



**KERALA UNIVERSITY OF HEALTH SCIENCES**  
**THRISSUR – 680 596**  
**Phase I MBBS CBME**

**LOG BOOK**

**Department of .....**

**Name of the College:**

**College emblem**

**Name of the Student:**

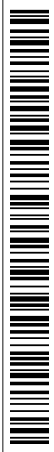
**Roll No:**

**University Registration No:**

(as per GMR 2019)

Document 2019/40836/1 - GENERAL - File No. 2018/9552/1  
Approved by Regr on 05/12/2019 07:40:20

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## Certificate

This is to certify that Mr./Ms.....  
has undergone one year training in .....and his /her  
performance after assessment of various competencies and other  
criteria is found to be satisfactory/good/excellent.

Head of the Department

Department of

.....

## ACADEMIC PERFORMANCE

### Monitoring and Feedback- Internal Assessment

Sl.	Internal	Marks	Feedback provided	Date	Signatur	Signatur
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No.	Examination	obtained	Positive points	Points that could be improved		Signature of student	Signature of Faculty
1	Theory  Practical  Formative Assessment						
2	Theory  Practical  Formative Assessment						
3	Theory  Practical  Formative Assessment						
4	Theory  Practical						



	Formative Assessment						
5	Theory						
	Practical						
	Formative Assessment						
6	Theory						
	Practical						
	Formative Assessment						

## COMPETENCY ASSESSMENT

DATE	COMPETENCY	REMARKS	SIGNATURE



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