

THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES



WBUHS

**PHYSIOLOGY LOGBOOK
FOR
1ST PROFESSIONAL MBBS STUDENTS
AS PER
COMPETENCY BASED CURRICULUM**

Name and address of the college: _____

Personal details

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)

Mobile Number: (optional)

INSTRUCTIONS

- 1) **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.**

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Sr. No	Description of the course	Page numbers	
		From	To
1	AETCOM Module		
2	Early Clinical Exposure		
3	Vertical Integration		
4	Subject: Physiology		

LOGBOOK CERTIFICATE

This is to certify that the candidate Mr/ Ms
Reg No., admitted in the year 2020-21 in the _____
Medical College, _____ has satisfactorily completed / has not
completed all assignments / requirements mentioned in this logbook for first
year MBBBS course in the subject(s) of Physiology/ AETCOM during the
period from..... to..... She / He is / is not eligible to appear for
the summative (University) assessment as on the date given below.

Signature of Faculty
Name and Designation

Countersigned by Head of the Department

Principal/Dean of the College

Place:

Date:

Subject: Physiology

First Year MBBS

**Sub Item: Practicals (Student Lab.) / Practicals (Human Physiology) / Vertical
Integration / Early Clinical Exposure / Seminar / Self Directed Learning**

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

