



Sudan Medical Specialization Board

General Surgery Council

Registrar Name: _____

Training Centre _____

Rotation _____

Hospital _____

Date from _____ *To* _____

Trainer _____

<i>Date</i>	<i>Patient name</i>	<i>Age/ Sex</i>	<i>Operation</i>	1	2	3	4

Clinical Trainer ----- Educational Supervisor -----

Signature

Signature

<i>Date</i>	<i>Patient name</i>	<i>Age/ Sex</i>	<i>Operation</i>	1	2	3	4

Clinical Trainer ----- Educational Supervisor -----

Signature

Signature

No	Operation	1	2	3	4	Total

Clinical Trainer ----- Educational Supervisor -----

Signature

Signature

No	Operation	1	2	3	4	Total

Clinical Trainer ----- Educational Supervisor -----

Signature

Signature