अखिल भारतीय आयुर्विज्ञान संस्थान पटना

ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

Name				
Roll No.		**Batch**		
Module		**Code**		
Department		**Preceptor Name**		
Period of Posting				

Sl. No.	**Date**	**Subject/Topic/Module**	**Assessment No. out 10**

Attendance:- Held:…… Attended:…….. Percentage:……..

Remark: Not Up to the Marks/Good/Satisfactory/Excellent: ……

Total marks out of 10 by HoD: - (…… **/10)**

Signature of Coordinator/Faculty

Signature of Head of the Department

Dean (Academics)