

Department of Medical Education, JIPMER

Proforma for using Skill Lab

1. Name of the User Department :
2. Name & Designation of the Training Faculty :
3. Name of the accompanying Training person :
4. Proposed Date and Time of training :
5. Participants (Please tick) : MBBS B.Sc., (AHS)
 B.Sc., Nursing M.Sc
 M.D/ M.S DM/ M.Ch
 Residents Nursing Personnel
 Others: Please specify _____
6. Number of Students per batch/session :
7. Name of the Manikin required for training : Adult Difficult Air way trainer
(Please tick) BLS Advanced Adult Manikin
 Lumber Puncture Simulator
 Normal Air way Trainer
 Rectal Examination Trainer – Surgery
 Male Pelvic Examination Trainer
 Advanced Adult Catheterization Trainer

Note: Manikins will not be allowed for use outside the Skill Lab.

Signature of the Training Faculty
with seal

For Office use only

- Technical Person in-charge for the training :
- Remarks :
- Approval of the HoD :