

RECORD OF TRAINING

1. Name of Trainee: _____
2. Name of Hospital: _____
3. Hospital Address: _____

4. Course: _____
5. Date of Joining: _____
6. Date of Completion: _____
7. Name of Head of the Department : _____

Date: _____

Signature of Head of the Department

This log book has been maintained by the undersigned trainee and represents the work done during the _____ Training under the guidance of Dr. _____

Signature of Trainee

Name of trainee

Date

I confirm that there is adequate evidence that the trainee has attained these standards of professionalism.

Signature of Head of Department

Name of Head of the Department

Date