

DIPLOMA (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:			

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'.

CLINICAL CASES PRESENTED

Sl. No.	Date	Hospital No.	Diagnosis	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.

INTERNAL ASSESSMENT

	Theory	Practical
3 rd Semester		
5 th Semester		