Skills Lab

Annapoorana Medical College & Hospitals, Salem

<u>Skills Lab Request Form</u>

01.   Name of the Department   :

02.   Accompanying Faculty Name   :

03.   Number of Students for Training   :

04.   Student's Batch ID   :

05.   Date of Training & Time   :

06.   Duration of Training   :

07.   Manikin to be used   :

08.   Pre-Test & Post-Test Google forms prepared   :

09.   Signature of the Faculty Incharge   :

10.   Date   :