Section 1: Competencies

General Surgery

Sr. No.	Competency number and description of the activity	Maximum number of attempts allowed for the activity	No. of attempts taken by the learner (with date of each attempt)	Any remedial training needed? (Yes/No) If yes then state the reason(s)	Rating **1.** Scope for further improvement **2.** Satisfactory (All attempts at the activity must be rated separately)	Final decision of faculty **C**–Completed **N**–Not completed	Feedback conveyed by faculty (Yes/No) Signature of faculty (with date)	Feedback received by learner (Yes/No) Signature of learner (with date)
General Surgery								
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General Surgery

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					General Surgery			
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General Surgery

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					General Surgery			
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General Surgery

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General Surgery								
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General Surgery

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				General Surgery				
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General Surgery

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				General Surgery				
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General Surgery

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				General Surgery				
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General Surgery

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General Surgery								
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General Surgery

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				General Surgery				
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General Surgery

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	General Surgery							
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General Surgery

(This page may be used to record the salient points of the discussion as well as any activities, assignments or assessments on the topic)

Sub-topic: Date:

1. Please describe briefly what was discussed OR details of activity/assignment/assessment:

2. What did you learn from the discussion OR the activity/assignment/assessment:

3. Do you feel that the knowledge you have acquired will help you become a better doctor? Please explain in your own words.

Feedback Received (Yes/No):

General Surgery

(This page may be used to record the salient points of the discussion as well as any activities, assignments or assessments on the topic)

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Feedback Received (Yes/No):