

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI



LOG BOOK (M. Phil ANATOMY)



ENROLMENT DETAILS

Program of Admission _____

Session _____

Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth ____ / ____ / ____ CNIC No. _____

Present Address _____

Permanent Address _____

E-mail Address _____

Cell Phone _____

Date of Start of Training _____

Date of Completion of Training _____

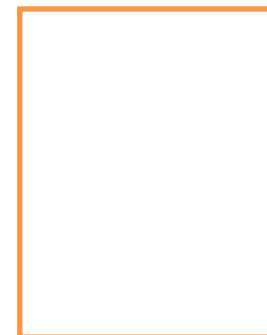
Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____

Name of Training Institute / Hospital _____



INDEX: *LOG OF*

- 1. TOPIC PRESENTATION**
- 2. JOURNAL CLUB**
- 3. SMALL GROUP TEACHING SESSIONS/CASE BASED LEARNING/PROBLEM BASED LEARNING**
- 4. LARGE GROUP TEACHING SESSIONS/DIDACTIC LECTURE/INTERACTIVE LECTURES**
- 5. DISSECTION**
- 6. PRACTICALS/SKILL LABS.**
- 7. DIRECTLY OBSERVED PROCEDURES**
- 8. MULTIDISCIPLINARY MEETINGS**
- 9. CONFERENCES/ CLINICOPATHOLOGICAL CONFERENCE**
- 10. CORE CURRICULUM MEETING**
- 11. PUBLICATIONS**
- 12. MAJOR RESEARCH PROJECT/ ABSTRACT/SYNOPSIS/DISSERTATION**
- 13. WRITTEN ASSESMENT/ TEST RECORD**

COURSE TITLE : _____

TOPIC PRESENTATION

| SR# | DATE | TOPIC | SIGNATURES OF THE SUPERVISOR |
|------------|-------------|--------------|-------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

LARGE GROUP TEACHING SESSIONS/DIDACTIC LECTURE/INTERACTIVE LECTURES

| SR # | DATE | DESCRIPTION | FACILITATOR | SIGNATURES OF THE SUPERVISOR |
|------|------|-------------|-------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

MULTI DICIPINARY MEETINGS

| SR# | DATE | BRIEF DESCRIPTION | SUGGESTIONS | SIGNATURES OF THE SUPERVISOR |
|------------|-------------|--------------------------|--------------------|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CONFERENCES/CLINIC PATHOLOGICAL CONFERENCE

| SR# | DATE | BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED | SUGGESTIONS | SIGNATURES OF THE SUPERVISOR |
|------------|-------------|--|--------------------|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CORE CURRICULUM MEETINGS

| SR# | DATE | BRIEF DESCRIPTION | SUGGESTIONS | SIGNATURES OF THE SUPERVISOR |
|------------|-------------|--------------------------|--------------------|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

MANDATORY WORKSHOPS

| SR# | DATE | TITLE | VENUE | FACILITATOR | SIGNATURES OF THE SUPERVISOR |
|------------|-------------|--------------|--------------|--------------------|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

