Section 1: Introduction to Otorhinolaryngology

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)*
Introduction to Otorhinolaryngology								
1.								
2.								
3.								
4.								
5.								

Section 1: Introduction to Otorhinolaryngology

(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):