



REPUBLIC OF SOUTH SUDAN
SOUTH SUDAN GENERAL MEDICAL COUNCIL
GENERAL MEDICAL COUNCIL PROVISIONAL ORDER,2014

Internship Assessment Form Medicine/Dentistry



Surname

First Name

Second Name

Internship Registration No

Internship Centre

Discipline.....

Period of Rotation, From To.....

GRADE: A - Very Good B - Good C - Satisfactory D - Unsatisfactory

N/B: Where the grading shall be for scale **D** above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

	GRADE	REMARKS
I. KNOWLEDGE		
➤ Basic Sciences		
➤ Theoretical Knowledge in the Discipline		
➤ Participation in CPD(Continuous Professional Development)		
II. CLINICAL SKILLS		
➤ History Taking		
➤ Clinical examination		
➤ Interpretation of laboratory Data and X-Ray findings		
➤ Patient notes		

QUALIFICATIONS REG. NO:

NAME SSGMC REGISTRATION No.

DESIGNATION

Signature Date

Official Stamp