



**Name :**

**Uni. Reg. No.:**

**Department :**

**CRMI No. :**

### **Form of Assessment of Internship – CRMI (MBBS)**

(The intern shall maintain a record of work which is to be verified and certified by the medical officer under whom he/she works. Apart from scrutiny of the log book, 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:

Name of the Course	Bachelor of Medicine and Bachelor of Surgery (M.B.B.S)
Period of Internship	From ..... To .....
Extension of Postings (if applicable)	From ..... To .....
<b>Score to be Obtained on a scale of A/B/C/D</b>	
(a) Knowledge	
(B) Patient Care	
(c) Procedural Skills	
(d) Independent Care	
(e) Communication Skills	
(f) System Based Practiced	
(g) Professionalism	
(h) Life-long Learning	

**Overall rating**

**A**  **B**  **C**  **D**

**Performance Grade:**

(i) Outstanding = A (ii) Good = B (iii) Average = C (iv) Needs further Training = D

**Date:**

**Signature of Head of the Department**

**HoD Seal**