

Post Activity Assessment

Name of student					
University Number					
Date of activity (absent):			Time of activity (absent):		
Tutor Name					
Specific learning outcomes					
Type of activity absent (Tick ✓)	PBL		TBL	SEMINAR	others
Total marks	25 (for 1 session)	50 (for both session)	100	10	
Marks Obtained					

Sign:

Course coordinator

Date:

Time:

Sign:

Student Issues Secretary

Date:

Time:

Sign:

Head of Medical Education

Date:

Time:

Note:

1. A soft copy of this proforma will be available with the course coordinator, after receiving valid excuses countersigned by the student issues committee, he will fill the details and sign.
2. The course coordinator along with tutor has to sit with the head of medical education to frame type of assessment questions (well-structured short essay questions)
3. Course coordinator should inform the student about the exact schedule (date and time) of assessment.
4. Student should write the assessment answers in the department of medical education and submit to the Head of Medical education along with this form.
5. Evaluation should be done by concerned tutor and the head of medical education.
6. Marks obtained should be assigned by the head of medical education along with signature
7. Copy of this should be given to course coordinator to incorporate in continuous assessment and original should be kept as record in medical education department.