.11****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						



Name: _____

Roll No: _____

Certification of Competency**Competency Code: PY10.11****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						

SM

Name: _____

Roll No: _____

Certification of Competency

Neurophysiology:

Competency Code: PY10.11

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						



Name: _____

Roll No: _____

Certification of Competency

Competency Code: PY 10.20

Competency Addressed: Demonstrate testing of visual acuity, colour and field of vision in volunteer/ 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						



Name: _____

Roll No: _____

Certification of Competency

Competency Code: PY 10.20

Competency Addressed: Demonstrate hearing in volunteer/ 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						



Name: _____

Roll No: _____

Certification of Competency**Competency Code: PY 10.20****Competency Addressed: Demonstrate testing for smell in volunteer/
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						



Name: _____

Roll No: _____

Early Clinical Exposure

ECE Module (3 hours each)	Topic	Date Held	Signature of Faculty
ECE Module 1			
ECE Module 2			
ECE Module 3			
ECE Module 4			
ECE Module 5			
ECE Module 6			
ECE Module 7			
ECE Module 8			
ECE Module 9			
ECE Module 10			



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						



Name: _____

Roll No: _____

Theory Tests Assessment Record

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



Name: _____

Roll No: _____

Practical Tests Assessment Record

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



Name: _____

Roll No: _____

Tutorial/Seminar Assessment Record

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



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 Physiology
Pt. B. D. Sharma PGIMS, Rohtak**



Biochemistry

Name: _____ Roll No: _____

Certification of Competencies

Competency Code: BI 11.4

Competency Addressed: Perform urine analysis to estimate and determine normal and abnormal constituent

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					

24

Name: _____ Roll No: _____

Certification of Competencies

Competency Code: BI 11.7

Competency Addressed: Demonstrate the estimation of serum creatinine and 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					



Name: _____ Roll No: _____

Certification of Competencies

Competency Code: BI 11.8

Competency Addressed: Demonstrate 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					
3					

Name: _____ Roll No: _____

Certification of Competencies

Competency Code: BI 11.20

Competency Addressed: Identify abnormal constituents in urine, Interpret the findings and correlate these with pathological states

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					

Sm

Name: _____ Roll No: _____

Certification of Competencies

Competency Code: BI 11.21

Competency Addressed: Demonstrate estimation of glucose, creatinine, urea and total protein in serum

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					

Name: _____ Roll No: _____

Early Clinical Exposure

ECE Module (3 hours each)	Topic	Date Held	Signature of Faculty
ECE Module 1			
ECE Module 2			
ECE Module 3			
ECE Module 4			
ECE Module 5			
ECE Module 6			
ECE Module 7			
ECE Module 8			
ECE Module 9			
ECE Module 10			

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						



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					

SM

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					

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 Biochemistry
Pt. B. D. Sharma PGIMS, Rohtak

Achievements/awards

S. No	Date	Credit details	Signature

Extracurricular Activities

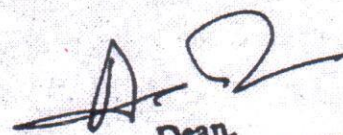
S. No	Date	Credit details	Signature

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.