



## Internship Assessment Book

Name :

Address :

College :

University Registration No. :

Provisional Registration No. :

It is a Property of the Institute / College and be kept with the Principal.

After scrutinizing the records, Principal shall issue a satisfactory completion of internship training certificate following which the University shall award the M.B.B.S. Degree or declare him eligible for it.

### Grading :

Poor	Fair	Below average	Average	Above average	Excellent
0	1	2	3	4	5

A score less than 3 in any of the items will represent unsatisfactory completion of internship.

# COMMUNITY MEDICINE

(2 months)

From ..... To .....

Name :

Address :

University Registration No. :

	0	1	2	3	4	5	Remarks and Signature of the Teacher
1. Proficiency in Knowledge							Remarks
2. Competency in skills (Management)							
i) Self							
ii) Assisted							
iii) Observed							
3. i) Responsibility							
ii) Punctuality							
iii) Work-up Cases							
iv) Involvement in the treatment							
v) Follow-up reports							
4. Capacity for working in a team							
i) Behaviour with Colleagues							
ii) Nursing Staff							
iii) Relationship with the para-medicals							
5. i) Initiative							
ii) Participation in discussions							
iii) Research aptitude							

.....  
Signature of  
HOD/Teacher



# MEDICINE (INCLUDING 15 DAYS PSYCHIATRY)

(2 months)

From ..... To .....

Name :

Address :

University Registration No. :

	0	1	2	3	4	5	Remarks and Signature of the Teacher
1. Proficiency in Knowledge							Remarks
2. Competency in skills (Management)							
i) Self							
ii) Assisted							
iii) Observed							
3. i) Responsibility							
ii) Punctuality							
iii) Work-up Cases							
iv) Involvement in the treatment							
v) Follow-up reports							
4. Capacity for working in a team							
i) Behaviour with Colleagues							
ii) Nursing Staff							
iii) Relationship with the para-medicals							
5. i) Initiative							
ii) Participation in discussions							
iii) Research aptitude							

.....  
Signature of  
HOD/Teacher

# PSYCHIATRY

(15 days)

From ..... To .....

Name :

Address :

University Registration No. :

	0	1	2	3	4	5	Remarks and Signature of the Teacher
1. Proficiency in Knowledge							Remarks
2. Competency in skills (Management)							
i) Self							
ii) Assisted							
iii) Observed							
3. i) Responsibility							
ii) Punctuality							
iii) Work-up Cases							
iv) Involvement in the treatment							
v) Follow-up reports							
4. Capacity for working in a team							
i) Behaviour with Colleagues							
ii) Nursing Staff							
iii) Relationship with the para-medicals							
5. i) Initiative							
ii) Participation in discussions							
iii) Research aptitude							

.....  
Signature of  
HOD/Teacher



## SURGERY (INCLUDING 15 DAYS ANAESTHESIOLOGY)

(2 months)

From ..... To .....

Name :

Address :

University Registration No. :

	0	1	2	3	4	5	Remarks and Signature of the Teacher
1. Proficiency in Knowledge							Remarks
2. Competency in skills (Management)							
i) Self							
ii) Assisted							
iii) Observed							
3. i) Responsibility							
ii) Punctuality							
iii) Work-up Cases							
iv) Involvement in the treatment							
v) Follow-up reports							
4. Capacity for working in a team							
i) Behaviour with Colleagues							
ii) Nursing Staff							
iii) Relationship with the para-medicals							
5. i) Initiative							
ii) Participation in discussions							
iii) Research aptitude							

.....  
Signature of  
HOD/Teacher

# ANAESTHESIOLOGY

(15 days)

From ..... To .....

Name :

Address :

University Registration No. :

	0	1	2	3	4	5	Remarks and Signature of the Teacher
1. Proficiency in Knowledge							Remarks
2. Competency in skills (Management)							
i) Self							
ii) Assisted							
iii) Observed							
3. i) Responsibility							
ii) Punctuality							
iii) Work-up Cases							
iv) Involvement in the treatment							
v) Follow-up reports							
4. Capacity for working in a team							
i) Behaviour with Colleagues							
ii) Nursing Staff							
iii) Relationship with the para-medicals							
5. i) Initiative							
ii) Participation in discussions							
iii) Research aptitude							

.....  
Signature of  
HOD/Teacher

