



# LOGBOOK

## M.PHIL COMMUNITY MEDICINE

---

(PROPOSED)



**Rawalpindi Medical University**

**Department of Community Medicine & Public  
New Teaching Block  
Rawalpindi Medical University Rawalpindi**

# ENROLLMENT DETAILS

---

Program of Admission

Session

RMU Registration Number

Name of Candidate

Father's Name

CNIC No.

Contact:

- Mobile #:
- Email:
- Address:

Date of Start of Training:

Date of Completion of Training:

Name of Supervisor:

Designation of Supervisor:

Title of the Training Department / Unit

---

**Signature of the trainee:**

**Date:**

**Signature of the Head of the Training Department**

# INDEX

---

1. ASSIGNED PRESENTATIONS LOG
2. ASSIGNED PUBLIC HEALTH WORK LOG
3. JOURNAL CLUB ACTIVITY RECORD
4. TEACHINGS TRAINING WORK LOG
5. CHC- POPULATION BASED HEALTH INFORMATION  
COMMUNICATION WORK LOG
6. ATTENDING LGIS UNDERGRADUATE TEACHING LOG
7. INDEPENDENT UNDERGRADUATE TEACHING & AS TRAINER  
ACTIVITY LOG
8. LOG OF MULTIDISCIPLINARY LERANING SESSIONS / SHORT  
ROTATIONS (PAEDS, GYNAE & OBS, PSYCHIATRY, INFECTIOUS DISEASES, HOSPITAL ADMINSTRATION ETC)
9. PH RELEVANT CONFERENCES/ SEMINARS/ SYMPOSIUM &  
CPC ETC PARTICIPATION LOG
10. PUBLIC HEALTH SKILLS ACQUISITION RECORD
11. RESEARCH METHDOLOGY WORKSHOPS RECORD
12. MEDICAL EDUCATION WORKSHOPS
13. PUBLICATIONS / RESEARCH PROJECT (DURING THE PERIOD  
OF TRAINING) LOG
14. ASSESSMENTS RECORD





















# PUBLIC HEALTH SKILLS ACQUISITION RECORD

(COMMUNICATIONS, IMMUNIZATION, COMPUTER BASED SKILLS, EPIDEMIOLOGICAL SKILLS ETC)

---

SR#	DATE	DETAIL OF SKILL ACQUIRED	RESOURCES USED	SITE SUPERVISION	SUPERVISOR'S SUPERVISION









# ASSESSMENTS RECORD (CIA)

---

#	ASSESSMENT BASE	REF	GRADE	SUP.REMOTE	SUPVISOR

**SUP: REMARKS**

**SUP. SIGNATURE**

**DME / RMU SUPERVISION**

**HOD**

