



All India Institute of Medical Sciences, Nagpur

COURSE CURRICULUM

“Post Doctoral Certificate Course in Gynecological Endoscopy Surgery

By

Department of Obstetrics & Gynaecology

Plot No – 2, Sector – 20, MIHAN, Nagpur– 441108

Website: - www.aiimsnagpur.edu.in

Proposal for Post Doctoral Certificate Course in Gynecological Minimally Invasive Surgery

Proposed Course

Course	Post Doctoral Certificate Course
Subject	Gynecological Endoscopy Surgery
Duration	One Year
Eligibility	Eligibility M.S. or DNB Obstetrics and Gynaecology
Name of the Institute	All India Institute of Medical Sciences, Plot 2, Sector 20, Mihan Nagpur, 441108
Existing teaching	MS Obstetrics and Gynaecology
Division in which the fellowship course will be conducted	Division of Gynecological Endoscopy Surgery
Department	Department of Obstetrics and Gynaecology

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Title: Post Doctoral Certificate Course in Gynecological Endoscopy Surgery

Course Duration: 1 Year

1. Programme Goal and objectives

Over the past twenty years, there has been a substantial shift in the practices of gynecology. Gynecological surgeries have evolved from laparotomies to tiny incision laparoscopic surgeries, which lower the surgical insult, making way for “Key Hole or Minimal Invasive Surgery (MIS).” The increasing use of sophisticated endoscopic techniques has made it necessary for practicing gynecologists to acquire these abilities. Hence Endoscopy training ought to be an integral part of training courses offered by the institute, to enhance the armamentarium of the budding Gynaecologists and training opportunities in this field ought to be widely accessible to offer better post operative comfort to patients.

PROGRAMME GOAL

The purpose of the Post Doctoral Fellowship Certificate Course (PDCC) is to give the fellow the comprehensive academic, research and clinical training required to execute a wide range of minimally invasive procedures in gynecology with ease, and to make the fellow competent to provide better quality care to patients who can be treated with minimally invasive surgeries.

PROGRAMME OBJECTIVES

Acquiring laparoscopic proficiency is crucial objective of this course.

The following goals are included in the course's formulation, which aim to close this gap between traditional surgeries and laparoscopic surgeries .

1. To become proficient in the tactile sensation and changed hand-eye coordination as a result of the length and shape of the instruments; and absence of three dimensional depth perception due to two dimensional representation of three dimensional abdominal cavity.
2. To become knowledgeable about specific laparoscopic instruments and equipment.
3. Acquire knowledge of laparoscopic and hysteroscopic surgical principles.
4. To become familiar with the MIS's and other procedures' limits, contraindications, and indications.
5. Instrument and video equipment maintenance and sterilization.
6. Presentation, data storage, and documentation in laparoscopic surgery.
7. Expanding expertise and troubleshooting in the field of MIS.
8. Electrosurgery and other more recent forms of energy.
9. Getting familiar with fixation devices and prosthetic meshes.
10. To understand principles and steps for laparoscopic hysterectomy

11. To understand principles and basic steps in fertility enhancing surgery
12. To become knowledgeable about organ retrieval systems and tissue morcellators.
13. Knowledge of both fundamental and sophisticated intracorporeal suturing and endo-knotting methods.
14. Diagnostic and therapeutic Hysteroscopy.
15. To understand principles of operative hysteroscopy and use of TCRE set
16. To be able to diagnose and manage complications of Laparoscopy and Hysteroscopy.

2. Eligibility Criteria :

1. M.S. or DNB Obstetrics and Gynaecology recognised by Medical Council of India /NMC.
2. Application form as per format to be submitted before due date as advertised on website

3. Selection Criteria for candidates: Entrance Exams for Selection:

- 25 Marks MCQ Test based on subject concerned.
- 25 MCQs of 1 mark each
- No Negative Marking
- Merit list will be displayed for eligibility

4. TEACHING AND TRAINING ACTIVITIES

There will be approximately 450 teaching hours in one year. Out of these 450 hrs, theory teaching (Didactic & non didactic) will be 30% i.e.135 hours and Practical teaching will be 70% i.e. 315 hours

Distribution of hours	Total hours for course
	450
Theory(30%)	135
Practical(70%)	315

Sr No.	Module	Teaching hours
1.	Pelvic anatomy & Physiology	30 (Theoretical)
2.	Instrumentation & Pelvi-training, endosuturing	120 (Practical)
3.	Pathology & assessment of disorders including diagnosis and medical & surgical management.	75 (T38+P36)
4.	Hysteroscopic procedures assessment and management both medical and surgical.	60 (T18+P42)
5.	Laparoscopic procedures assessment and management both medical and surgical	60 (T18+P42)
6.	Fertility enhancing surgery	30 (T9+P21)
7.	Endometriosis related surgery	30 (T9+P21)
8.	Externship	45 (T13+P32)
	Total	450 hours

5. SYLLABUS

Curriculum to be covered in Gynecology Endoscopy.:

1. Basics Pelvic Anatomy

- a) Anatomy of Female Pelvis as seen through the Laparoscope.
- b) Equipment in Endoscopic Surgery
- c) Peritoneal Access in Laparoscopy
- d) Port Placements in Laparoscopy
- e) Principle and Use of Electrosurgery in Laparoscopy
- f) Laparoscopic Suturing
- g) Tissue Retrieval
- h) Anaesthesia in Laparoscopy
- i) Maintenance and sterilization of Instruments & Equipment

2. Laparoscopy

- a) Diagnosis and treatment of Ectopic Pregnancy
- b) Laparoscopic Hysterectomy; indications, informed consent, pre-op management etc.
- c) Laparoscopic Myomectomy
- d) Adenomyosis - Management and Laparoscopic surgery
- e) Laparoscopic Management of Endometriosis
- f) Laparoscopic Management of Uterovaginal Prolapse
- g) Fertility enhancing surgeries

3. Special Situations for Minimally Invasive Approach

- a) Laparoscopy in Pregnancy
- b) Tissue Retrieval
- c) Diagnosis and Management of Laparoscopic Complications
- d) Medicolegal Cases

4. Hysteroscopy

- a) Instrumentation in Hysteroscopy
- b) Diagnostic Hysteroscopy - Technique and documentation
- c) Distention Media and fluid systems in Hysteroscopy
- d) Hysteroscopic Septum Resection
- e) Office Hysteroscopy Basics
- f) Hysteroscopic Myomectomy
- g) Hysteroscopic cannulation of proximal tubal block
- h) Complications in Hysteroscopic surgery - prevention and management

Teaching Schedule:

Activity	Timings	Days/date	Days/date
Case Presentation	3-5pm	1 st Tuesday	3 rd Thursday
Seminar	3-5pm	2 nd Tuesday	
Journal Club	3-5pm	3 rd Tuesday	
Recent advances	3-5pm	4 th Tuesday	
Research review	3-5pm		2 nd Thursday 3 rd month

Responsibility of Fellows

Clinical Responsibilities	care of Out -Patients and In -Patients	preoperative assessment and planning as well as the postoperative follow-up of their assigned patients	On Call duties during both day and night
Research Responsibilities	One short term project	Paper or Poster presentation	
Academic Responsibility	one case presentation per month	Two Seminars per month	One journal presentation per month

Objectives of Externship programme:

1. To gain insight in management of complications related to other organ injury like bladder, ureter, small intestines
2. To give opportunity to fellows to learn from different teachers
3. Getting familiar with different laparoscopic techniques used by surgeons of super speciality
4. To provide fellows with the opportunity to build professional relationships with qualified professionals.

Schedule of one month Externship (11th month of fellowship)

GastroSurgery	Urology	Robotic Surgery	Gynae oncology
7days (within institute)	7days (within institute)	7days (Other institute with existing MOU in place - GMCH, Nagpur)	7days (Other institute with existing MOU in place - NCI, Nagpur)

Portfolio Management: Three monthly review of following topics by faculty

- Log Book assessment
- Presentations
- Ongoing Publications
- Number of hours spent on hands on practice
- Summaries of case discussions and presentations.
- Synopsis of publications.

6. Log Book : as per attached Annexure 1

7. Leave rules : As per institute policy

8. Examination

a. Formative Assessment

Formative assessment includes various formal and informal assessment procedures by which evaluation of student's learning, comprehension, and academic progress is done by the teachers/ faculty to improve student attainment. Formative assessment is essentially positive in intent, directed towards promoting learning; it is therefore part of teaching. The assessment scheme consists of Three Parts which has to be essentially completed by the candidates.

The scheme includes:-

Part I :- Conduction of theory examination

Part II :- Feedback session on theory performance

Part-III :- Work place based clinical assessment

1. The formative & Summative Examination Pattern is as follows:

(i) Formative Examination: -

- One month prior to summative exam and pattern is as summative exam.

(ii) Summative Examination: -

- Paper of 50 Marks
- MCQs: 20 x 1=20 Marks
- Short Notes: 4 x 5 Marks =20 Marks
- LAQ: 1 x 10 Marks=10 Marks
- Practical of 50 Marks

2. Eligibility to appear for Summative exam: -

- 40% Marks in formative exam separately in Theory & Practical
- 75% Attendance

3. For certification the Qualifying marks will be 50% Marks Separately in Theory & Practicals in the Summative exam.

4. Repeat Summative Exam in 45 Days after results.

The final assessment of competence will be done in the form of Fellowship Summative Examination leading to the award of the certificate of "**Post Doctoral Certificate course in Gynecological Endoscopy Surgery.**"

Declaration of Fellowship Results

Results of Fellowship Summative Examination (theory & practical) are declared as PASS/FAIL.

Reference list of books & journals

1. Practical Manual of Laparoscopic & minimally access surgery in Gynecology- A clinical Cook
2th edition, CRC Press (Resad P. Pasic).
2. Nezhat s Operative Gyn Laparoscopy & Hysteroscopy 2008 Cambridge University Press.
3. Manual for Laparoscopy Hysteroscopic Gyn Surgery with DVD Rom JP brothers. Jan 2013.
4. Colour atlas of Laparoscopic & Hysteroscopic surgery .
5. BMJ, ACOG, RCOG Fertility & Sterility in human Reproduction

Annexure I
Sample Question Paper

Post Doctoral Certificate Course Examination

Subject: Gynaecological Endoscopy

Instructions:

Total Marks:50

1. Attempt all questions and sub-questions in serial order Time : 2hrs
2. Draw diagrams wherever necessary
3. Figures to the extreme right indicate marks

Section A: Multiple choice question

(1X20=20)

1. Which point is considered Palmer's point for trocar insertion?
 - a. Right subcostal margin
 - b. Right lower quadrant
 - c. Left lower quadrant
 - d. Left subcostal margin
9. How far away from the cornu is the fallopian tube ideally grasped during Falope ring placement?
 - a. 1 cm
 - b. 3 cm
 - c. 5 cm
 - d. 9 cm
3. Who is a suitable candidate for a laparoscopic salpingostomy?
 - a. A patient who does not want uterus childbearing
 - b. A patient whose tubal ligation has failed and who now has an ectopic pregnancy
 - c. A patient with a bleeding, ruptured, ectopic pregnancy who desires future fertility
 - d. A patient with an unruptured, ampullary ectopic pregnancy who desires future fertility
4. During laparoscopic ovarian cystectomy, signs of malignancy are not seen during survey of the abdomen. At which of the following sites is the ovarian incision best placed?
 - a. At the hilum
 - b. At the fimbria ovarica attachment site
 - c. At antimesenteric portion of the ovarian capsule
 - d. None of the above
5. Which of the following complications is relatively common after ovarian drilling?
 - a. Hemorrhage
 - b. Ovarian atrophy
 - c. Adhesion formation
 - d. Thermal bowel injury
6. Which of the following lenses is suitable for diagnostic hysteroscopy?
 - a. 0-degree lens
 - b. 12-degree lens
 - c. 30-degree lens
 - d. All of the above
7. After undergoing hysteroscopic resection of a broad-based leiomyoma, patients are encouraged to delay conception attempts for what length of time?
 - a. 1 year
 - b. 6 months
 - c. Three menstrual cycles
 - d. Menstrual cycle after the resection
8. Which of the following complications is relatively common after ovarian drilling?
 - a. Hemorrhage
 - b. Ovarian atrophy
 - c. Adhesion formation
 - d. Thermal bowel injury
9. During laparoscopy, what operative step is performed first after initial abdominal entry is confirmed?
 - a. Identify the appendix
 - b. Examine the upper abdomen
 - c. Place the patient in Trendelenburg position
 - d. Examine the area directly below the primary trocar entry site for evidence of bleeding or trauma
10. What are common indications for diagnostic laparoscopy?
 - a. Pelvic pain evaluation
 - b. Pelvic mass assessment
 - c. Diagnosis and staging of endometriosis
 - d. All of the above
11. Which of the following is the threshold above which the abdomen typically is NOT insufflated during laparoscopy?
 - a. 8 mm Hg
 - b. 15 mm Hg
 - c. 20 mm Hg
 - d. 25 mm Hg
12. Preoperative methods to prevent conception prior to laparoscopic sterilization include which of the following?
 - a. Perform surgery in the luteal phase of the menstrual cycle
 - b. Provide effective contraception well in advance of surgery
 - c. Provide mifepristone 600 mg in a single dose prior to the surgical procedure
 - d. All of the above
13. During laparoscopic hysterectomy on a patient with three prior cesarean deliveries, you notice a cystotomy. Which part of the bladder is most likely affected?
 - a. Dome
 - b. trigone
 - c. Bladder neck
 - d. All parts are equally at risk.
14. What is the most common port placement for laparoscopic surgery?
 - a) Midline supraumbilical
 - b) Right upper quadrant
 - c) Left upper quadrant
 - d) Lower midline
15. Which of the following is a contraindication for laparoscopic surgery?

- a) Severe obesity b) Previous abdominal surgery c) Advanced cancer d) All of the above
16. Which of the following is a potential complication of insufflation during laparoscopic surgery?
 a) Pneumothorax b) Pulmonary embolism c) Hypotension d) All of the above
17. What is the most common complication of laparoscopic surgery?
 a) Hemorrhage b) Infection c) Bowel injury d) Adhesion formation
18. Which gas is used to inflate the abdomen during laparoscopic surgery?
 A. Oxygen
 B. Nitrogen
 C. Carbon dioxide
 D. Helium
19. Studies demonstrate that complications of laparoscopic occur with a frequency of _____.
 a. 1% - 5%
 b. 5% - 10%
 c. 11% - 15%
 d. 16% - 20%
20. What is the term for the process of closing the ports after laparoscopic surgery?
 a) Port closure b) Wound closure c) Incision

Section B

- 1. Long Answer Question: (1X10=10)**
 a) Explain principles for safe use of electrosurgery in Gynaecology. Discuss in brief about advanced bipolar and ultrasonic energy devices.
- 2. Short Answer Questions: (Any 4) (4X5=20)**
- a) Write a note on hysteroscopic management of Asherman's Syndrome.
 b) Draw a diagram of pelvic course of ureter. Enumerate the various types of ureteric injuries occurring during Gynaecological laparoscopy surgery.
 c) Discuss in brief sterilization/ disinfection of laparoscopy instruments.
 d) Critically appraise about complications of hysteroscopy
 e) Describe the various peritoneal entry techniques for laparoscopy. Enumerate tests to confirm the correct intraperitoneal placement of veress needle

ANNEXURE II

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR
Department of Obstetrics and Gynaecology



LOGBOOK

Gynecological Endoscopy Surgery

Department of Obstetrics and Gynecology

AIIMS, Nagpur.

Academic year - 20 - 20

CANDIDATE DETAILS	
1.	Name (in full):
2.	Date of Birth:
3.	Permanent Address:
4.	Address for communication:
5.	Centre: Guide :
6.	Date of the joining for this course:
7.	Qualifications: Degree Year of Passing University
8.	Experience:
9.	Title of research conducted (if any) :

CERTIFICATE

This is to certify that the candidate Mr/Ms _____ was

admitted to the **Post Doctoral Fellowship Certificate Course** in **Gynecological Endoscopic**

Surgery at All India Institute of Medical Sciences, Nagpur in the year _____.

He /She has satisfactorily completed / not completed all assignments and requirements

mentioned in this logbook for the above course during the period _____

She / He is eligible/ not eligible to appear for the Summative assessment.

Signature
Teacher-in-charge

Signature
Head of the Department

Part A

General Instructions

This log book is intended to be a record of all activities of fellowship candidate, as they perform and participate in the course.

1. This log book has 4 parts –

- A: General Information
- B. Consolidated Academic Appraisal Sheets
- C. Consolidated Research Appraisal Sheets
- D. Technical Competence

2. **The Part A** contains general information about the candidate-profile, the course and externship details and Internal Assessment record.

- a. This part of log book will be maintained by the department in the folder of the candidate .
- b. Each department will maintain a folder for each candidate enrolled under fellowship course .This folder will have:

- i. The Log book e -copy.
- ii. The scanned copy of the documents as required by the college

including: Admission letter, Joining letter, MBBS degree, MCI/MMC registration and other letters of permission like IEC approval of research work, certificates of conferences participations, publications etc.,

c. It shall solely be the responsibility of candidate to ensure that the scanned copy of relevant document is kept in his/her folder in the department.

d. Monthly back up of the same folder is to be maintained in the form of softcopy and kept with the candidate.

3. **Part B** contains consolidated sheet for academic appraisal.

They are to be filled and printed quarterly (interval of 3 months). This has to be duly signed by the Fellowship Supervisor/Head of the Department/ Dean Academics

4. **Part C** contains consolidated sheet for research appraisal.

They will be filled up during the fellowship term printed and signed by Supervisor /HOD /Dean Academics. These printed sheets are to be preserved and kept safely for final binding of log book.

5. **Part D: It will include skill/ Competency of the candidate.**

First Quarter : Academic Progress

	Date
Seminar	
Case Discussion	
Demonstrations	
Any other	

Skill Component

Sr. No	Surgical Procedure	Observed	Assisted	Performed under Supervision	Signature of Faculty

Status of research

Research Project	Publication Paper/Poster	Presentation in Conference

Status of Thesis Writing

Signature of Supervisor

2nd Quarter Academic Progress

	Date
Seminar	
Case Discussion	
Demonstrations	
Any other	

Skill Component

Sr. No	Surgical Procedure	Observed	Assisted	Performed under Supervision	Signature of Faculty

Status of research

Research Project	Publication Paper/Poster	Presentation in Conference

Status of Thesis Writing

Signature of Supervisor

3rd Quarter Academic Progress

	Date
Seminar	
Case Discussion	
Demonstrations	
Any other	

Skill Component

Sr. No	Surgical Procedure	Observed	Assisted	Performed under Supervision	Signature of Faculty

Status of research

Research Project	Publication Paper/Poster	Presentation in Conference

Status of Thesis Writing

Signature of Supervisor

4th Quarter Academic Progress

	Date
Seminar	
Case Discussion	
Demonstrations	
Any other	

Skill Component

Sr. No	Surgical Procedure	Observed	Assisted	Performed under Supervision	Signature of Faculty

Status of research

Research Project	Publication Paper/Poster	Presentation in Conference

Status of Thesis Writing

Signature of Supervisor

Workplace based Assessment

DOPS Assessment Sheet for Gynecological Endoscopy

(After 2 months of fellowship , every 15 days)

Date:		
Evaluator's Name:		
Diagnosis of patient		
Procedure:		

Assessment Criteria

	Assessment components	Score				
		1 Poor	2 Needs Improvement	3 Satisfactory	4 Good	5 Excellent
1	Preparation and Planning					
	Preparedness for the procedure					
	Review of relevant medical history and imaging					
	Discussion of procedure with the patient					
	Instrument handling					
2	Technical Skills					
	Use of endoscopic equipment					
	Execution of the procedure (e.g., visualization, dissection)					
3	Safety and Infection Control					
	Adherence to aseptic techniques					
	Identification and management of potential complications					
	Patient safety measures					
4	Communication Skills					

	Explanation of the procedure to the patient					
	Communication with the surgical team					
	Response to patient questions or concerns					
5	Post-Procedure Management					
	Appropriateness of post-procedure care					
	Discussion of findings and follow-up plans					
	Documentation accuracy					
	Total					

Feedback and Comments:

- **Strengths:**
- **Areas for Improvement:**
- **Additional Comments:**

Evaluator's Signature:

Fellow's Signature:

Externship in Gastro surgery Department

Date-

Sr.No	Surgical procedure	Level of Competency*			Patient ID	Diagnosis	Remark by Faculty	Signature of Faculty
		O	A	PS				
1		O	A	PS				
2		O	A	PS				
3		O	A	PS				
4		O	A	PS				
5		O	A	PS				
6		O	A	PS				

Cases Observed:

Comments of Supervisor:-

Signature of Supervisor

(O-observed, A- Assisted, PS-performed under supervision)

Externship in Urology Department

Date-

Sr.No	Surgical procedure	Level of Competency*			Patient ID	Diagnosis	Remark by Faculty	Signature of Faculty
1		O	A	PS				
2		O	A	PS				
3		O	A	PS				
4		O	A	PS				
5		O	A	PS				
6		O	A	PS				

Cases Observed:

Comments of Supervisor:-

Signature of Supervisor

(O-observed, A- Assisted, PS-performed under supervision)

Externship in Robotic surgery Department

Date-

Sr.No	Surgical procedure	Level of Competency*			Patient ID	Diagnosis	Remark by Faculty	Signature of Faculty
		O	A	PS				
1		O	A	PS				
2		O	A	PS				
3		O	A	PS				
4		O	A	PS				
5		O	A	PS				
6		O	A	PS				

Cases Observed:

Comments of Supervisor:-

Signature of Supervisor

(O-observed, A- Assisted, PS-performed under supervision)

Externship in Gynae oncology

Date-

Sr.No	Surgical procedure	Level of Competency*			Patient ID	Diagnosis	Remark by Faculty	Signature of Faculty
		O	A	PS				
1		O	A	PS				
2		O	A	PS				
3		O	A	PS				
4		O	A	PS				
5		O	A	PS				
6		O	A	PS				

Cases Observed:

Comments of Supervisor:-

Signature of Supervisor

(O-observed, A- Assisted, PS-performed under supervision)

Part B

Consolidated Academic Appraisal Sheet

Activity	Number of activity Participated	Number of activity Presented	Average score (5 point scale)
Clinical Cases			
Seminar			
Journal Club			
Workshops			
Any Other			

Signature of Supervisor

Case Presentation:

Case summary

Sr. no	Point to be considered	Score (TICK the options)				
		1	2	3	4	5
1	Completeness of history	1	2	3	4	5
2	Whether all relevant points elicited	1	2	3	4	5
3	Clarity of presentation	1	2	3	4	5
4.	Logical order	1	2	3	4	5
5.	Mentioned all positive and negative points of important	1	2	3	4	5
6.	Accuracy of general and physical examination	1	2	3	4	5
7.	Whether all physical signs elicited correctly	1	2	3	4	5
8.	Whether any major sign missed or misinterpreted	1	2	3	4	5
9	Diagnosis : Whether it follows logically from history and finding	1	2	3	4	5
10	Investigations required ✦ Complete list ✦ Relevant order ✦ Interpretation of investigation	1	2	3	4	5
1	Ability to react to question whether it follows logically from history and finding	1	2	3	4	5
2.	Ability to defend diagnosis	1	2	3	4	5
3.	Ability to justify differential diagnosis	1	2	3	4	5
4.	Confidence	1	2	3	4	5
5.	Other	1	2	3	4	5

Signature of Supervisor

SEMINAR

Title

Sr. no	Point To considered	Score				
		(Tick the option)				
1	Appearance	1	2	3	4	5
2	Completeness of preparation	1	2	3	4	5
3	Clarity of Presentation	1	2	3	4	5
4.	Appropriate use of audiovisual aids	1	2	3	4	5
5.	Understanding of subject	1	2	3	4	5
6.	Ability to answer question	1	2	3	4	5
7.	Time scheduling	1	2	3	4	5
8.	Consulted all relevant references	1	2	3	4	5
9	Overall performance	1	2	3	4	5
	Total Score					

JOURNAL CLUB

Title:

SN		Score				
		(Tick the Option)				
1	Choice of Article	1	2	3	4	5
2	Extent of understanding of scope & objectives of the paper by the candidate	1	2	3	4	5
3	Whether cross references have been consulted	1	2	3	4	5
4.	Whether other relevant publications consulted	1	2	3	4	5
5.	Ability to respond to question on the paper /subject	1	2	3	4	5
6.	Audio – Visual aids used	1	2	3	4	5
7.	Ability to defend the paper	1	2	3	4	5
8.	Clarity of presentation	1	2	3	4	5
	Total Score					

Signature of Supervisor

Part C

Consolidated Research Activity

Thesis/Project	Title	IEC clearance letter reference	Submitted on, Letter reference	Result
Poster /paper Presentations	Title	Conference	Date	Award/prize
Publications	Title	Authors	Journal (Citation if already published)	Index / Non Index

Conferences/ CME/ workshop attended	Details- Date, Name and Place	Level – Regional/ State/ National/ International	Level of Participation. (Volunteer/ Delegete/ Faculty/ Chairperson)
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Signature of Supervisor

Kindly attach relevant Photocopies of certificates/ articles.

Research Appraisal sheet

Title:

Research Project Progress Review

First Report

Sr.No.	Point to be considered	Score (tick the Option)				
		1	2	3	4	5
1.	Interest shown in selecting a topic	1	2	3	4	5
2.	Appropriate review	1	2	3	4	5
3.	Discussion with Supervisor and other faculty	1	2	3	4	5
4.	Quality of protocol	1	2	3	4	5
5.	Preparation of Proforma	1	2	3	4	5

Second Report

1	Periodic consultation with supervisor	1	2	3	4	5
2	Regular collection of case material	1	2	3	4	5
3	Depth of analysis/discussion	1	2	3	4	5
4	Over all Progress of research project	1	2	3	4	5

Third Report

1	Over all Progress of research project	1	2	3	4	5
2	Quality of final out put	1	2	3	4	5
3	Defence in Viva	1	2	3	4	5
4	Others (to be Specified)	1	2	3	4	5
5	Overall Performance	1	2	3	4	5

