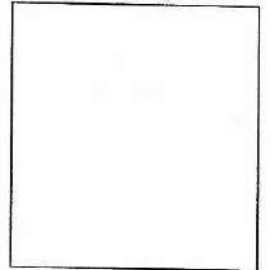


**MAHARAJA AGRASEN MEDICAL COLLEGE,**  
**AGROHA (HISAR) 125047**



**Logbook – MBBS Phase-I**



**Name:** \_\_\_\_\_

**Roll No.& Batch:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Date of Admission to MBBS Course:** \_\_\_\_\_

**Registration No.** \_\_\_\_\_ **(College/University ID):** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

\_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

\_\_\_\_\_

**Student's Contact No:** \_\_\_\_\_

**Father's /Guardian's Contact No:** \_\_\_\_\_

**Student's Email ID:** \_\_\_\_\_

**Father's/Guardian's Email ID:** \_\_\_\_\_

  
01 Academic Branch  
M A M C Agroha



## LOGBOOK CERTIFICATE

This is to certify that this log book is the bonafide record of the candidate Mr. /Ms.....Rollno.....  
Admission Year.....at MAMC, Agroha under University Of Health Sciences, Rohtak, Haryana.

The logbook is as per the guidelines of Competency Based Undergraduate Medical Education Curriculum, Regulations on GME 1997 in Gazette of India Amendment Notification No. MCI-34(41)/2019-Med./161726 (dated 06.11.2019).


He/ She has satisfactorily attended/ completed all assignments mentioned in this logbook for MBBS Phase-I in the subject of Anatomy, Physiology and Biochemistry during the period from .....to.....

Professor & Head  
Department of Anatomy,  
MAMC, Agroha

Professor & Head  
Department of Physiology  
MAMC, Agroha

Professor & Head  
Department of Biochemistry  
MAMC, Agroha

**Date:**

  
**Officer In-Charge  
Academic  
MAMC, Agroha  
O.I Academic Branch  
MAMC Agroha**

## Self-Declaration Form

I am Mr./Ms./\_\_\_\_\_ Son/Daughter of Sh. \_\_\_\_\_

Roll No. \_\_\_\_\_ University Reg. No. \_\_\_\_\_ Resident of \_\_\_\_\_

Contact No. (Student) \_\_\_\_\_ Contact No. (Parents) \_\_\_\_\_

### **Aware that:**

As per MCI Guidelines Regulations on GME 1997 in Gazette of India Amendment Notification no. MCI-34(41)/2019-Med./161726 (dated 06.11.2019). **Chapter VI**

### **Assessment:**

- a. 11.1.1(a)(1): Attendance requirements are 75% in theory and 80% in practical/clinical for eligibility to appear for the examination in that subject. In subjects that are taught in more than one phase – the learner must have 75% attendance in theory and 80% in practical in each phase of instruction in that subject.
  - b. 11.1.1(b)(5): Learners must secure at least 50% marks of the total marks (combined in theory and practical/clinical; not less than 40% marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will be reflect as separate head of passing at the summative examination.
2. Pt. B.D. Sharma, University of Health Sciences, Rohtak also follows the same rule.
  3. If I am not fulfilling the above criteria, Institute will not forward/recommend my name to appear in University Examination.
  4. If I will be detained due to lack of attendance or short of assessment, I cannot appear in the University Supplementary Examination unless I improve on it. If I fail to improve, then I will be eligible to appear only after one year along with Junior Batch and for this only myself be responsible.
  5. It will be my own duty to intimate my parents from time to time regarding my attendance and internal assessment.

  
01 Academic Branch  
M A M C Agartala

**Signature of the Student**

Name.....

Roll No.....

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Name: \_\_\_\_\_ Roll No. \_\_\_\_\_

**Foundation Course**

**Reflections:**

**What Happened?**

**So What?**

**What Next?**

**Signature**

**Foundation Course Coordinator (Phase-I)**

  
Off Academic Branch  
M.A.M.C. Amritsar

# Anatomy

  
O I Academic Branch  
M A M C Agraha"

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

### Certification of Competency

Competency Code: AN65.1

**Competency Addressed: Identify epithelium under the microscope & describe the various types that correlate to its function**


Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					

  
Off Academic Branch  
M. A. M. C. Agraria

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Early Clinical Exposure**


<b>ECE Module (3 hours each)</b>	<b>Topic</b>	<b>Date Held</b>	<b>Signature of Faculty</b>
ECE Module 1			
ECE Module 2			
ECE Module 3			
ECE Module 4			
ECE Module 5			

  
011 Academic Branch  
G. A. M. C. Agency

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Self-Directed Learning (SDL) Sessions**

Sr. No.	Date	Topic	Mode of Bearing	Feedback	Initial of Facilitator	Intitial of Learner
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

  
Off Academic Branch  
M. P. V. C. Agartala

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Self-Directed Learning (SDL) Sessions**


Sr. No.	Date	Topic	Mode of Bearing	Feedback	Initial of Facilitator	Intitial of Learner
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

  
OI Academic Branch  
M A M C Agraha"

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Theory Test Record:**

Sr. No.	Topic/Region	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					


  
Off Academic Branch  
M A M C Agraha



Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Practical Test Record:**

Sr. No.	Topic/Region	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

  
Oil Academic Branch  
W A M C Agrona

Name: \_\_\_\_\_

Roll No: \_\_\_\_\_

## Attendance Record

(From-To)	Theory				Practical			Signature of Student	Signature of Faculty
	Held	Attended	75%	Shortage	Held	Attended	80%		
<b>Total</b>									

Note: Above information is for the benefit of students and parents.

If any discrepancy is found then the departmental record will be considered as final.

Faculty In-charge

  
Off Academic Branch  
M A M C Agroha

Professor & Head  
Department of Anatomy  
MAMC, Agroha

# Physiology

  
01 / Academic Branch  
M A M C Agraria

Name \_\_\_\_\_ Roll No: \_\_\_\_\_


**Certification of Competency**

**Hematology Physiology:**

Competency Code: PY 2.11

**Competency Addressed: Estimate Hb, RBC, TLC, DLC, Blood groups, BT/CT and RBC Indices.**

1	2	3	4	5	5	6
Name of the Activity	Date of completion: dd-mm-yy	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
<b>Hb</b> Practical/ OSPE/ Viva voce						
<b>RBC</b> Practical/O SPE/ Viva voce						
<b>TLC</b> Practical/ OSPE/ Viva voce						
<b>DLC</b> Practical/ OSPE/ Viva voce						

  
 Of Academic Branch  
 M A M C Agrona

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competency**

**Hematology Physiology:**

Competency Code: PY 2.11

**Competency Addressed: Estimate Blood groups, BT/CT and RBC Indices.**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Blood group Practical / OSPE/ Viva voce						
BT/CT Practical / OSPE/ Viva voce						
RBC Practical / OSPE/ Viva voce						

  
 Of Academic Branch  
 M A M C Agartala

Name \_\_\_\_\_ Roll No: \_\_\_\_\_


**Certification of Competency**

**Nerve Muscle Physiology:**

Competency Code: PY 3.11

**Competency Addressed: Perform Ergography and calculate work done by a skeletal muscle.**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
 Off Academic Registrar  
 AT A.M.C. Agartala

Name \_\_\_\_\_ Roll No: \_\_\_\_\_


**Certification of Competency**

**Gastro – Intestinal Physiology:**

Competency Code: PY 4.12

**Competency Addressed: Obtain relevant history and conduct general and clinical examination of the abdomen in a normal healthy volunteer or simulated environment.**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
 Off Academic Branch  
 AT A M C Agartala

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

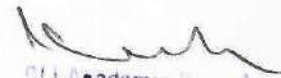
**Certification of Competency**

**Cardiovascular Physiology:**

Competency Code: PY 5.12

**Competency Addressed: Record blood pressure & pulse at rest.**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
 Head Academic Branch  
 N. A. M. C. Agri.

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competency**

**Competency Code: PY 5.12**

**Competency Addressed: Record blood pressure & pulse in different grades of exercise.**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
 O/I Academic Branch  
 M A M C Agraha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competency**

**Competency Code: PY 5.12**

**Competency Addressed: Record blood pressure & pulse in different postures in a volunteer or simulated environment.**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
 O I Academic Branch  
 M A M C Agraha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competency**

**Cardiovascular Physiology:**

**Competency Code: PY 5.15**

**Competency Addressed: Record and interpret normal ECG in a volunteer or simulated environment.**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						



011 Academic Branch  
M. A. M. C. Agraha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competency**

**Cardiovascular Physiology:**

**Competency Code: PY 5.16**

**Competency Addressed: Obtain relevant history and conduct general and clinical examination of the cardiovascular system in a normal healthy volunteer or simulated environment.**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						
Practical/ OSPE/ Viva voce						

  
 D/O Academic Branch  
 AIIMS Agartala

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

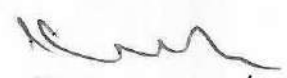
**Certification of Competency**

**Respiratory Physiology**

**Competency Code: PY 6.10**

**Competency Addressed: Perform spirometry and interpret the findings (Digital/Manual).**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Practical/ OSPE/ Viva voce/ OSPE/						
Practical/ OSPE/ Viva voce/ OSPE/						
Practical/ OSPE/ Viva voce/ OSPE/						

  
 Head of Academic Branch  
 of A.M.C. Agrawal

Name \_\_\_\_\_ Roll No: \_\_\_\_\_


**Certification of Competency**

**Respiratory Physiology**

**Competency Code: PY 6.9**

**Competency Addressed: Demonstrate the correct clinical examination of the respiratory system in a normal volunteer or simulated environment.**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Skill assessment/ Viva voce/ OSPE/						
Skill assessment/ Viva voce						
Skill assessment/ Viva voce						

  
 Head Academic Branch  
 G. A. M. C. Agartala

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competency**

**Neurophysiology:**

Competency Code: PY 10.11

**Competency Addressed: Demonstrate the correct clinical examination of the nervous system: Higher functions, in a normal volunteer or simulated environment**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Skill assessment/ Viva voce/ OSPE/						
Skill assessment/ Viva voce						
Skill assessment/ Viva voce						

  
 OIT Academic Branch  
 M A M C Agroha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competency**

**Neurophysiology**

Competency Code: PY 10.11

**Competency Addressed: Demonstrate the correct clinical examination of the nervous system: Sensory system in a normal volunteer or simulated environment.**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Skill assessment/ Viva voce/ OSCE						
Skill assessment/ Viva voce						
Skill assessment/ Viva voce						

  
 Of Academic Branch  
 M A M C Agraha


Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competency**

Competency Code: PY 10.11

**Competency Addressed: Demonstrate the correct clinical examination of the nervous system: Motor system in a normal volunteer or simulated environment.**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Skill assessment/ Viva voce/ OSCE						
Skill assessment/ Viva voce						
Skill assessment/ Viva voce						

  
 011 Academic Branch  
 M. A. M. C. Agraha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competency**

Competency Code: PY 10.11

**Competency Addressed: Demonstrate the correct clinical examination of the nervous system: Reflexes in a normal volunteer or simulated environment.**

1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Skill assessment/ Viva voce/ OSCE						
Skill assessment/ Viva voce						
Skill assessment/ Viva voce						

  
 M. A. M. C. Agraha  
 Academic Branch


Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competency**

Competency Code: PY 10.11

**Competency Addressed: Demonstrate the correct clinical examination of the nervous system: Cranial nerves in a normal volunteer or simulated environment.**


1	2	3	4	5	6	7
Name of the Activity	Date of completion: dd-mm-yy	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
Skill assessment/ Viva voce/ OSCE						
Skill assessment/ Viva voce						
Skill assessment/ Viva voce						

  
 D-1 Academic Branch  
 A. M. C. Agraha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Early Clinical Exposure**

<b>ECE Module (3 hours each)</b>	<b>Topic</b>	<b>Date Held</b>	<b>Signature of Faculty</b>
ECE Module 1			
ECE Module 2			
ECE Module 3			
ECE Module 4			
ECE Module 5			
ECE Module 6			
ECE Module 7			
ECE Module 8			
ECE Module 9			
ECE Module 10			

  
Academic Branch  
of A. C. Agrawal

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Self-Directed Learning**

Sr. No.	Date	Topic	Mode of Bearing	Feedback	Initial of Facilitator	Intitial of Learner
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

  
O/ Academic Branch  
M A M C Agraria

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Theory Tests Assessment Record:**


Sr. No.	Topic	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

  
O/I Academic Branch  
M A M C Aaraha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Practical Tests Assessment Record:**

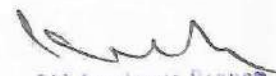
Sr. No.	Topic	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

  
011 Academic Branch  
M A M C Agraria

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Tutorial/Seminar Assessment Record:**

Sr. No.	Topic	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

  
G11 Academic Branch  
M.A.M.C. Agraha

Name: \_\_\_\_\_

Roll No: \_\_\_\_\_

## Attendance Record

(From-To)	Theory			Practical			Signature of Student	Signature of Faculty
	Held	Attended	75% Shortage	Held	Attended	80% Shortage		
<b>Total</b>								

Note: Above information is for the benefit of students and parents.

If any discrepancy is found then the departmental record will be considered as final.

Faculty In-charge



011 Academic Branch  
MAMC, Agroha

Professor & Head  
Department of Physiology  
MAMC, Agroha

# Biochemistry



011 Academic Branch  
of K. J. Somaiya

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

### Certification of Competencies

Competency Code: BC 14.3

**Competency Addressed:** Describe the physical, chemical constituents of normal urine and abnormal constituents of urine and perform urine analysis to determine normal and abnormal constituents (including dipstick method demonstration)

Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
O I Academic Branch  
M A M C Agroha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

### Certification of Competencies

Competency Code: BC 14.3

**Competency Addressed:** Describe the physical properties, chemical constituents of normal urine and abnormal constituents of urine and perform urine analysis to determine normal and abnormal constituents (including dipstick method demonstration)

Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					



O/A Academic Branch  
M A M C Agraha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competencies**

Competency Code: **BC 14.4**

**Competency Addressed:** Identify abnormal constituents in urine, interpret the findings and correlate this with pathological states and prepare a urine report

Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
Off Academic Branch  
M A M C Agraha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competencies**

Competency Code: **BC 14.7**

**Competency Addressed:** Perform estimation of glucose by manual/semi-automated analyser method and demonstrate glucometer usage and interpretation of results with clinical scenarios.

Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
Off Academic Branch  
M A M C Agraria


Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competencies**

Competency Code: **BC 14.8**

**Competency Addressed:** Perform estimation of urea and calculate BUN and interpretation of results in clinical scenarios.

Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
O/A Academic Branch  
NAME Agraha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

### Certification of Competencies

Competency Code: **BC 14.9**

**Competency Addressed:** Perform the estimation of serum creatinine and calculate clearance.

Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
O/I Academic Branch  
M A M C Agroha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competencies**

Competency Code: **BC 14.10**

**Competency Addressed:** Perform estimation of uric acid in serum and interpretation of results with clinical scenarios.

Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
Off Academic Branch  
M A M C Agroha


Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competencies**

Competency Code: **BC 11.8**

**Competency Addressed:** Perform estimation of serum proteins, albumin, and A: G ratio.

Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					

  
Off Academic Branch  
AT A.M.C. Agartala

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competencies**

Competency Code: BC 14.12

**Competency Addressed:** Perform estimation of serum total cholesterol.

Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
Off Academic Branch  
M.A.M.C. Apollo


Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Certification of Competencies**

Competency Code: **BC 14.13**

**Competency Addressed:** Perform estimation of serum Bilirubin by natural/semi-automated analyser method.

Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
Off Academic Branch  
At A M C Agraria

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

### Certification of Competencies

Competency Code: **BC 14.21**

**Competency Addressed:** Describe quality control and identify basic L J Charts in Clinical Biochemistry Lab.

Sr. No.	Name of the Activity	Date of Certification (dd-mm-yy)	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Certified (Yes/No)	Initial of Faculty and Date
1					
2					
3					
4					

  
Head Academic Branch  
M.A.M.C. Agrahar

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Early Clinical Exposure**


<b>ECE Module (3 hours each)</b>	<b>Topic</b>	<b>Date Held</b>	<b>Signature of Faculty</b>
ECE Module 1			
ECE Module 2			
ECE Module 3			
ECE Module 4			
ECE Module 5			
ECE Module 6			
ECE Module 7			
ECE Module 8			
ECE Module 9			
ECE Module 10			

  
Off Academic Branch  
NAME: Agatha

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Self-Directed Learning (SDL) sessions**

Sr. No.	Date	Topic	Mode of Bearing	Feedback	Initial of Facilitator	Intitial of Learner
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

  
O.I. Academic Branch  
M.A.M.C. Agraria

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Theory Tests Record:**

Sr. No.	Topic	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					

**Practical Tests Record:**

Sr. No.	Topic	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					

*[Handwritten signature]*

Name \_\_\_\_\_ Roll No: \_\_\_\_\_

**Tutorial Assessment Record**

Sr. No.	Topic	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					

**Seminar Assessment Record**

Sr. No.	Topic	Max. Marks	Marks Obtained	Signature of Student	Signature of Faculty
1					
2					
3					
4					
5					

Name: \_\_\_\_\_

Roll No: \_\_\_\_\_

## Attendance Record

(From-To)	Theory				Practical			Signature of Student	Signature of Faculty	
	Held	Attended	75%	Shortage	Held	Attended	80%			Shortage
<b>Total</b>										

Note: Above information is for the benefit of students and parents.  
If any discrepancy is found then the departmental record will be considered as final.

Faculty In-charge

Professor & Head  
Department of Biochemistry  
MAMC, Agroha




011 Academic Branch  
MAMC Agroha

### Achievements/awards

Sr. No.	Date	Credit details	Signature

### Extracurricular Activities

Sr. No.	Date	Credit details	Signature

  
Off Academic Branch  
M A M C Aurangabad