



JHARKHAND
Rai University
— R A N C H I —

PT CLINICAL -
LOG BOOK

NAME:

ENROLLMENT NUMBER:

SEMESTER:

PROGRAM:

DECLARATION

I, **[Your Full Name]**, Enrollment No. **[Your Enrollment Number]**, hereby declare that the work embodied in this log book/ is my original work and has been completed under the guidance of **[Name of your Clinical posting Guide]** for the fulfillment of the requirements for the **[Name of Your Degree/Program]** at **Jharkhand Rai University**.

Signature of the Student:

Signature of the External clinical posting In Charge:

Signature of the Internal clinical posting In Charge: