List of Electives

For MBBS Batch of 2021
Block 1
(Pre-Clinical & Para-Clinical Departments)
Duration
(Roll No: 1–150 & Remaining Students)

Sr. no.	Electives	Preceptor(s)
1.	Anatomy	
2.	Biochemistry	
3.	Physiology	
4.	Microbiology	
5.	Pathology	
6.	Pharmacology	
7.	Community Medicine	

Elective of Block 1–Model

Name of the block	
Name of the elective	
Location of hospital laboratory or research facility	
Name of the internal preceptor(s)	
Name of the external preceptor(s)	
Learning objectives of the elective	
Number of the students that can be accommodated in this elective	
Pre-requisite for the elective	
Learning resources for students	
List of the activities in which the students will participate	
Portfolio entries required	
Logbook entries required	
Assessment	
Any other comments	

Attendance Sheet of the Student

Sr. no.	Date	Morning	Evening	Student's Signature	Preceptor's Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Final Attendance Record of the Student

Sr. no.	Blocks	Attendance obtained out of 15 days	Attendance in percentage	Student's Signature	Preceptor's Signature
1.	Block 1				
2.	Block 2				

Important Note

If find any disagreement about attendance, the attendance record of the department records will be considered as final.

Certificate of Block 1

Certificate of Completion

This is to certify that Ms/Mr ..... Roll No. ..... admitted in the year ..... at .....

has satisfactorily completed/has not completed all requirements of Electives Block 2 in the Elective ..... of ..... subject from ..... to .....

She/He is/is not eligible to appear for 3rd Prof MBBS Part 2 University Examination.

Signature of the Preceptor

Name and Designation

Countersigned by HOD

Principal Signature

Place and Date

Elective Block 1

Elective Topic: _____

Department: _____

Preceptor's Name: _____

Details of Block 1

Activities Record Table

Sr. no.	Date	Activities	Activities in details
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Activity Performance Status Table

Sr. no.	Name of activity	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Faculty signature and date	Feedback received by student (Yes/No)	Student's Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Reflection of First Week

1. What happened during the first week?

2. What have you learned during the first week?

3. How could that knowledge be helpful in your future?

Faculty Signature with Date

Activities Record Table

Sr. no.	Date	Activities	Activities in details
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Activity Performance Status Table

Sr. no.	Name of activity	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Faculty signature and date	Feedback received by student (Yes/No)	Student's Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							