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

 **Annexure - PHT**

**HANDS ON TRAINING PROPOSED TO BE PROVIDED TO DNB/DrNB TRAINEES**

**During the 1st Year of Training**

|  |  |
| --- | --- |
| **Name of Clinical / Surgical Procedures** | **Number of Procedures** |
| **Observed** | **Assisted** | **Performed****(Under Supervision)** |
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**During the 2nd Year of Training**

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| --- | --- |
| **Name of Clinical / Surgical Procedures** | **Number of Procedures** |
| **Observed** | **Assisted** | **Performed****(Under Supervision)** |
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**During the 3nd Year of Training**

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