

(PROPOSED)



Department of Community Medicine & Public Health 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

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TOPIC PRESENTATIONS

SR#	DATE	BRIEF DESCRIPTIONOF THE TOPIC	PERFROMANCE GRADE	SIGNATURE OF THE SUPERVISOR

ASSIGNED PUBLIC HEALTH WORK

S.NO	DATE	BRIEF DESCRIPTION OF PH WORK	SITE SUPERV ISION	PERFOR MACNE GRADE	SIG: OF SUPERVI SOR

JOURNAL CLUB

SR#	DATE	DTEAIL OF ARTICLE DEBTED & ROLE	PERFROMA NCE GRADE	SUP. SUPERVISION

TEACHINGS TRAINING WORK

SR #	DATE	BRIEF DESCRIPTION OF SESSION	FACILITATOR'S SUPERVISION	PERFORMANCE GERADE	SUP 'S SUPERVISION

CHC- POPULATION BASED HEALTH INFORMATION COMMUNICATION WORK

SR #	DATE	BRIEF DESCRIPTION OF ASSIGNMENT	SITE SUPER	PERFO. GRADE	SUP. 'S SUPERV

ATTENDANDING LGIS UNDERGRADUATE TEACHING

INDEPENDENT UNDERGRADUATE TEACHING & AS TRAINER ACTIVITY LOG

SR#	DATE	TOPIC & SUB TOPICS COVERED	TEACHING METHOD USED	SITE SUPERVISION	SIGNATURE OF THE SUPERVISOR

ULTIDISCIPLINARY LERANING SESSIONS / SHORT ROTATIONS (PAEDS, GYNAE & OBS, PSYCHIATRY, INFECTIOUS DISEASES, HOSPITAL

ADMINSTRATION ETC)

SR#	DATE	PARTNER DISCIPLINE	PH RELEVAN CE	FEEDBACK /REPORT SUBMISSION DETAILS	SITE SUP.	SIG.SUPE RVISOR

PH RELEVANT CONFERENCES/ SEMINARS/ SYMPOSIUM & CPC ETC PARTICIPATION LOG

SR#	DATE	TITLE OF ACTIVITY & DETAILS	PARTICIPATION LEVEL	FEEDBACK REPORT DETAILS	SITE CERTIFICATI ON	SIGNATU RE SUP.

PUBLIC HEALTH SKILLS ACQUISITION RECORD (COMMUNICATIONS, IMMUNIZATION, COMPUTER BASED SKILLS, EPIDEIOLOGICAL SKILLS ETC)

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

RESEARCH LEARNING RECORD

SR#	DATE	BRIEF DESCRIPTION OF WORKSHOP OR TRAINING COURSE	FEEDBACK REPORT DETAILS	SITE SUPERVISIO N	SUPERVISOR'S SUPERVISION

MEDICAL EDUCATION LEARNING SESSIONS LOG

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC & RESOURCES USED	FEEDBACK REPORT DETAILS	SITE SUPERVISION	SUPERVISOR'S SUPERVISION

PRESENTATIONS/ PUBLICATIONS / RESEARCH PROJECT (DURING THE PERIOD OF TRAINING)

SR#	DETAILS OF RESEARCH WORK	PRES./ PUBLICATION FORUM	CERTIFICATION	SUPERVISOR'S SUPERVISION

ASSESSMENTS RECORD (CIA)

#	ASSESSMENT BASE	REF	GRADE	SUP.REMOTE	SUPVISOR

SUP: REMARKS

SUP. SIGNATURE

DME / RMU SUPERVISION

HOD