

Consolidated Report of CRMI posting of HS

Name:

KUHS Register No.

Final MBBS (Third MBBS Part II) Examinations of Kerala University of Health Sciences, Thrissur in..... (Month and year of examination). Completed one-year of Compulsory Rotating Medical Internship from to(including extension period).

The Provisional Registration Number for the same from Kerala State Medical Council isDated.....(DD/MM/YYYY)

| Sl No | Department | Duration as per NMC Regulations | Internship | | Extension | | Internship Completed in days* | Hospital/Centre/Institution |
|-------|--|---------------------------------|------------|----|-----------|----|-------------------------------|-----------------------------|
| | | | From | To | From | To | | |
| 1 | Community Medicine | 12 weeks | | | | | | |
| 2 | General Medicine | 6 weeks | | | | | | |
| 3 | Psychiatry | 2 weeks | | | | | | |
| 4 | Paediatrics | 3 weeks | | | | | | |
| 5 | General Surgery | 6 weeks | | | | | | |
| 6 | Anaesthesiology and Critical Care | 2 weeks | | | | | | |
| 7 | Obstetrics and Gynaecology including Family Welfare and Planning | 7 weeks | | | | | | |
| 8 | Orthopaedics including Physical Medicine and Rehabilitation (PM & R) | 2 weeks | | | | | | |

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|----|---|-----------------|-------|-------|-------|-------|-------|------------|
| 9 | Emergency/Trauma/ Casualty | 2 weeks | | | | | | |
| 10 | Forensic Medicine and Toxicology | 1 week | | | | | | |
| 11 | Dermatology, Venereology and Leprology | 1 week | | | | | | |
| 12 | Otorhinolaryngology | 2 weeks | | | | | | |
| 13 | Ophthalmology | 2 weeks | | | | | | |
| 14 | <u>Elective Exclusive</u> Broad Specialties Group | | | | | | | |
| | <i>1. Broad Specialty</i> Respiratory Medicine | 2 weeks | | | | | | |
| | <i>2. Broad Specialty</i> <i>Radio Diagnosis</i> | 2 weeks | | | | | | |
| | Total | <u>52 weeks</u> | ----- | ----- | ----- | ----- | ----- | ----- - |

**Total not less than 365 days*

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief.

Name:

Signature:

Date:

VERIFICATION

Above details were verified and found correct.

CRMI Co-ordinator