

**Odisha University of Health Sciences
Dhanwantari Bhavan, Bhubaneswar, Odisha**

**LOG BOOK
For
POST GRADUATE STUDENTS**

Department of: RADIOTHERAPY

Name of the Institution: _____

**Prepared by:
Log book Committee (Broad Specialties) 2023
OUHS, Bhubaneswar**

**ODISHA UNIVERSITY OF HEALTH SCIENCES,
DHANWANTARI BHAVAN, BHUBANESWAR.**

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for
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Department of: RADIOTHERAPY

Name of the Institution: _____

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CERTIFICATE

This is to certify that, this logbook contains bonafide work of
Dr. _____, a Post-
Graduate student of the Department of **RADIOTHERAPY** of
_____, Odisha for the
session _____.

Date:

Post Graduate Guide

Head of the Department

Dean & Principal

GENERAL INSTRUCTIONS:

This log book is intended to be a record of all the activities of Postgraduate students, as they perform and participate in the course, including training.

1. It shall solely be the responsibility of the student to ensure that, the desired entries are made in day-to-day basis and relevant documents if any are kept.
2. It shall be the responsibility of the HOD to ensure that, all students maintain their log books in an orderly manner.
3. Each student shall enter his/her leave record in the concerned section immediately after returning from leave.
4. The learners feedback form should be filled up before submitting the log book for the University Examination. It is expected that, students should give their feedback with all seriousness and help the University in improving and strengthening the Postgraduate education.
5. Submission of Logbook: The up-to-date log book is a pre-requisite for fill up of forms for the University Examination and hence the completed Logbook shall be submitted to the department when the same is asked for.
6. INSTRUCTIONS FOR FILLING THE LOG BOOK:

Please Note: All assessments would be in Likert's 5-pointscale/score:	
Score	Interpretation
0	Poor
1	Below average
2	Average
3	Good
4	Very good

- a. All entries should be properly entered and duly signed from the Supervisor / Unit In charges / Guide / HOD, as required.
- b. Under Instructions from the Head of Department, suitable corrections can be incorporated.
- c. Research participation pertaining to Conferences, Poster / Oral presentation and publication shall be entered directly in a Consolidated form.
- d. At the end of training, it's mandatory to fill up the feedback form and submit it to Postgraduate Office.
- e. It is an integral part of practical evaluation in the University examination.
- f. After the practical examination it shall be returned back to the student.
- g. There would be periodic evaluation regarding maintenance of log book by Postgraduate education office, and in case of any deficiency, the student would be responsible and suitable action may be taken against them for the same.
- h. Additional pages [if required] can be added.

PERSONAL PROFILE OF THE STUDENT:

Name:		Paste your PP size Photograph
Address:		
E-mail ID:		
Phone No.:		
DOB (dd/mm/yy):		
Blood group:		
Vaccination status:		

Registration Number:	Name of the Medical Council:	Valid up to:

OUHS Registration Number:	
----------------------------------	--

Qualification Details	College	University	Month & Year of completion
MBBS			

Experience before joining:

Designation	Department	Institution	From	To

Date:

Signature of the PG student

Participation in Research Methodology training:

Name of the Institution	From	To	Signature of the Guide / HOD

Participation in BCBR Course

Name of the institute	Date of registration	Date the examination	Date of publication of result	Signature of the HOD

Participation in BCME training:

Name of the Institution	From	To	Signature of the HOD

Participation in BCLS / ACLS training:

Name of the Institution	From	To	Signature of the HOD

Leave record:

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Total No. of Leaves				

Signature & Seal of the Head of Department

DETAILS OF PARTICIPATION IN ACADEMIC PROGRAMS:

Sl. No.	Date	Name of the Academic Program	International / National / State / Institutional Event	Organized by	Nature of participation [Delegate / Presentation if any]	Initials of the HOD
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PUBLICATIONs

Title:	
Authors:	
Name of the journal:	
Indexed in [NMC approved agency only]:	
Status of publication:	
Citation if published:	
Title:	
Authors:	
Name of the journal:	
Indexed in [NMC approved agency only]:	
Status of publication:	
Citation if published:	
Title:	
Authors:	
Name of the journal:	
Indexed in [NMC approved agency only]:	
Status of publication:	
Citation if published:	

Internal Assessment Results:

Year		Theory [100]	Practical/Clinical/ Oral [100]	Total out of 200 [%]
1 ST	I			
	II			
	III			
2 ND	I			
	II			
	III			
3 RD	I			
	Prelims			

Date:**Signature & Seal of the Head of Department**

DETAILS OF THE DRP SCHEDULE [AS PER CURRICULUM BY NMC]:

Name of the Institution	Year of PGT	From	To	Duration

Sl. No.	Day / Date	Place of work	Nature of work	Activity learn [Should include: 1. Patient care / Diagnostic services as per the subject. 2. Health care Management activities both HR & Logistics, Communication skill. 3. Team work	Level of participation [Observation / Performs under observation / Performs independently]	Signature of the DRPC
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REFLECTIONS

CERTIFICATE OF COMPLETION OF DISTRICT RESIDENCY PROGRAM

It is certified that Dr. _____ has satisfactorily completed the District Residency program w.e.f. _____ to _____. During his/her District Residency Program training at _____ District, his / her performance has been reported to be _____.

Department:

Date:

Place:

Signature of Guide / Mentor

Signature of Head of Department

Signature of the District Residency Program Coordinator

Signature of the Medical Superintendent

Signature of the CDM PHO

STRUCTURED TRAINING PROGRAM:

1. Lectures: at least 10 per year.
2. Journal club: once a week.
3. Subject Seminar: once a week.
4. Case discussions.
5. Students symposium: optional.
6. Interdepartmental colloquium [atleast with the Department of Radiodiagnosis]: once weekly
7. Rotational clinical / community / institutional postings:

Sl. No.	Section / Subject
1	Posting in various divisions of the department – mould room, treatment planning, simulation room, teletherapy and brachytherapy facilities etc. Posting in Radiotherapy OPD and ward by rotation.
2	Short postings in departments/divisions of Surgical Oncology, Medical Oncology, Palliative Care, Surgery, Medicine, Gynaecology, ENT, Pathology, Cytology, Haematology, Imaging, cancer registry, as per the direction from Head of the Department.

8. UG Teaching:

Evaluation of SUBJECT SEMINAR PRESENTATION:						
Guidelines for evaluation of Seminar Presentation						
Sl. No.	Points to be considered					
1	Whether other relevant publications consulted					
2	Whether cross references have been consulted					
3	Completeness of preparation					
4	Clarity of Presentation					
5	Understanding of subject					
6	Ability to answer questions					
Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.						
Sl. No.	Date	Seminar Topic	Presented / Participated	Average Grade*	Name of the Moderator	Initials of the Moderator
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Evaluation of JOURNAL REVIEW PRESENTATION:						
Guidelines for evaluation of Journal Review Presentation						
Sl. No.	Points to be considered					
1	Article chosen is relevant and appropriate					
2	Extent of understanding of scope & objectives of the paper by the candidate					
3	Whether understood the Material, Methods, Observation and statistical analysis					
4	Whether cross references have been consulted					
5	Ability to respond to questions on the paper / subject					
6	Ability to analyse the paper and co-relate with the existing knowledge					
7	Ability to defend the paper					
8	Clarity of presentation					
Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.						
Sl. No.	Date	Journal Topic	Presented / Participated	Average Grade*	Name of the Moderator	Initials of the Moderator
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Evaluation of CASE DISCUSSION:						
Guidelines for evaluation						
Sl. No.	Points to be considered					
1	Clarity of Presentation					
2	Completeness of history					
3	Ability to arrive at a differential diagnosis & diagnosis					
4	Ability to defend the diagnosis					
5	Ability to answer questions					
6	Understanding of subject					
Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.						
Sl. No.	Date	Topic	Presented / Participated	Average Grade*	Name of the Moderator	Initials of the Moderator
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Evaluation of STUDENTS SYMPOSIUM:						
Guidelines for evaluation of Students symposium						
Sl. No.	Points to be considered					
1	Whether other relevant publications consulted					
2	Whether cross references have been consulted					
3	Completeness of preparation					
4	Clarity of Presentation					
5	Understanding of subject					
6	Ability to answer questions					
Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.						
Sl. No.	Date	Topic	Presented / Participated	Average Grade*	Name of the Moderator	Initials of the Moderator
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Evaluation of INTERDEPARTMENTAL COLLOQUIUM:					
Guidelines for evaluation:					
Sl. No.	Points to be considered				
1	Completeness of history				
2	Clarity of presentation				
3	Logical order				
4	Accuracy of general physical examination				
5	Diagnosis				
6	Ability to defend diagnosis				
7	Ability to justify differential diagnosis				
8	Ability to plan management of the case				
Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.					
Sl. No.	Date	Case History	Diagnosis	Presentation / Participation	Initial of the Guide / HOD
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Evaluation of UG Teaching Skills:**Guidelines for evaluation of UG Teaching skills:**

SI. No.	Points to be considered
1	Communication of the purpose of the talk
2	Evokes the interest of audience in the subject
3	Introduction & Sequence of ideas
4	Speaking style [enjoyable / monotonous etc., specify]
5	Attempts audience participation
6	Answer the questions asked by the audience
7	Summary of the main points at the end
8	Rapport of speaker with his audience
9	Effectiveness of the talk
10	Use of AV aids appropriately

Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.

SI. No.	Date	Topic of teaching	Class / Practical / Clincs / Demos	Average Grade*	Name of the Supervising faculty	Initials of Guide/ Faculty
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THESIS

(To be submitted for registration of the Thesis topic within six months from the date of joining the course.)

Title of the Topic:

Name of the Guide:

Name of the Co-guide(s) if any:

Guidelines for evaluation of Thesis [Synopsis]				
Sl. No.	Points to be considered			
1	Interest shown in selecting a topic			
2	Appropriate review of literature			
3	Discussion with guide and other faculty			
4	Quality of protocol			
5	Preparation of proforma			
Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.				
Evaluation of Thesis [Synopsis]:				
Sl. No.	Date	Average Grade*	Name of the Faculty & Designation	Initials of the Faculty

Signature of the Candidate:

Signature of the Guide

Signature of the HoD:

THESIS WORK

(To be filled before submitting the dissertation to the University & retained in this book)

Name of the Topic:

Name of the Guide(s):

Date of Registration of Thesis Topic:

Date of approval of the Thesis:

Date of Submission of Thesis:

PERIODIC EVALUATION OF THESIS WORK

Guidelines for periodic evaluation of Thesis			
Sl. No.	Points to be considered		
1	Periodic consultation with guide / co-guide		
2	Regular collection of case material		
3	Discussion with guide / co-guide		
4	Departmental presentation of progress of work		
5	Assessment of final output		
6	Others		
Corollary Grading in all checklists: Poor-0, Satisfactory-1, Average-2, Good-3, Very Good-4.			
Evaluation of Thesis:			
Date of the review	Average Grade*	Name of the members of the review committee	Initials of the Guide
12 th month			
18 th month			
24 th month			
30 th month			

Signature of the Candidate:

Signature of the Guide

Signature of the HoD:

COMPETENCIES TO BE LEARNT:

The student, at the end of the course, should have acquired the following skills:

- **Skills and Clinical Experience:**
- Considerable familiarity and skills in the application of imaging techniques, nuclear medicine procedures, pathology and other aids in the diagnosis and management of cancers.
- Post graduate students **need to have gained a wide range of experience in the areas of patient care which would include** investigation, diagnosis, treatment with radiation, and in palliative and supportive care and to have gained the practical experience detailed below:
- Radiotherapy – Basic Techniques
- Positioning the Patient
 - Setting up of a patient in each of the three basic treatment positions (supine, prone and lateral) be planned and treated effectively and without discomfort,
 - Setting up the source skin distance for fixed FSD, and extended FSD treatment,
 - Setting up patients using laser beam alignment,
 - Making temporary and permanent marks on the patient for field positions (Gentian violet, tattoo).
- Immobilisation Techniques
 - Application of some of the following immobilization techniques: head clamp, Velcro strap, polystyrene beads, vacuum bag, breast arm rest,
 - The construction of thermoplastic beam direction shell.
- Methods of Target Volume Determination
 - Performance of planning
 - using direct vision of the tumour (eg skin tumours),
 - from surface landmarks (eg the parotid bed, breast tumours),
 - with direct screening using simulator (eg lung tumours, bone metastases), including opacification techniques (eg barium swallow, cystogram),
 - by volume transfer to orthogonal radiographs (eg head and neck tumours, brain tumours),
 - Volume determination from planning CT scans for creating a central axis plan and for 3 dimensional CT planning.
- Outline Techniques
 - Use of manual techniques (flexi-curves, plaster of Paris bandage) and CT derived outlines.
- Basic Field Arrangements
 - Planning of treatments (under supervision where necessary) using the following field arrangements:
 - Single direct field,
 - Opposed pair of fields using equal and unequal weightings,
 - Opposed pair using wedges,
 - Wedged right-angled pair,
 - Wedged oblique pair,
 - Plans using 3 and 4 fields,
 - Total body irradiation.
- Tissue Compensation
 - Planning of patients requiring tissue compensation using bolus, wedges and remote tissue compensators
- Shielding
 - Planning of patients using lead cut outs and lead masks for simple superficial tumours,

- Knowledge of the thickness of lead required for superficial, orthovoltage and electron treatments at various energies,
- Prescription and insertion of eye shields.
- Megavoltage Techniques
 - Planning of patients incorporating simple lead blocking techniques using standard blocks and cast blocks from templates
- Electrons
 - The indications for, and planning of, electron treatments, including the selection of electron energy,
 - A technique for total skin electron therapy and experience of its use.
- Dose Calculation
 - Proficiency in the use of equivalent square tables,
 - Performance of depth dose calculations for single fields and opposed fields using various energies,
 - The principles applied to convert dose to machine units for a range of machines,
 - The principles of computer based treatment planning.
- Radiotherapy Prescriptions
 - Writing radiotherapy prescriptions (countersigned where necessary) for all the field arrangements mentioned above,
 - Understanding of dose specification as in ICRU 50 and 62.
- Radiotherapy Machines
 - Planning of patients for treatment on a full spectrum of equipment, including superficial x-ray therapy, megavoltage x-ray therapy and megavoltage electron therapy (also orthovoltage x-ray therapy and cobalt-60 therapy, if available)
- Quality Assurance in External Beam Therapy
 - Requesting portal imaging and interpreted their appearance satisfactorily in all sites
 - Principles of in vivo dosimetry and interpretation of results
- Brachytherapy
 - The insertion and removal of radioactive sources manually or using an appropriate after-loading device,
 - Interpretation of subsequent check films,
 - Interpretation of the corresponding dose calculation and writing of an appropriate prescription,
 - Removal of live sources and the after-loading device,
 - The placement of implants,
 - Principles of oral and intravenous radionuclide therapy.
- Radiation Safety
 - The role of the radiation safety and radiation protection supervisor,
 - The meaning of and requirements for controlled and supervised areas and their location,
 - The procedure to be adopted in the case of a spill of radioactive material,
 - Quality assurance practices in radiotherapy and the procedures for dealing with errors in treatment delivery.
- Radiotherapy Assessment and the Care of Patients on Treatment:
 - Treatment Review Clinics
- Regular weekly treatment review clinics
 - Treatment Checks

- Assessment of patient position and treatment field placement(s) in relation to the target volume at the start of treatment,
- Performance of checks during the course of treatment on the implementation of the treatment plan, position of shielding for critical normal structures and the use of portal imaging,
- Assessment of changes occurring in patient parameters during treatment and resultant modification of treatment when appropriate,
- Assessment of normal tissue reactions to radiotherapy,
- Use of dose volume histograms and in vivo radiation dosimetry techniques.
- Symptom Control
 - Giving advice on skin care during radiation treatment and on the management of skin reactions, including desquamation,
 - Managing mucosal reactions in oral cavity, oropharynx, nasopharynx, trachea, oesophagus, anus and vagina,
 - Giving dietary advice during abdominal radiotherapy,
 - Managing radiation induced nausea and vomiting, diarrhoea, dysphagia, xerostomia and cystitis,
 - Giving prophylaxis for radiation induced cerebral oedema,
 - Giving advice on timing and extent of hair loss with respect to radiation dose,
 - Giving advice for hospitalization, if necessary.
- Follow-up
 - Managing acute and chronic radiation sequelae, such as pneumonitis, cystitis, chronic bowel complications, gynaecological sequelae (vaginal stenosis, vaginal dryness, infertility and dyspareunia)
- Supportive and Palliative Care
- Pain Relief
 - Drug treatment
 - A wide range analgesic techniques, including simple analgesics, mild and strong opioids, given by
 - a variety of routes,
 - Management of the complications of analgesics, including constipation, nausea, gastrointestinal discomfort and analgesic intolerance.
 - Mechanical methods
 - Prescription, siting and evaluation of TENS analgesia,
 - Referral of patients with refractory pain for procedures such as a nerve block, intrathecal analgesia, rhizotomy or orthopaedic stabilization.
 - Radiotherapy
 - Use of radiation to treat painful metastatic disease with single fractions, multiple fractions and hemibody radiotherapy
- Nausea and Vomiting
 - Treatment of nausea and vomiting arising in advanced illness using anti-emetics,
 - Palliative management of sub-acute intestinal obstruction.
- Anorexia and Dysphagia
 - Management, where appropriate, with corticosteroids, progestogens and nasal gastric feeding
 - Pleural Effusions and Ascites
 - Drainage of pleural effusions and ascites,
 - Other treatments such as pleurodesis.
 - Depression and Anxiety

- Knowledge regarding treatment of depression at all stages of cancer management, using counselling and drug techniques with anti-depressants,
- Knowledge regarding treatment of anxiety with counselling, anxiolytics and major tranquilisers.
 - **Hospice Care**
- Awareness of local hospice facilities,
- A one week (at least) attachment to a hospice or palliative care team.
 - **Counseling**
- Counseling of patients and relatives at all stages of the disease
 - **Investigational Techniques**
 - **Laboratory Investigations**
- Interpretation of the results of haematological, biochemical and radioimmunoassay investigations
 - **Radiology**
- Attendance at regular radiological review sessions involving a consultant clinical radiologist for the examination of plain x-rays, CT scans, magnetic resonance imaging and ultrasound covering the whole spectrum of cancer radiology,
- Current indications and techniques in interventional procedures.
 - **Radiation Medicine Procedures**
- Diagnostic Imaging – Gamma Camera, SPECT, PET Scanner, PET-CT and PET-MRI image fusion studies in treatment planning, response evaluation and follow up.
 - **Pathology**
- Attendance at regular pathological review sessions involving a consultant pathologist
 - **Genetics in diagnosis, prognosis and treatment of cancer**
 - **Other Procedures**
- Indirect laryngoscopy
- Lumbar puncture
- Skin biopsy
- Fibre optic naso-endoscopy
- Pelvic EUA and cystoscopy
 - **Site or Disease Specific Procedures**
- Assessment, treatment and follow-up, in detail, for each of the anatomical sites and types of tumour,
- Presentation and assessment of patients discussed at multidisciplinary team meeting,
- Staging,
- Radiotherapy – adjuvant, radical and palliative,
- Hormone and biological therapy,
- Palliative care,
- Appropriate follow up,
- Acute and late side effects of treatment.
 - **Clinical Trials, Literature and Research**
- The aims and format of Phase I to IV clinical trials,
- Obtaining informed consent, following study protocols and using data forms,
- Research programmes (although research experience is not a prerequisite),
- Major areas of current research and of recent important publications,
- Submission of a research project to an Ethics Committee,
- Structure and functioning of local and national clinical and research cancer networks.
- Ethics guidelines of research
 - **Communication and Publication**

- Effective communication with colleagues, patients and their carers,
- Giving clear and comprehensive descriptions of disease processes, investigations and treatment,
- Clear expression in English/local script and production of legible script,
- Preparing work for publication.
- Ethics of research publication
 - **Outpatient and Joint Clinics**
- Participation in joint consultative clinics and regular general oncology outpatient sessions,
- Seeing review and new patients and planning their overall management.
 - **Resource Management and Quality Assurance**
- Introduction to the resource management and quality assurance of an oncology service, so as to be able to develop these skills at a later stage
 - **Prevention**
- A broad knowledge of the environmental causes of cancer and possible strategies for prevention
 - **Screening**
- Details of screening programs for cervical, breast, Head & Neck, Lungs, Prostate, GIT and other cancers which might form a major proportion of cancer cases in the country in the years to come.
 - **Genetics**
- The familial aspect of some cancers as in colorectal, breast, ovary, retinoblastoma, multiple cancer syndromes etc and the management of high risk families and genetic counseling.

Sl. No.	Competency addressed	Nature of Activity	Level of competency achieved}			Signature of the Faculty
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FEEDBACK BY THE STUDENT

(To be filled up at the time of filling up of forms for University Examination. The filled up form is to be sent in a sealed envelope addressed to the Vice-Chancellor, OUHS, Bhubaneswar. It will be opened only after the student has passed.)

Name of Student:

Department:

Period of study: From _____ to _____

Due date of examination:

Date of submission of Thesis/Topic:

Name of Guide:

Name of H.O.D.:

- i. Do you think that, your goal of pursuing post-graduate education in the subject is achieved: Yes/No
- ii. Do you think that, you have been trained adequately by the department in:
 - a. Professional experience Yes/No
 - b. Academic teaching Yes/No
 - c. Recent advances Yes/No
 - d. Exposure to specialist from outside the institution Yes/No
 - e. Interaction with the patients Yes/No
 - f. Interaction with the colleagues Yes/No
 - g. Interaction with seniors Yes/No
 - h. Thesis/Research Yes/No
 - i. Article preparation Yes/No
 - j. Workshop Yes/No
 - k. Conferences Yes/No
 - l. C M E Yes/No
- iii. Do you think that, you have been trained as a fairly competent consultant: Yes/No
- iv. Were you harassed by your guide during the training period: Yes/No, if yes Name & Type:
- v. What was the attitude of HOD?:
- vi. What was attitude of other staff members:

- vii. Were you forced for anything by anybody: Money/Tuition/Gifts/Other/None, if yes then by Whom:
- _____
- viii. Any comment about interaction with other depts./colleague:
- ix. Hostel:
- x. Extra-curricular activity
- a. Sports
 - b. Cultural
- xi. Teaching aids:
- xii. Library:
- a. Central
 - b. Department
- xiii. Work place safety:
- xiv. Deficiencies you would like to point out particularly:
- xv. Brief comments:

Signature & Date

Postgraduate Students Appraisal Form

Annexure 1

Pre / Para /Clinical Disciplines

Name of the Department/Unit :

Name of the PG Student :

Period of Training : FROM.....TO.....

Sr. No.	PARTICULARS	Not Satisfactory			Satisfactory			More Than Satisfactory			Remarks
		1	2	3	4	5	6	7	8	9	
1.	Journal based / recent advances learning										
2.	Patient based /Laboratory or Skill based learning										
3.	Self directed learning and teaching										
4.	Departmental and interdepartmental learning activity										
5.	External and Outreach Activities / CMEs										
6.	Thesis / Research work										
7.	Log Book Maintenance										

Publications

Yes/ No

Remarks* _____

***REMARKS:** Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

SIGNATURE OF ASSESSEE SIGNATURE OF CONSULTANT SIGNATURE OF HOD