ANANTHA LAXMI GOVERNMENT AYURVEDIC MEDICAL COLLEGE, WARANGAL
Institution ID: AYU0004

GOVERNMENT AYURVEDIC TEACHING HOSPITAL, WARANGAL

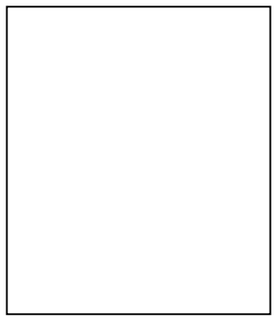
INTERN'S LOG BOOK
Year: 2025 - 2026

Name: .....

Batch: .....

Provisional Reg. No: .....

Period From: .....To: .....



Intern’s Full Name and Signature :_____

Home Address Including Phone No. : _____

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E-mail Address :_____

Local Address including Phone Numbers:_____

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OUT PATIENT SCREENING ZONE

Activities performed by the Intern to be recorded below		Signature of Medical Officer with date
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Number of days allotted: Number of days attended:

Signature of HOD

Department of KAYA CHIKITSA

Activities performed by the Intern to be recorded below		Signature of HOD/Staff with date
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Number of days allotted: Number of days attended:

Signature of HOD

Department of SHALYA TANTRA

Activities performed by the Intern to be recorded below		Signature of HOD/Staff with date
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Number of days allotted: Number of days attended:

Signature of HOD

Department of SHALAKYA

Activities performed by the Intern to be recorded below		Signature of HOD/Staff with date
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Number of days allotted: Number of days attended:

Signature of HOD

Department of PRASUTI EVUM STREE ROGA

Activities performed by the Intern to be recorded below		Signature of HOD/Staff with date
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Number of days allotted: Number of days attended:

Signature of HOD

Department of KAUMARABRITHYA

Activities performed by the Intern to be recorded below		Signature of HOD/Staff with date
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Number of days allotted: Number of days attended:

Signature of HOD

Department of PANCHAKARMA OPD

Activities performed by the Intern to be recorded below		Signature of HOD/Staff with date
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Number of days allotted: Number of days attended:

Signature of HOD

Department of PANCHAKARMA – OPD/IPD PROCEDURES

Activities performed by the Intern to be recorded below		Signature of HOD/Staff with date
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Number of days allotted: Number of days attended:

Signature of HOD

Department of ROGA EVUM VIKRUTHI VIGYAN

Activities performed by the Intern to be recorded below		Signature of HOD/Staff with date
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Number of days allotted: Number of days attended:

Signature of HOD

Department of SWASTAVRITTA & YOGA

Activities performed by the Intern to be recorded below		Signature of HOD/Staff with date
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Number of days allotted: Number of days attended:

Signature of HOD

Department of AGADA TANTRA (VISHA CHIKITSA)

Activities performed by the Intern to be recorded below		Signature of HOD/Staff with date
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Number of days allotted: Number of days attended:

Signature of HOD

Department of ATYAYIKA CHIKITSA (CASUALITY)

Activities performed by the Intern to be recorded below		Signature of HOD/Staff with date
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Number of days allotted: Number of days attended:

Signature of HOD

IN PATIENT DEPARTMENT SECTION

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Number of days allotted: Number of days attended:

Signature of HOD

DISPENCING UNIT

Activities performed by the Intern to be recorded below		Signature of HOD/Staff with date
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Number of days allotted: Number of days attended:

Signature of HOD

Details of Casual Leaves of Interns (To be filled during posting only)

Sl. No	Department	Date & No. Casual Leave		Balance CL	Signature ofHOD
		Date	No.		

Note:

1. The Interns are entitled for only 12 days casual leave in whole Internship Period.
2. They cannot take more than 6 days leave including prefix and suffix at a time and cannot go on leave without prior permission from HOD.
3. Working hours are not less than 8 hours timings: OPD 9am-5pm..
4. Everyone should give attendance in Aadhar enabled biometric attendance (AEBS) as per the norms laid by NCISM New Delhi along with signature in the department attendance register by 9:15am
5. This Aadhar enabled biometric attendance will be forwarded to NCISM Head Office on daily basis.
6. Irregularities in AEBAS Attendance (working Hours), NCISM May inspect the internees at any time without prior intimation.
7. Internees should strictly maintain the dress code in the hospital premises.

Signature of the Principal