SINA INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES QUETTA
DOCTOR SHAIR MUHAMMAD ROAD QUETTA
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BHU FORM

Student Name: _____Batch: _____Session: _____

Faculty Name: _____Date: _____

Clinical Area: _____

1: Services

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2: Staff in BHU:

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3. Antenatal:

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4. Pre Natal:

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5. Post Natal:

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6. Family Planning:

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7. Vaccination:

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8. Dispensary:

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9. Labs:

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10. Labor Room:

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11. Evaluation of Students:

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Student Signature: _____ Teacher Signature: _____