

ASSESSMENT OF INTERNSHIP

CERTIFICATE OF SATISFACTORY COMPLETION OF POSTING

NAME OF THE COURSE : MBBS

1. (a) Name of the discipline/
Specialty :
(b) Duration : From.....to.....
2. Proficiency of Knowledge : Score obtained (0-10) in each level
3. Competency in skills as acquired by :
 - (a) Performing Procedures
 - (b) Assisting in Procedures
 - (c) Observing Procedures
4. (a) Responsibility, Punctuality,
(b) Research aptitude
(c) Capacity to work in a
Team- behaviour with
Colleagues , nursing staff and
Relationship with Paramedical
Staff;
Participation is discussious
Total score obtained out of 30,
i.e., @ 10 each
.....
5. Performance grade obtained.
Poor - <3
Below average - <5
Average - 5 and above
Above average - 7 and above
Excellent - 9 to 10

Note: An item shall be required to have a minimum score of 5 in each of the three heads mentioned above failing which the concerned posting shall be taken as unsatisfactory. Each area of unsatisfactory score (below 5) shall result in the repetition of one third of the total period of posting in the concerned subject.

Date:
(Office date seal)

Signature of HOD/Head of the Institution
(Seal)