



**K.A.P. VISWANATHAM GOVT.
MEDICAL COLLEGE
TIRUCHIRAPPALLI - 620 001.**

AFFILIATED TO

THE TAMILNADU Dr. M.G.R. MEDICAL

UNIVERSITY, CHENNAI-32.

**PHYSIOLOGY
RECORD NOTEBOOK**

Name of the student : _____

University Registration No. : _____

Year of Admission : _____



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CERTIFICATE

Certified that this is the Bonafide Clinical Physiology Practical Record Book of
Ms/Mr. _____ who has undergone First Year
MBBS course, during the period from _____ to _____. His / Her work
has been Satisfactory / Good.

Asst.Professor,
Department of Physiology

Professor & Head,
Department of Physiology

Date :

Place: