



LOG BOOK

SPECIALITY:

NAME OF CANDIDATE

PGMIQ REGISTRATION No:

O.P.D (Obstetrics)

O.P.D (OBSTETRICS)

S. NO	DATE	ANTENTAL	POST NATAL	CONSULTANT (state designation)	APPROX. NO. OF CASES	SIGNED BY SUPERVISOR

NOTE: (If the pages are inadequate in number the candidate may insert extra photocopied sheets)

O.P.D (Gynaecology)

O.P.D (GYNAECOLOGY)

S. NO	DATE	GYNAECOLOGY (If special clinic, mention name e.g. infertility)	CONSULTANT (state designation)	APPROX. NO OF CASES SEEN BY CANDIDATE	SIGNED BY SUPERVISOR

NOTE: (If the pages are inadequate in number the candidate may insert extra photocopied sheets)

Labour Room

LABOUR ROOM

DATE	TOTAL NO OF DELVIERIES DURING DUTY HOURS	STATUS OF CASES.	SIGNED BY SUPERVISOR

NOTE: (If the pages are inadequate in number the candidate may insert extra photocopied sheets)

Minor Operations

MINOR OPERATIONS

S. NO	DATE	OPERATION	INDICATION	LEVEL OF PARTICIPATION	SIGNED BY SUPERVISOR

* Key 1) Observer Status 3) Performed under supervision
 2) Assistant Status 4) Perform independently

NOTE: (If the pages are inadequate in number the candidate may insert extra photocopied sheets)

Major Operations

MAJOR OPERATIONS

S. NO	DATE	OPERATION	INDICATION	LEVEL OF PARTICIPATION	SIGNED BY SUPERVISOR

* Key 1) Observer Status 3) Performed under supervision
2) Assistant Status 4) Perform independently

NOTE: (If the pages are inadequate in number the candidate may insert extra photocopied sheets)

FAMILY PLANNING

FAMILY PLANNING

S. NO	DATE	PROCEDURE PERFORMED (e.g. Insertion of I.U.C.D. etc	SIGNED BY SUPERVISOR

NOTE: (If the pages are inadequate in number the candidate may insert extra photocopied sheets)

ACADEMIC ACTIVITIES

ACADEMIC ACTIVITIES

DATE	TITLE OF ACTIVITY	DETAIL	VENUE	SIGNED BY SUPERVISOR

NOTE: (If the pages are inadequate in number the candidate may insert extra photocopied sheets)