

## MD/MS (Obstetrics & Gynaecology) Log Book

PERSONAL DETAILS				
1.	Name (in full):			
2.	Date of Birth:			
3.	Date of Joining:			
4.	Permanent Address:			
5.	Address for communication:			
6.	Name of the College last studied:			
7.	Date of the joining for this course:			
8.	Qualifications:	Degree	Year of passing	University
9.	Experience			
10.	Title of Thesis / Dissertation:			



## MANAGEMENT OF COMPLICATED PREGNANCIES/ LABOUR

Sl. No.	Date	Hospital No.	Name	Age	Diagnosis	Procedure	Outcome	P/PA/A	Remarks

If the procedure/operation/delivery was conducted personally. 'P' should be written, if performed under supervision 'PA', or if assisted 'A'.

**OBSTETRICAL OPERATIONS**

Sl. No.	Date	Hospital No.	Name	Age	Indications	Procedure	Outcome	P/PA/A	Remarks

If the procedure/operation/delivery was conducted personally. 'P' should be written, if performed under supervision 'PA', or if assisted 'A'.

**GYNAECOLOGICAL OPERATIONS**

Sl. No.	Date	Hospital No.	Name	Age	Diagnosis	Procedure	P/PA/A	Remarks

If the procedure/operation/delivery was conducted personally. 'P' should be written, if performed under supervision 'PA', or if assisted 'A'.

**SPECIAL INVESTIGATIONS DONE (HSG, COLPOSCOPY, USG, NST (etc))**

Sl. No.	Date	Hospital No.	Name	Age	Indication	Procedure	Other Remarks

### CLINICAL CASES PRESENTED

Sl. No.	Date	Hospital No.	Diagnosis	Remarks and Signature of Moderator

**SEMINAR/SYMPOSIA**

Date	Subject	Remarks and Signature of Moderator



**JOURNAL CLUB**

Date	Name/ year of Journal	Subject Reviewed	Remarks and Signature of Moderator



**CME / CONFERENCES ATTENDED**

Date	Place	Name of CME/ Conference	Remarks and Signature by Guide

**TITLES OF PAPERS PRESENTED / PUBLISHED**

1.
2.
3.
4.
5.
6.
7.
8.

**TEACHING EXPERIENCE**

Date	To whom taken	Subject	Remarks and Signature by consultant

### INTERNAL ASSESSMENT

	<b>Theory</b>	<b>Practical</b>
3 <sup>rd</sup> Semester		
5 <sup>th</sup> Semester		