

**MAULANA AZAD MEDICAL COLLEGE
AND
ASSOCIATED LOK NAYAK HOSPITAL,
GOVIND BHALLABH PANT INSTITUTE OF POSTGRADUATE
MEDICAL EDUCATION AND RESEARCH
AND
GURU NANAK EYE CENTRE
(GOVT. OF NCT OF DELHI)
NEW DELHI-110002**



**LOGBOOK FOR ELECTIVES FOR MBBS STUDENTS
AS PER
COMPETENCY BASED CURRICULUM**

PREFACE

As per Graduate Medical Education (Amendment), 2019, notified through The Gazette of India on 4th November, 2019, the National Medical Commission has created an opportunity in the MBBS programme to do electives, with the aim to stimulate enquiry, self-directed experiential learning and lateral thinking among students. This learning experience created in the curriculum also provides an opportunity for the learner to explore, discover and experience areas of interest in the profession.

One month has been designated for elective rotations after completion of the examination at end of the third MBBS Part I and before commencement of third MBBS Part II.

Each learner shall rotate through two elective blocks (Block-1 and Block-2) of 15-days each. Roll Nos. 1-125 shall undergo electives in pre- and para-clinical subjects, while Roll Nos. 126 onwards shall undergo electives in clinical subjects in Block-1 (i.e. first 15-days). During the subsequent 15-days (i.e. Block-2) it shall be vice versa, i.e. Roll Nos. 1-125 shall undergo electives in clinical subjects, while Roll Nos. 126 onwards shall undergo electives in pre- and para-clinical subjects.

It is mandatory for learners to do an elective and the elective time shall not be used to make up for missed clinical postings, shortage of attendance or other purposes.

Minimum 75% attendance in the each of the two blocks of electives and submission of log book maintained during both the blocks is required for eligibility to appear in the final MBBS examination.

NAME OF THE STUDENT: _____

ROLL NO.: _____

UNIVERSITY ENROLLMENT NO.: _____

PERMANENT ADDRESS: _____

EMAIL ID: _____

MOBILE NO.: _____

GENERAL INSTRUCTIONS

- 1. This logbook is the record of activities pertaining to the electives chosen by the student.**
- 2. It is explicitly made clear that minimum 75% attendance and satisfactory completion of activities in each of the two blocks of electives is required for eligibility to appear in the final MBBS examination.**
- 3. The student is responsible for getting the entries in the log book verified by the internal and external preceptors (if applicable) at regular intervals.**
- 4. At the end of each block, the certificate needs to be signed by the Internal Preceptor and the Head of the Department.**
- 5. After completion of both the blocks, i.e. at the end of the second block, the concerned Head of the Department needs to forward the log book to the Department of Medical Education, MAM College, for signatures of the Dean, MAMC.**

BLOCK-1**TITLE OF THE ELECTIVE:****PERIOD:**

FROM _____ (DD/MM/YYYY) TO _____ (DD/MM/YYYY)

INTERNAL PRECEPTOR(S):

NAME:			
DESIGNATION:			
DEPARTMENT:			
ORGANISATION:			

EXTERNAL PRECEPTOR(S):

NAME:			
DESIGNATION:			
DEPARTMENT:			
ORGANISATION:			

BLOCK-1

Date:

Details of the activity performed:

Student signature

Preceptor signature

BLOCK-1

Date:

Details of the activity performed:

Student signature

Preceptor signature

BLOCK-1

Date:

Details of the activity performed:

Student signature

Preceptor signature

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Details of the activity performed:

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Details of the activity performed:

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Preceptor signature

BLOCK-1

Date:

Details of the activity performed:

Student signature

Preceptor signature

BLOCK-1

CERTIFICATE

This is to certify that the performance of
Mr./Ms. _____, Roll No. _____ was
satisfactory/ unsatisfactory in relation to the learning experiences designed for
the elective entitled _____
_____.

The attendance of the student during the period was _____%.

The student is eligible/ ineligible to appear for the final MBBS examination.

Signature of the Internal Preceptor
(with official seal)
Date:

Signature of the Head of the
Department
(with official seal)
Date:

Signature of the Dean
(with official seal)
Date:

BLOCK-2**TITLE OF THE ELECTIVE:****PERIOD:**

FROM _____ (DD/MM/YYYY) TO _____ (DD/MM/YYYY)

INTERNAL PRECEPTOR(S):

NAME:			
DESIGNATION:			
DEPARTMENT:			
ORGANISATION:			

EXTERNAL PRECEPTOR(S):

NAME:			
DESIGNATION:			
DEPARTMENT:			
ORGANISATION:			

BLOCK-2

Date:

Details of the activity performed:

Student signature

Preceptor signature

BLOCK-2

Date:

Details of the activity performed:

Student signature

Preceptor signature

BLOCK-2

Date:

Details of the activity performed:

Student signature

Preceptor signature

BLOCK-2

Date:

Details of the activity performed:

Student signature

Preceptor signature

BLOCK-2

Date:

Details of the activity performed:

Student signature

Preceptor signature

BLOCK-2

Date:

Details of the activity performed:

Student signature

Preceptor signature

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Details of the activity performed:

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The student is eligible/ ineligible to appear for the final MBBS examination.

**Signature of the Internal Preceptor
(with official seal)
Date:**

**Signature of the Head of the
Department
(with official seal)
Date:**

**Signature of the Dean
(with official seal)
Date:**