**To be completed on an official letter head of the institute**

 **Annexure - HT**

**HANDS ON TRAINING PROVIDED TO DNB TRAINEES IN LAST ACCREDITATION CYCLE**

**(Only for Renewal Cases)**

**Name of the Candidate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reg. No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**During the 1st Year of Training**

|  |  |
| --- | --- |
| **Name of Clinical / Surgical Procedures** | **Number of Procedures** |
| **Observed** | **Assisted** | **Performed****(Under Supervision)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**During the 2nd Year of Training**

|  |  |
| --- | --- |
| **Name of Clinical / Surgical Procedures** | **Number of Procedures** |
| **Observed** | **Assisted** | **Performed****(Under Supervision)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**During the 3nd Year of Training**

|  |  |
| --- | --- |
| **Name of Clinical / Surgical Procedures** | **Number of Procedures** |
| **Observed** | **Assisted** | **Performed****(Under Supervision)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |
| **Signatures of Head of the Department/ Course Director with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**(Authorized signatory on behalf of applicant hospital) |