



DEPARTMENT OF PHYSIOTHERAPY

INTERNSHIP/CLINICAL POSTING- STUDENT WEEKLY PROGRESS REPORT			
Internship/Clinical Posting Week:			
From (Date):		To (Date):	
Enrollment Number:		Program:	
Hospital/Institution Name:			
Department Posted:			
Week's Summary			
Day	Time	Day Activities	Remarks/ Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Student Signature with Date

Signature of Posting in-Charge with Date