

Certificate for Skill

Steps	Attempt I Date: 16/1/20	Attempt II Date:	Attempt 'n' Date:
Skill <i>Examination of Respiratory System</i>			
Grade	<i>A</i>		
Name and Signature of the certifier <i>Dr. Kusuma</i>	<i>Ku</i> <i>16/01/2020</i>		
I have received detailed feedback on my performance including my grade, the errors that I have committed and actions to be taken. (student's signature)	<i>Arjun</i>		

Signature, name and Roll No. of student: *H. N. Nidamanyu*

Arjun



Roll No: 56

Certificate for Skill

Steps	Attempt I Date:	Attempt II Date:	Attempt 'n' Date:
Skill <i>Clinical examination of Pulse</i>			
Grade	<i>A</i>		
Name and Signature of the certifier <i>Dr. Namrata.</i>	<i>[Signature]</i>		
I have received detailed feedback on my performance including my grade, the errors that I have committed and actions to be taken. (student's signature)	<i>Abhijith S</i>		

Abhijith S *5*
Signature, name and Roll No. of student:

Certificate for Skill

Sl. No	Competency addressed	Name of Skill	Date	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)	Initial of faculty and date	Feed back Received Initial of learner
1	PY 5-12	Examination of Radial Pulse	27/5/23	F	M	C	ARL 27/5	
2	PY 5-12	Examination of Radial Pulse	23/5/23	F	E	C	ARL 23/5	
3	PY 5-12	Examination of Radial Pulse	29/5/23	f	M	C	ARL 29/5	

CERTIFICATION SHEET

Name of Student: Arshiya parveen H Baig

Phase of MBBS: 1st

Subject: ANATOMY

Skill: DRAWING DIAGRAM OF LUNG

Competency Number:

Grading of Student (please circle the appropriate letter – A, B, C, D)

A	Student has performed the assessment without any error
B	Student has performed the assessment with minor errors that need to be rectified
C	Student has performed the assessment with major errors
D	Student has not been able to perform the assessment

SKILL CHECKLIST

Satisfactory (✓), unsatisfactory (X)

Steps	Attempt I Date:	Attempt II Date:	Attempt 'n' Date:
<ul style="list-style-type: none"> • Identify the diagram of lung • Draw diagram of lungs 	<u>7/3/23</u>		
Grade	<u>A</u>		
Name and Signature of the assessor			
I have received detailed feedback on my performance including my grade, the errors that I have committed and actions to be taken.			
(student's signature)			

Certifiers name and signature with date of certification:

Vandana Sharma
7/3/23

Signature, name and Roll No. of student Arshiya parveen H Baig

36
33 ABU

CERTIFICATION SHEET

Name of Student: *Karol Maria C.V*

Phase of MBBS: *I year*

Subject: *Histology*

Skill:


Competency Number: *AN 25.1*

Grading of Student (please circle the appropriate letter – A, B, C, D)

A	Student has performed the assessment without any error
B	Student has performed the assessment with minor errors that need to be rectified
C	Student has performed the assessment with major errors
D	Student has not been able to perform the assessment

SKILL CHECKLIST

Satisfactory (✓), unsatisfactory (X)

Steps	Attempt I Date: <i>09/03/23</i>	Attempt II Date:	Attempt 'n' Date:
<ul style="list-style-type: none"> Identify the slide correctly Draw a neat labelled diagram 	<div>✓</div> <div>✓</div>		
Grade	<i>A</i>		
Name and Signature of the assessor	<i>DR. PALLAVI</i> 		
I have received detailed feedback on my performance including my grade, the errors that I have committed and actions to be taken. (student's signature)			

Certifiers name and signature with date of certification:

Signature, name and Roll No. of student



Roll no: *77*

CERTIFICATION SHEET

Name of Student: Ramnik, R.K

Phase of MBBS: I MBBS

Subject: Anatomy

Skill: Histology of Trachea / Lung


Competency Number:

Grading of Student (please circle the appropriate letter – A, B, C, D)

A	Student has performed the assessment without any error
B	Student has performed the assessment with minor errors that need to be rectified
C	Student has performed the assessment with major errors
D	Student has not been able to perform the assessment

SKILL CHECKLIST

Satisfactory (✓), unsatisfactory (X)

Steps	Attempt I Date:	Attempt II Date:	Attempt 'n' Date:
<ul style="list-style-type: none"> • Identification of slide • Next labelled diagram 			
Grade	A		
Name and Signature of the assessor			
<p>I have received detailed feedback on my performance including my grade, the errors that I have committed and actions to be taken.</p> <p></p> <p>(student's signature)</p>			

Certifiers name and signature with date of certification:

Signature, name and Roll No. of student

33

Roll. no. \rightarrow 115