



LOGBOOK MD COMMUNITY MEDICINE

(PROPOSED)



Rawalpindi Medical University

**Department of Community Medicine & Public Health
New Teaching Block
Rawalpindi Medical University Rawalpindi**

ENROLLMENT DETAILS

Program of Admission

Session

RMU Registration Number

Name of Candidate

Father's Name

CNIC No.

Contact:

- Mobile #:
- Email:
- Address:

Date of Start of Training:

Date of Completion of Training:

Name of Supervisor:

Designation of Supervisor:

Title of the Training Department / Unit

Signature of the trainee:

Date:

Signature of the Head of the Training Department

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2. ASSIGNED PUBLIC HEALTH WORK LOG
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ACTIVITY LOG
8. LOG OF MULTIDISCIPLINARY LERANING SESSIONS / SHORT
ROTATIONS (PAEDS, GYNAE & OBS, PSYCHIATRY, INFECTIOUS DISEASES, HOSPITAL ADMINISTRATION ETC)
9. PH RELEVANT CONFERENCES/ SEMINARS/ SYMPOSIUM &
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OF TRAINING) LOG
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PUBLIC HEALTH SKILLS ACQUISITION RECORD

(COMMUNICATIONS, IMMUNIZATION, COMPUTER BASED SKILLS, EPIDEMIOLOGICAL SKILLS ETC)

| SR# | DATE | DETAIL OF SKILL ACQUIRED | RESOURCES USED | SITE SUPERVISION | SUPERVISOR'S SUPERVISION |
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ASSESSMENTS RECORD (CIA)

| # | ASSESSMENT BASE | REF | GRADE | SUP.REMOTE | SUPVISOR |
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SUP: REMARKS

SUP. SIGNATURE

DME / RMU SUPERVISION

HOD

