THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES



WBUHS

BIOCHEMISTRY LOGBOOK
FOR

1ST PROFESSIONAL MBBS STUDENTS
AS PER
COMPETENCY BASED CURRICULUM

Date of admission to MBBS Course: Date of beginning of the current Phase: Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)	Name and address of the college:	
Name of the student: Date of admission to MBBS Course: Date of beginning of the current Phase: Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)		
Name of the student: Date of admission to MBBS Course: Date of beginning of the current Phase: Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)		
Name of the student: Date of admission to MBBS Course: Date of beginning of the current Phase: Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)		
Name of the student: Date of admission to MBBS Course: Date of beginning of the current Phase: Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)		MINISTER IL
Name of the student: Date of admission to MBBS Course: Date of beginning of the current Phase: Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)		
Name of the student: Date of admission to MBBS Course: Date of beginning of the current Phase: Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)		
Name of the student: Date of admission to MBBS Course: Date of beginning of the current Phase: Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)		
Date of admission to MBBS Course: Date of beginning of the current Phase: Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)	Personal details	
Date of beginning of the current Phase: Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)	Name of the student:	
Date of beginning of the current Phase: Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)		
Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)	Date of admission to MBBS Course:	
Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional)	D. J. Ch. J. Jan of the surment Phone:	
Reg. No. (University ID) Permanent Address: E mail ID: (optional)	Date of beginning of the current r hase.	
Reg. No. (University ID) Permanent Address: E mail ID: (optional)	Reg: No. (College ID)	
Permanent Address: E mail ID: (optional)		
E mail ID: (optional)	Reg. No. (University ID)	
E mail ID: (optional)		
	Permanent Address:	
	E mail ID: (optional)	
	Mobile Number: (optional)	

INSTRUCTIONS

- The logbook is a record of the academic / co-curricular activities of the designated student, who would be responsible for maintaining his/her logbook.
- 2) The student is responsible for getting the entries in the logbook verified by the Faculty in charge regularly.
- 3) Entries in the logbook will reflect the activities undertaken in the department & have to be scrutinized by the Head of the concerned department.
- 4) The logbook is a record of various activities by the student like:
 - Overall participation & performance
 - Attendance
 - Participation in sessions
 - Record of completion of pre-determined activities.
 - Acquisition of selected competencies
- 5) The logbook is the record of work done by the candidate in that department
 / specialty and should be verified by the college before submitting the application of the students for the University examination.

INDEX

Sl. No.	Description of the course	Page numbers			
110.		From	То		
1	AETCOM Module				
2	Early Clinical Exposure				
3	Vertical Integration				
4	Subject: Biochemistry				

有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有

LOGBOOK CERTIFICATE

Medical College,	has satisfactorily completed / has no
completed all assignments/requir	rements mentioned in this logbook for firs
year MBBBS course in the subject	et(s) of Biochemistry/ AETCOM during the
period from to	She / He is / is not eligible to appear
for the summative (University) as	sessment as on the date given below.
	Signature of Faculty
	Oignatal of the annual of the
	Name and Designation
Countersigned by Head of the Depar	tment
Principal/Dean of the College	
Place:	
riace.	
Date:	

=

First Year MBBS

2	3	4	5	6	7	8
Name of Activity	Date completed: dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
					19.79	
	Name of	Name of Activity Date completed: dd-mm-yyyy	Name of Activity Date completed: dd-mm-yyyy Repeat (R) Remedial (Re) I I I I I I I I I I I I I I I I I I I	Name of Activity Pate completed: dd-mm-yyyy Repeat (R) Remedial (Re) Numerical Score Rating Below (B) expectations Meets (M) expectations Only (F) Repeat (R) Remedial (Re) Numerical Score	Name of Activity Date completed: dd-mm-yyyy Remedial (Re) Rating Below (B) expectations Meets (M) expectations OF faculty Completed (C) Repeat (R) Remedial (Re) Remedial (Re) Remedial (Re) Decision of faculty Completed (C) Repeat (R) Remedial (Re) Remedial (Re) Remedial (Re) Remedial (Re)	Name of Activity Date completed: dd-mm-yyyy and activity First or Only (F) Repeat (R) Remedial (Re) Manuerical (Re) Manueri

1	2	3	4	5	6	7	8
Competency # addressed	Name of Activity	Date completed: dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
						9	

司书有有有有有有有有有有有有有有有有有有有有有有有有有有有

First Year MBBS

Competency Name of # addressed Activity Activity Received: Only (F) Exceeds (E) Repeat Initial of the complete Received Received Repeat Received Received Repeat Received Rece	1	2	3	4	5	6	7	8
	Competency # addressed	Name of Activity	completed:	at activity First or Only (F) Repeat (R) Remedial	Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical	of faculty Completed (C) Repeat (R) Remedial	of faculty and	Feedback Received Initial of learner

司有有有有有有有有有有有有有有有有有有有有有有有有有有有

First Year MBBS

1	2	3	4	5	6	7	8
Competency # addressed	Name of Activity	Date completed: dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
E							
TSISI							
*							
		VI CONTRACTOR					

First Year MBBS

. 1	2	3	4	5	6	7	8
Competency # addressed	Name of Activity	Date completed: dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
	7-17						
				-7114			
					*		
							1

有有有有有有有有有有有有有有有有有有有有有有有有有有有有有

First Year MBBS

1	2	3	4	5	6	7	8
Competency # addressed	Name of Activity	Date completed: dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
	Í						
			5			PS T	

First Year MBBS

明明明明明神神神神神神神神神神神神神神神神神神神神神神神神神神神神神神神神

1	2	3	4	5	6	7	8
Competency # addressed	Name of Activity	Date completed: dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner

						7. 1	
							MS/S

Subject: AETCOM

有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有

MBBS Phase I

1	2	3	4	5	6	7	8
Competency # addressed	Name of Activity	Date completed: dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
0							
						15	
	- 10						

1	2	3	4	5	6	7	8
Competency # addressed	Name of Activity	Date completed: dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
				X Sel			

Subject: Vertical Integration

=

=1

*

1

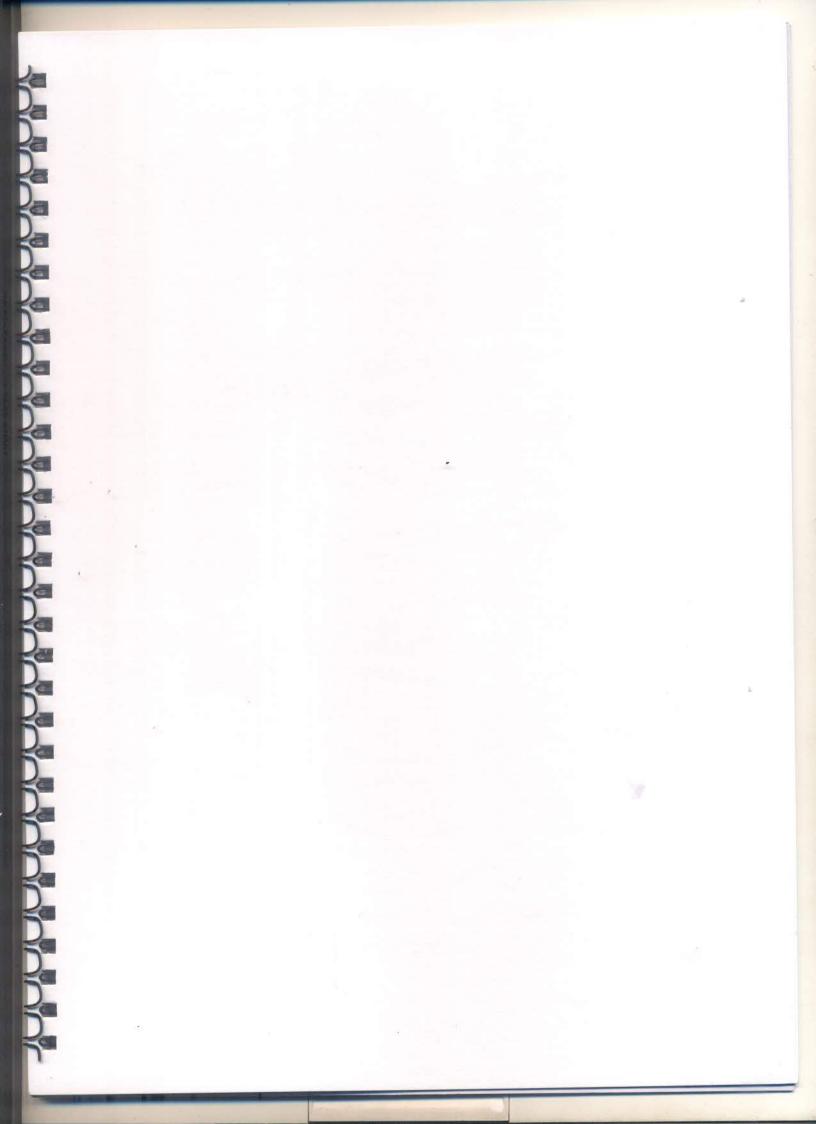
31

MBBS Phase I

1	2	3	4	5	6	7	8
Competency # addressed	Name of Activity	Date completed: dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty and date	Feedback Received Initial of learner
*							
					1		

Final Summary

Sl. No.	Description	Date		Attendance	Status	Signature of Teacher
		From	То	percentage	Complete/ Incomplete	of feacher
1	AETCOM Module					
2	Early Clinical Exposure					
3	Vertical Integration					
4	Subject: Biochemistry					



Published on: December, 2020

而而而而而而而而而而而而所不可而而而而而而而而而而而而而而而而而而

