**Community Services**

**Report Form**

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| **Program** | □Medicine □Clinical Pharmacy □Dentistry □ Nursing |
| **Supervisor** |  |
| **Names of Participants** |  |
| **Title of the community service** |  |
| **Type of Community Service delivered** | □Education □Screening □ Treatment |
| **Classification of Community Service** | □Curriculum based Medical Education activity□Voluntary□Research related ( after Ethical Approval) |
| **Objectives** |  |
| **Date & Time** |  |
| **Location****Details** | **□**Within Campus **□**Outside Campus |
| **Any collaboration/sponsor for the activity.****Give details** | □Yes □No |
| **Target Audience** |  |
| **Aids used** |  |
| **Details of the activity** |  |
| **Feedback from audience** |  |
| **Feedback from students who participated** |  |
| **Problems faced during conduction(while executing)** |  |
| **Suggestions for improvement** |  |
| **Evidence copies to be submitted****(if applicable)** | □Permission letter from College □ Permission letter to organization□Photos |
| **Prepared by supervisor/ Date**  |  |
| **Submitted to Coordinator** |  |
| **Submitted to Vice Dean** |  |
| **Kindly submit soft copy to the Coordinator along with photos to upload on website** |