

FORM - G

Dr. C.S. DAWN, INDIAN COLLEGE OF MATERNAL & CHILD HEALTH (ICMCH)

25B, C.I.T. ROAD , ENTALLY, KOLKATA - 700014, West Bengal

Phone: 91-33-2249 5767/ 0-974877 5767 Fax: 91-33-2249 5767

Email: narchihq@gmail.com Website : www.narchi.org



Appraisal form for CRCH course

When accepted by NARCHI - HQ, an email confirmation will be sent.

(Incompletely written Certificate will be rejected)

Fix your
photo here

To,

The Dean

NARCHI - Dr. C. S. Dawn ICMCH

25-B, C. I. T. Road, Kolkata - 700 014

Sir,

I have worked for ten months as trainee assistant to my Fellow Guide Dr _____.

My date of joining for the course was _____ and date of completion will be _____.

I had been absent for _____ days during my training per.

I had written the clinical case notes for twelve cases, will be completing other two Log books. They will be duly completed including signature of fellow guide and will be carried to the final examination hall.

Yours sincerely,

Date.....

Signature of Trainee

Name (Block Letters).....

Address.....

City/Town.....Postal Code.....Phone.....

Email of TraineeMobile No.....

I have trained Dr _____ for one year as per Curriculum of NARCHI - ICMCH and have been satisfied with his/ her clinical work. He/ She has made adequate progress during the period to my satisfaction.

In a scale of 1 to 10, I'll give him/ her a score of _____ .

Date

Signature by Fellow Guide

Name of FG (Block Letters).....

Address.....

Postal Code.....Phone.....

Date.....Email of FG

Fellow Guide does not forward this Certificate unless she/he is satisfied with working of trainee. When trainee's work is satisfactory this certificate should be sent by FG after signing two months before the exam.