



Name :

Batch:

Reg. No.:

Department:

Form of Assessment of Internship - MBBS

(The intern shall maintain a record of work which is to be verified and certified by the medical officer under whom he works. Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training.)

Certificate of Satisfactory Completion of Posting

1. Name of the Course	Bachelor of Medicine and Bachelor of Surgery - M.B.B.S.
(a) Period of Internship	From _____ to _____
Score to be obtained 0 to 5 in each level	
2. Proficiency of knowledge	
3. Competency in skills	
(a) Competency for performance of self performance	
(b) Competency for having assisted in procedures	
(c) Competency for having observed	
4. Responsibility, punctuality, work up of case	
(a) Involvement and treatment	
(b) Follow up reports	
5. Capacity to work in a team	
(a) Behaviour with colleagues, nursing staff	
(b) Relationship with paramedics	
6. Initiative, participation and discussions	
(a) Research aptitude	

Performance Grade:

(i) Poor = 0

(ii) Fair = 1

(iii) Below Average = 2

(iv) Average = 3

(v) Above Average = 4

(vi) Excellent = 5

Note: A score of less than 3 in any of the above items will represent unsatisfactory completion of internship. Each area of unsatisfactory score below 3 shall result in the repetition of one third of the total period of posting in the concerned subject.

Date:

Signature of Head of the Department

Seal: