

# Training on Teaching Methodology & Assessment

Date: 6<sup>th</sup> to 10<sup>th</sup> June, 2021

Venue: CME, Conference Room

Personal Details of Trainee

(PLEASE FILL-UP IN BLOCK LETTER)

1. Name :
2. Date of Birth :
3. DMDC/BMNC/Others-Code:
4. Select the Gender :  Male ,  Female
5. Designation :
6. Department :
7. Name of the Institute :
8. Please Select :  Local,  Non-Local
9. Select type of the Institute :  Government,  Non- Government
10. Cell Phone :
11. E-mail :
12. Start date of Workshop :
13. End date of Workshop :
14. Did you have exposure of Covid-19?  Yes ,  No
15. If your answer of question number 14 is "Yes" then what was the date of being negative of Covid-19?  
Date: \_\_\_\_\_
16. Are you vaccinated for Covid-19? :  Yes ,  No
17. If your answer of question number 16 is "Yes", please response among the following options-  
 Last Dose,  Second Dose ,  Both Dose
18. Date of the 2<sup>nd</sup> dose vaccination for Covid-19.  
Date: \_\_\_\_\_
19. Do you have any comorbid diseases? :  Yes ,  No
20. If your answer of question number 19 is "Yes", please response among the following options-  
 Hypertension,  DM,  Bronchial Asthma,  Renal Diseases  
 Any malignancy  Others (Please mention) \_\_\_\_\_

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*Signature of the Trainee*