LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES
&
SIR COWASJEE JEHANGIR, INSTITUTE OF PSYCHIATRY, HYDERABAD

LOG BOOK

MD PSYCHIATRY
TRAINING PROGRAM

CONTENTS

Certificate of Completion of MD Training
Subject of Psychiatry

This is to certify that ***Dr.***

S/W/D/O

has successfully completed his/her training, as Postgraduate Resident as M.D Psychiatry, Trainee from ……...

to……under my supervision.

S/he has remained regular and punctual during her training.

I wish him/her success in future.

Date **Name and Signature of Supervisor**

ROTATIONS

General Medicine

Unit

Level of Performance (On a scale of 1-5)

Attendance
Punctuality
Ward performance
Academic performance
Adherence to Bio-Ethics/ Hospital protocols/ Behavior
Over all

Date Name and Signature of Unit chief/ Elective Supervisor

Neurology

Unit

Level of Performance (On a scale of 1-5)

Attendance
Punctuality
Ward performance
Academic performance
Adherence to Bio-Ethics/ Hospital protocols/ Behavior
Over all

Date Name and Signature of Unit chief/ Elective Supervisor