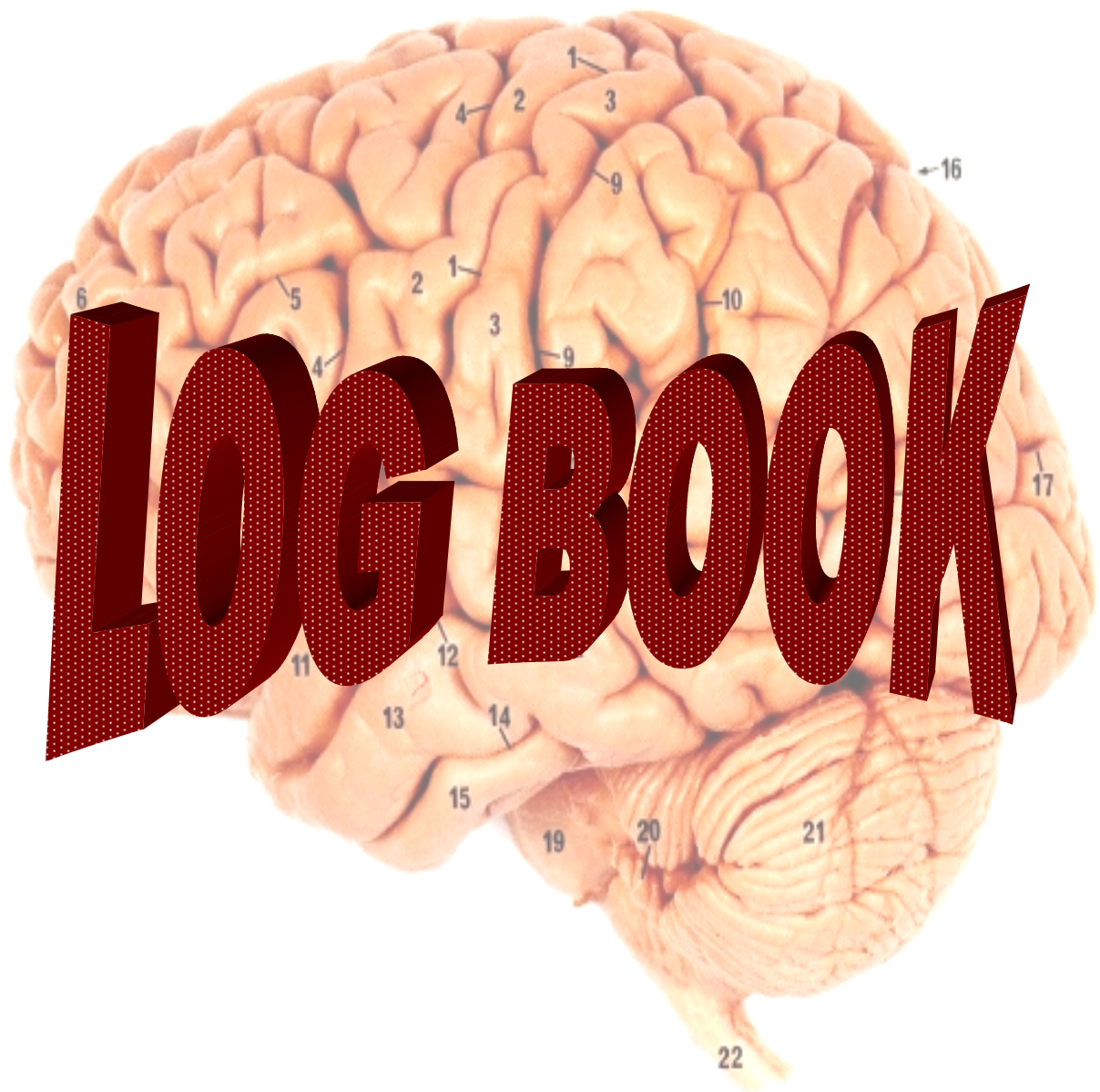




Assistant Lecturer

Mansoura University
Faculty of Medicine
Neurology Department



Personal Data

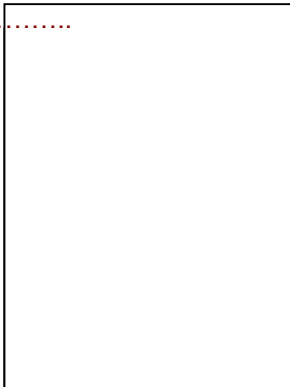
Name:

Date of Birth:/...../.....

Home Address:

Telephone Number:

e-mail Address:



M.B., B. Ch.:

Date:/...../.....

Degree:

Present Job:

Work address:

Date of appointment:/...../.....

Master Degree:

Date of registration:/...../.....

Date of graduation (1st part):/...../.....

Date of discussion of thesis:/...../.....

Date of graduation (2nd part):/...../.....

Final degree:

MD Degree:

Date of registration:/...../.....

Date of graduation (1st part):/...../.....

Date of graduation (2nd part):/...../.....

Date of discussion of thesis:/...../.....

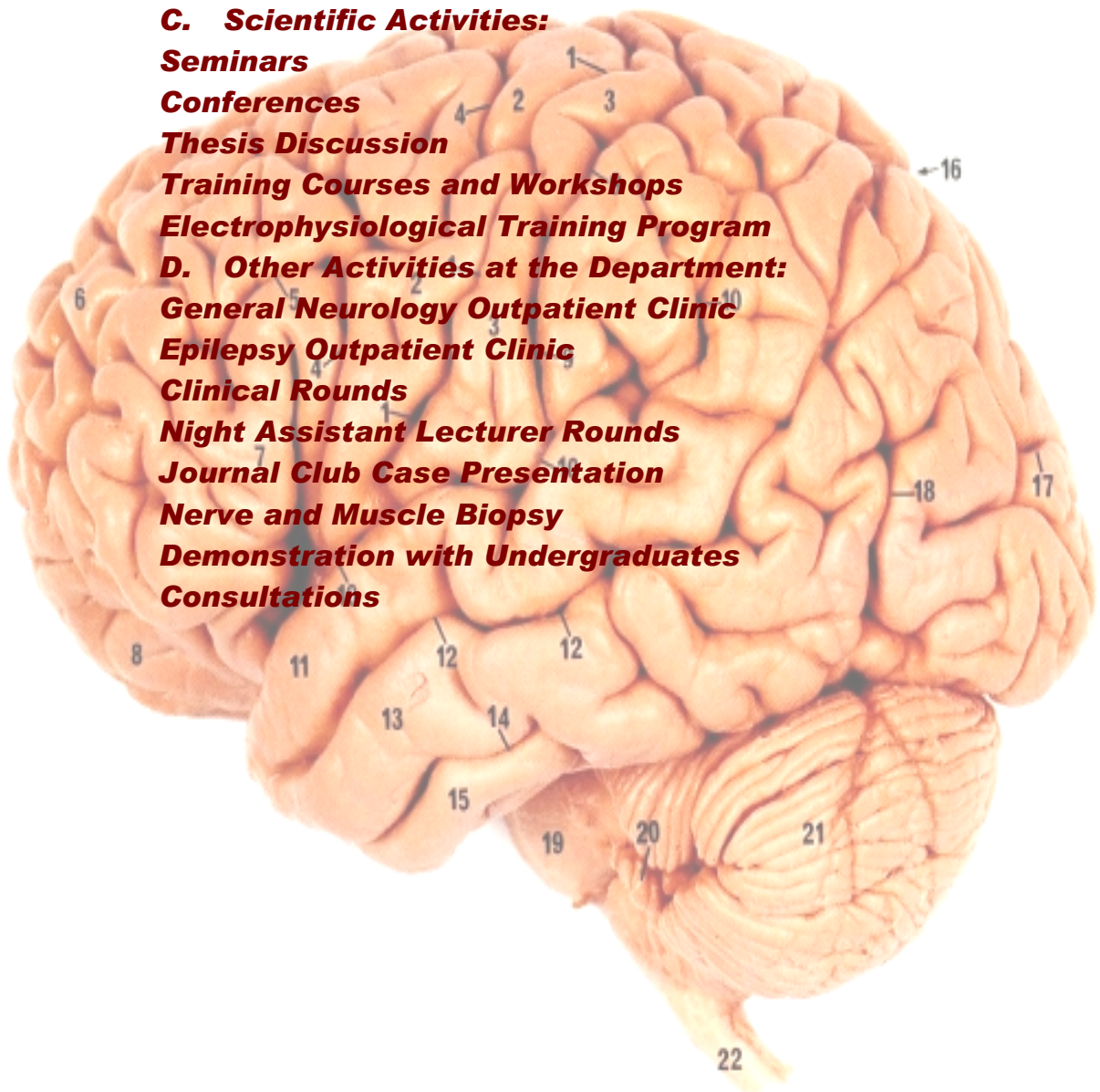
Final degree:

Head of the Department

***Vice Dean for research
and postgraduate study***

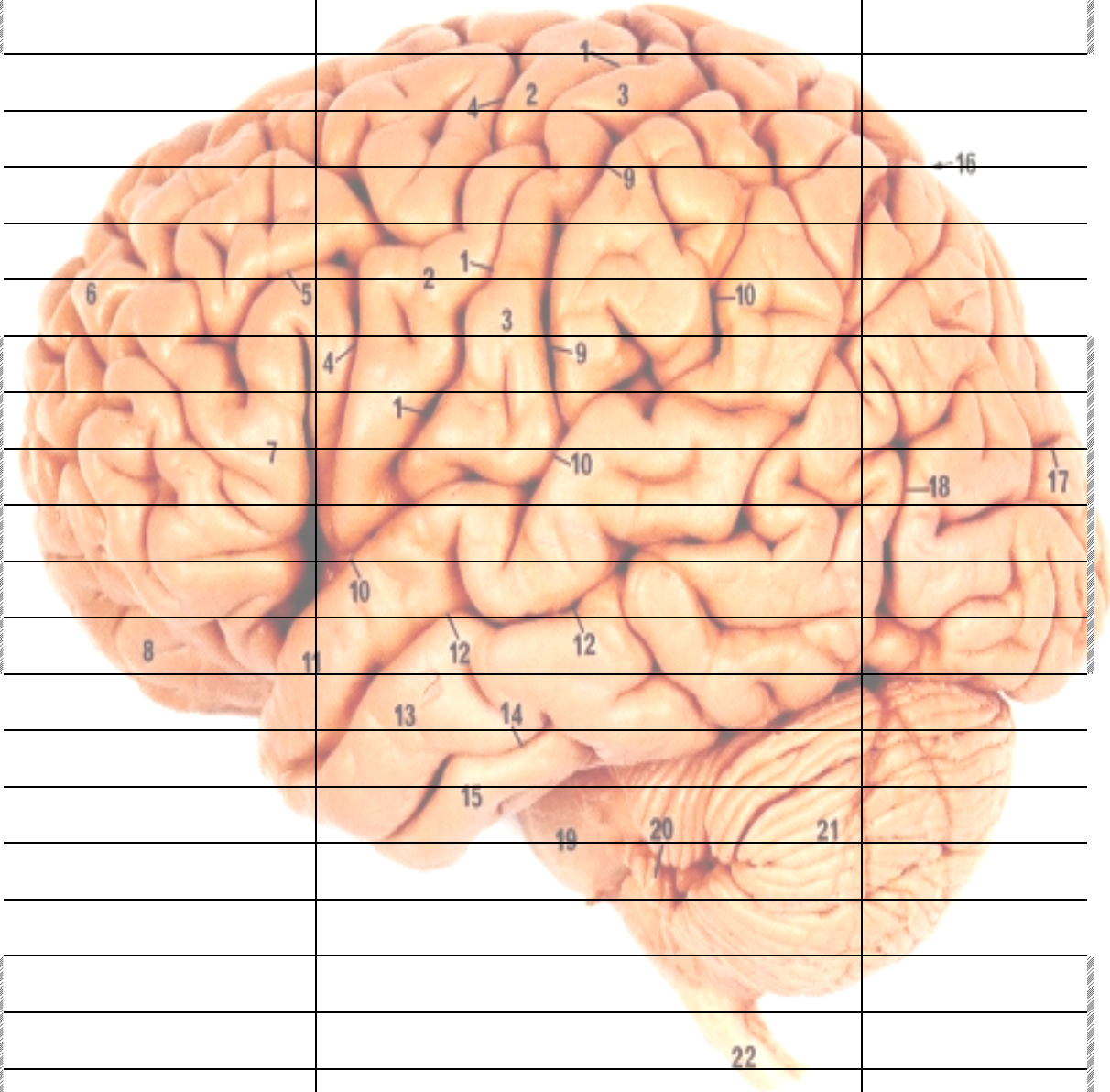
Contents

- A. MD Degree Course:**
 - Scientific Lectures (1st part)**
 - Clinical Training Courses (1st part)**
 - Scientific Lectures (2nd part)**
- B. MD Degree Thesis**
- C. Scientific Activities:**
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 - Clinical Rounds**
 - Night Assistant Lecturer Rounds**
 - Journal Club Case Presentation**
 - Nerve and Muscle Biopsy**
 - Demonstration with Undergraduates**
 - Consultations**



**A. MD Degree Course:
Scientific Lectures (1st part):**

Date	Title	Supervisor



B. MD Degree Thesis:

Title:

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Supervisors:.....

.....

Summary of the thesis:

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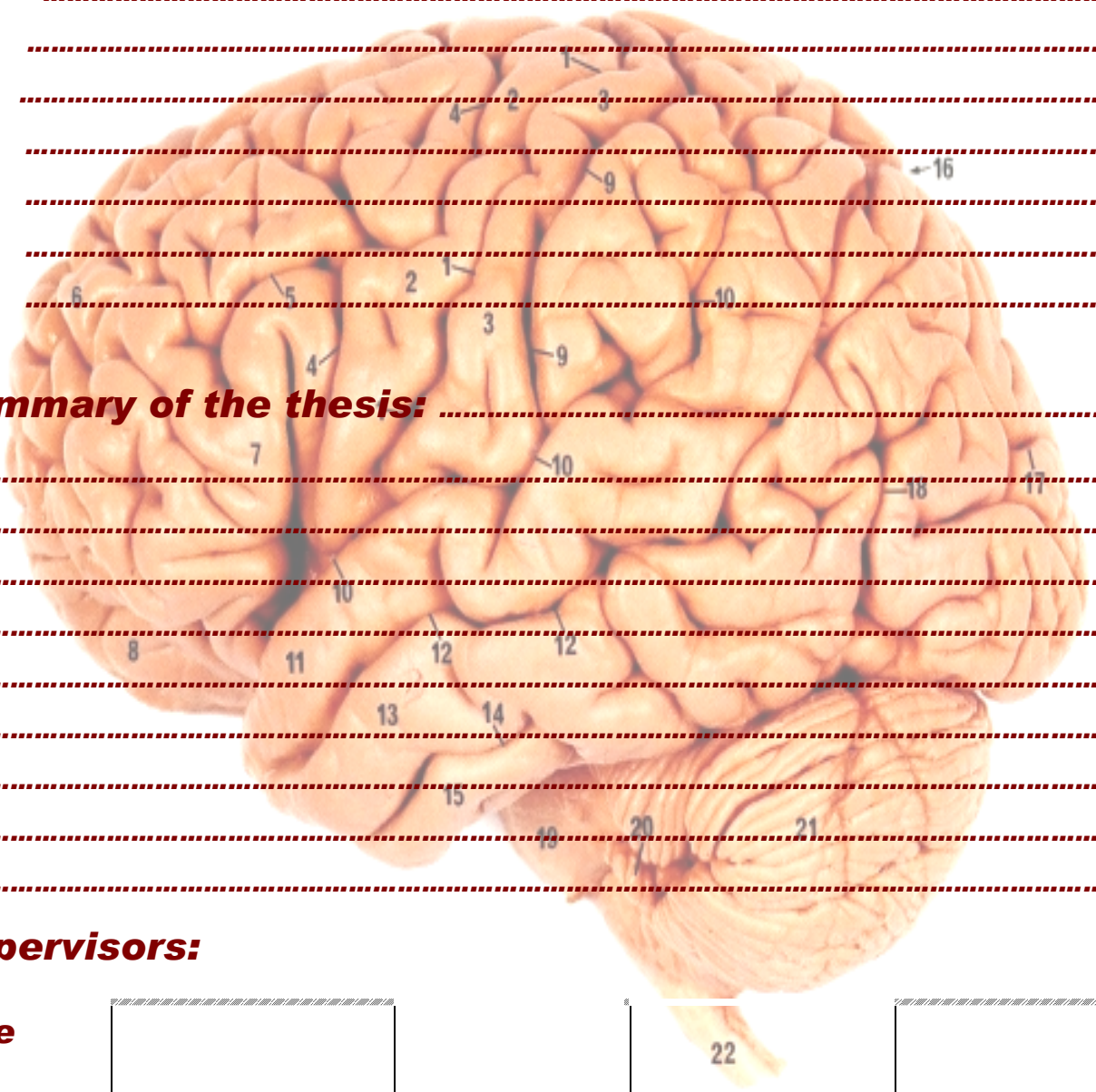
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Supervisors:

Name

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Signature:

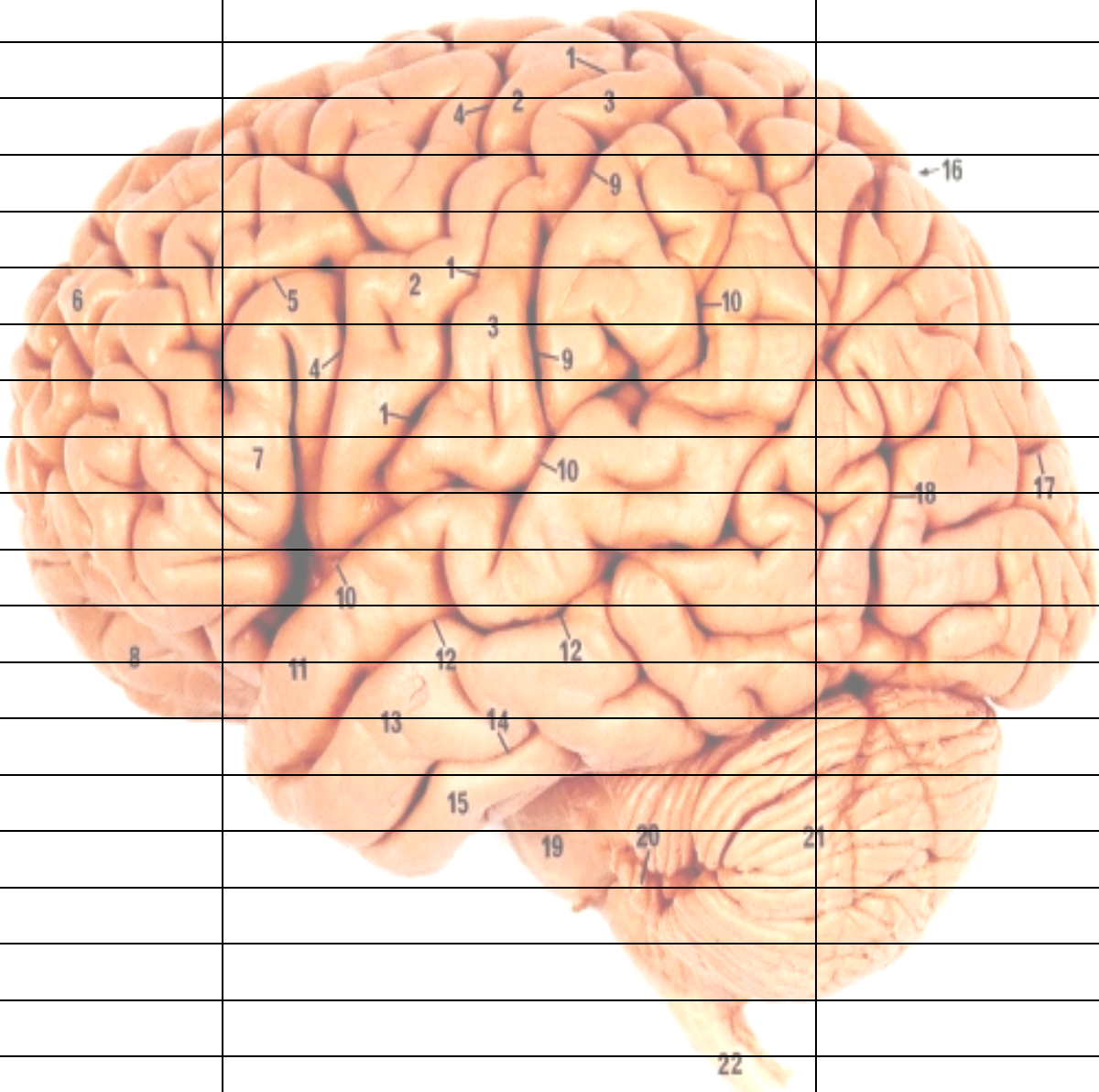
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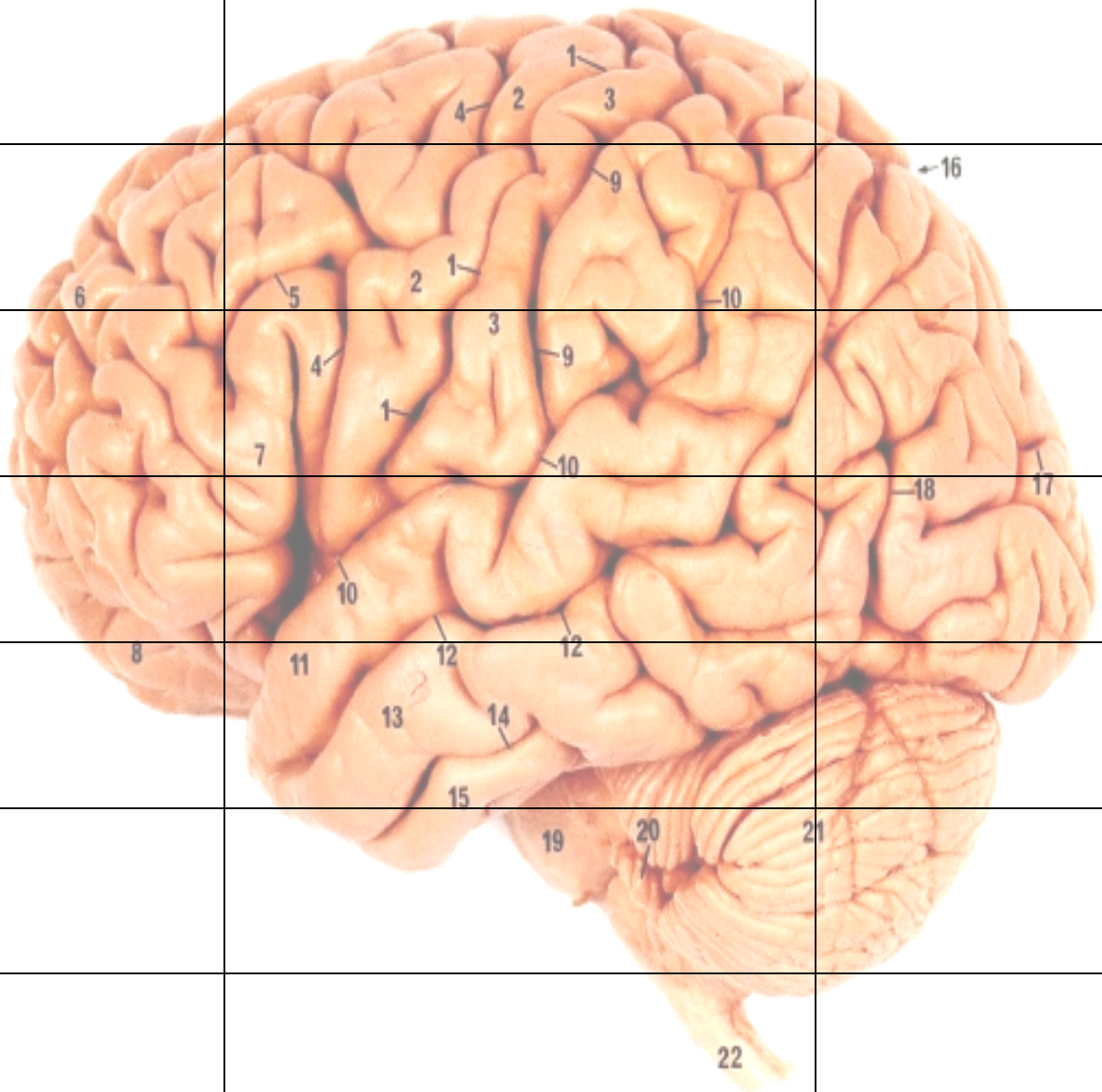
**C. Scientific Activities:
Seminars:**

Date	Subject	Supervisor



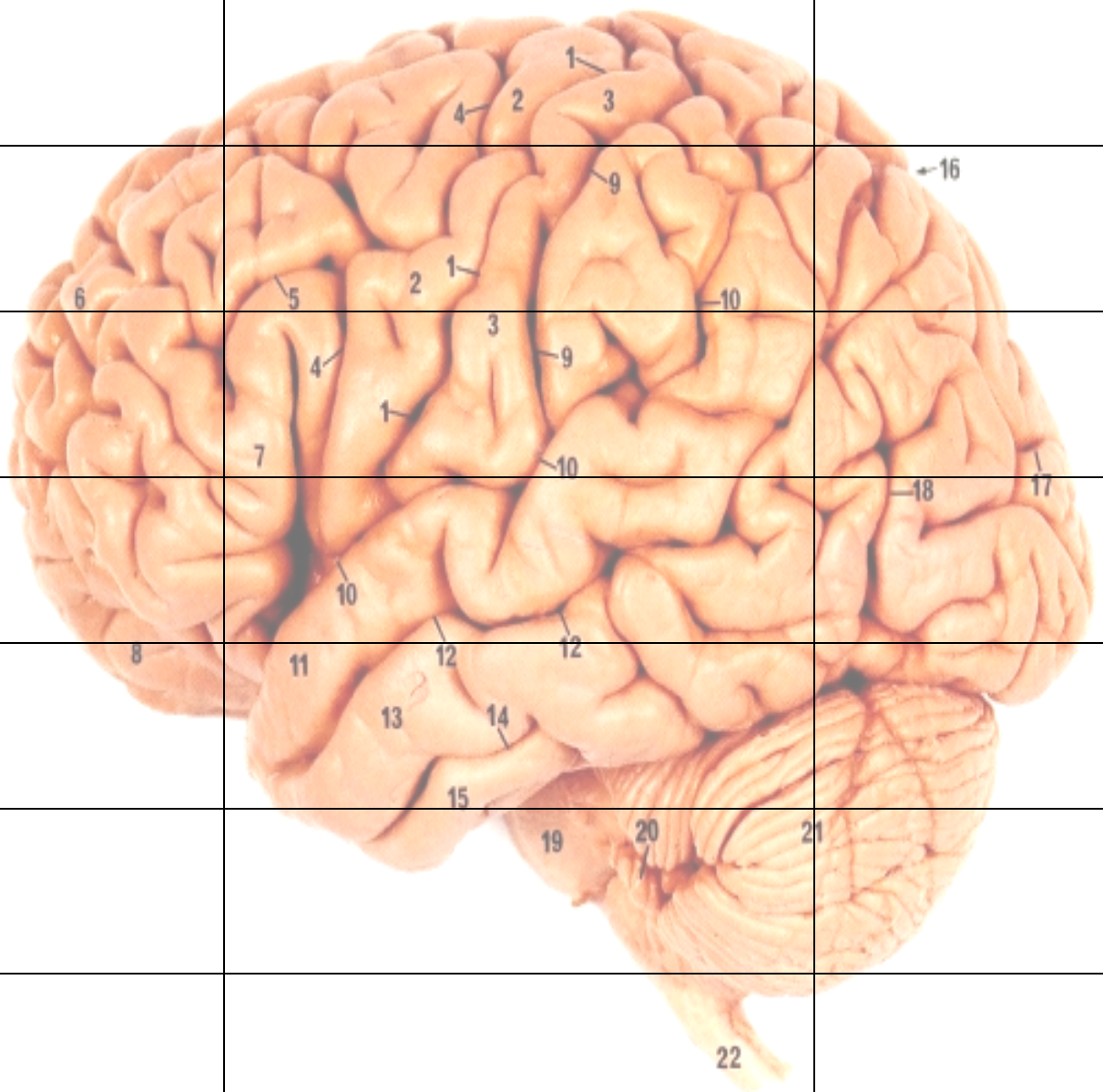
Conferences:

Date	Conference	Supervisor



Thesis Discussion:

Date	Thesis discussed	Supervisor



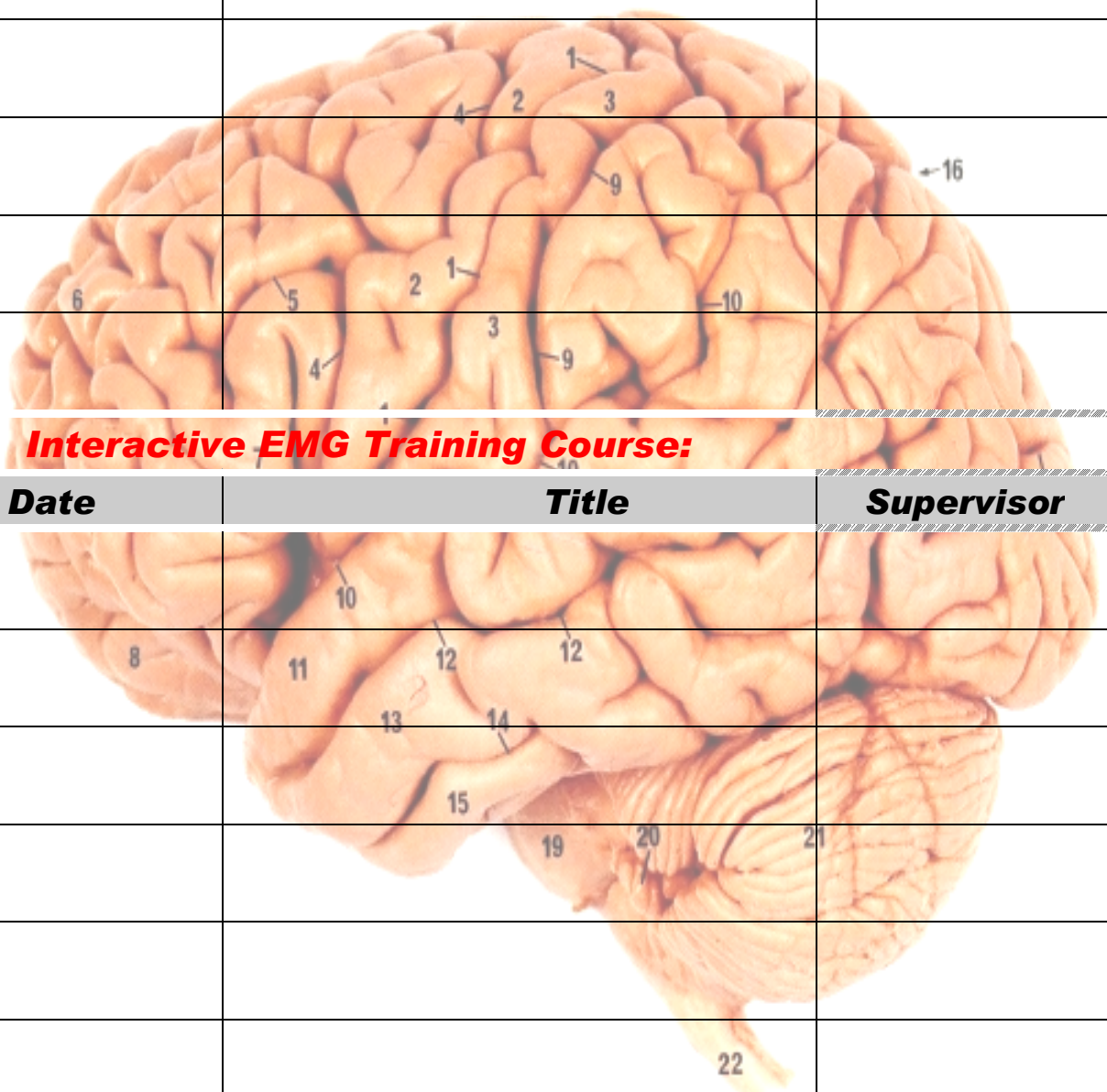
Training Courses and Workshops:

Interactive EEG Training Course:

Date	Title	Supervisor

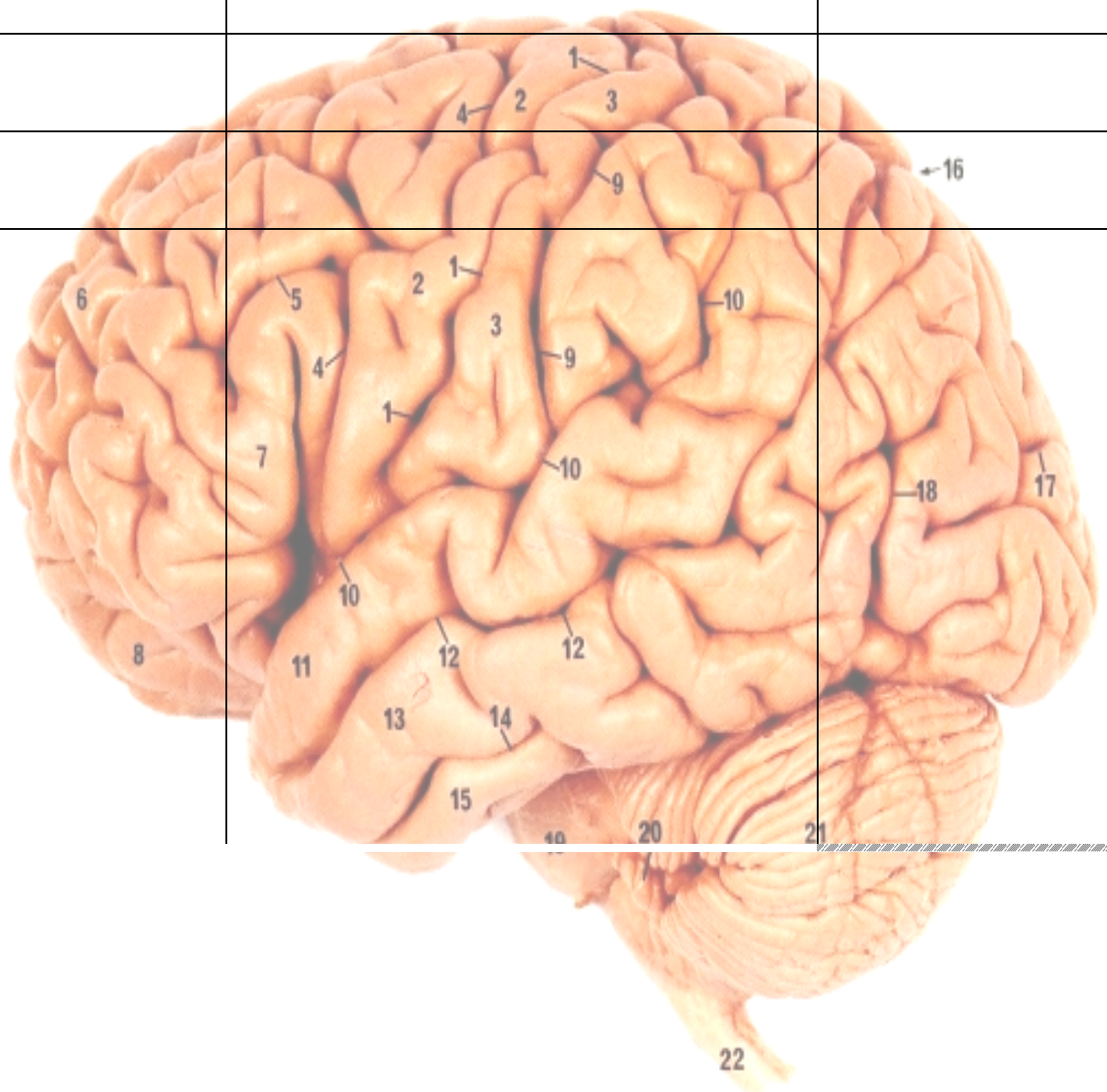
Interactive EMG Training Course:

Date	Title	Supervisor



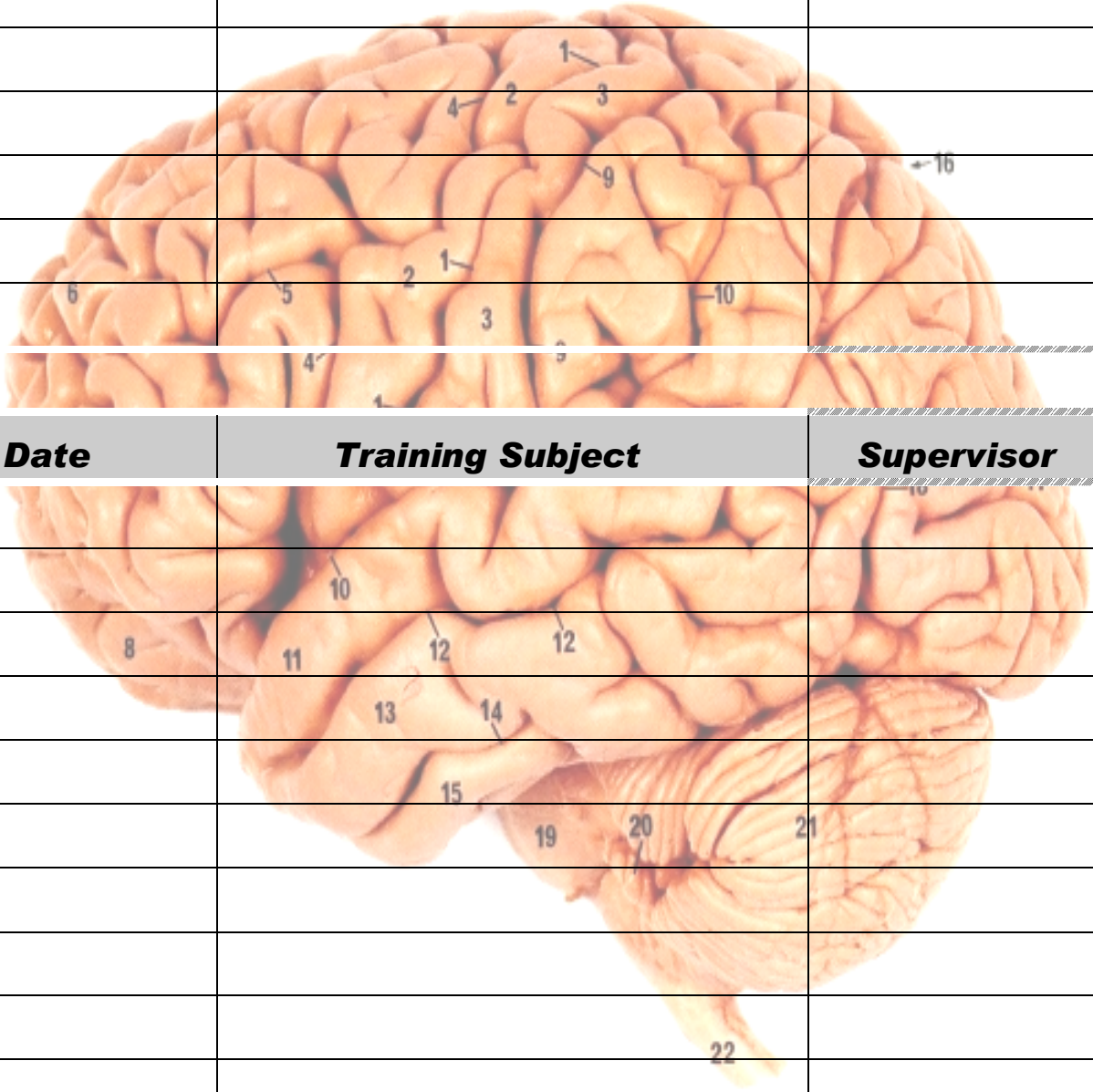
Neuroradiology Training Course:

Date	Title	Supervisor



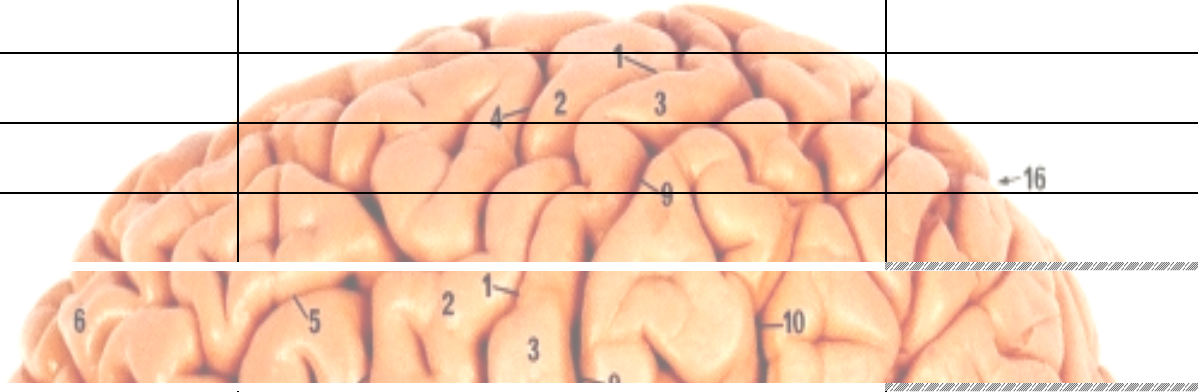
**Electrophysiological Training Program:
EMG Case Reporting:**

Date	Training Subject	Supervisor

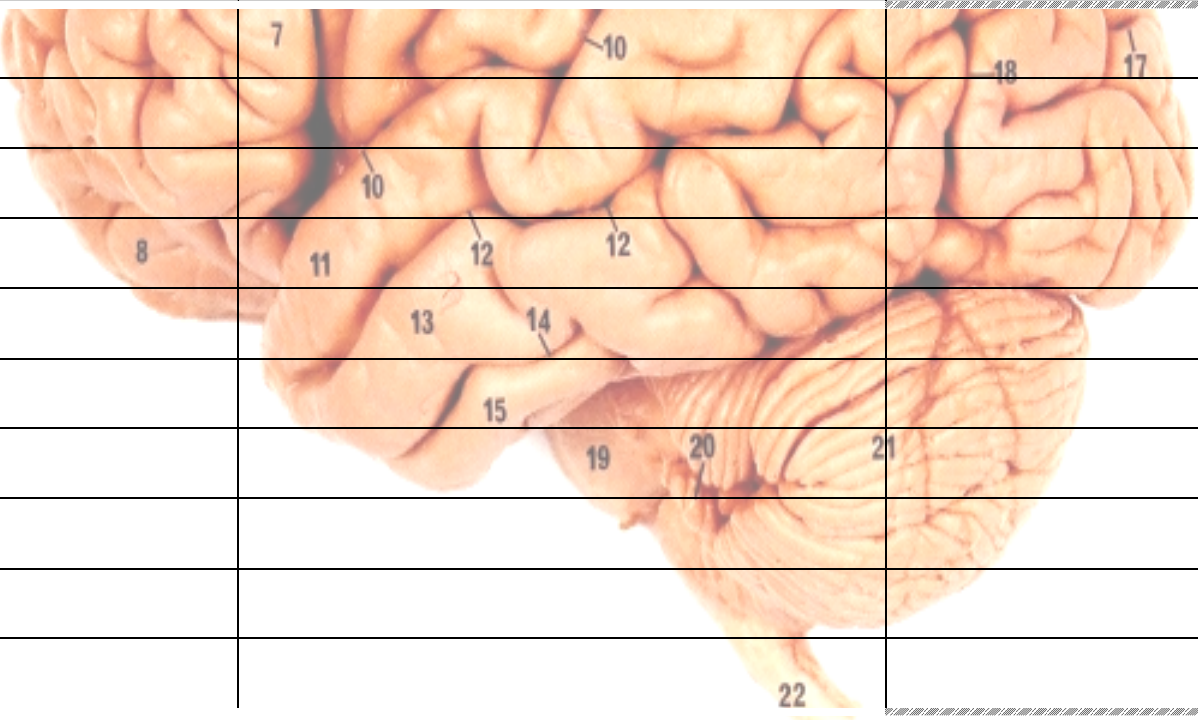


Date	Training Subject	Supervisor

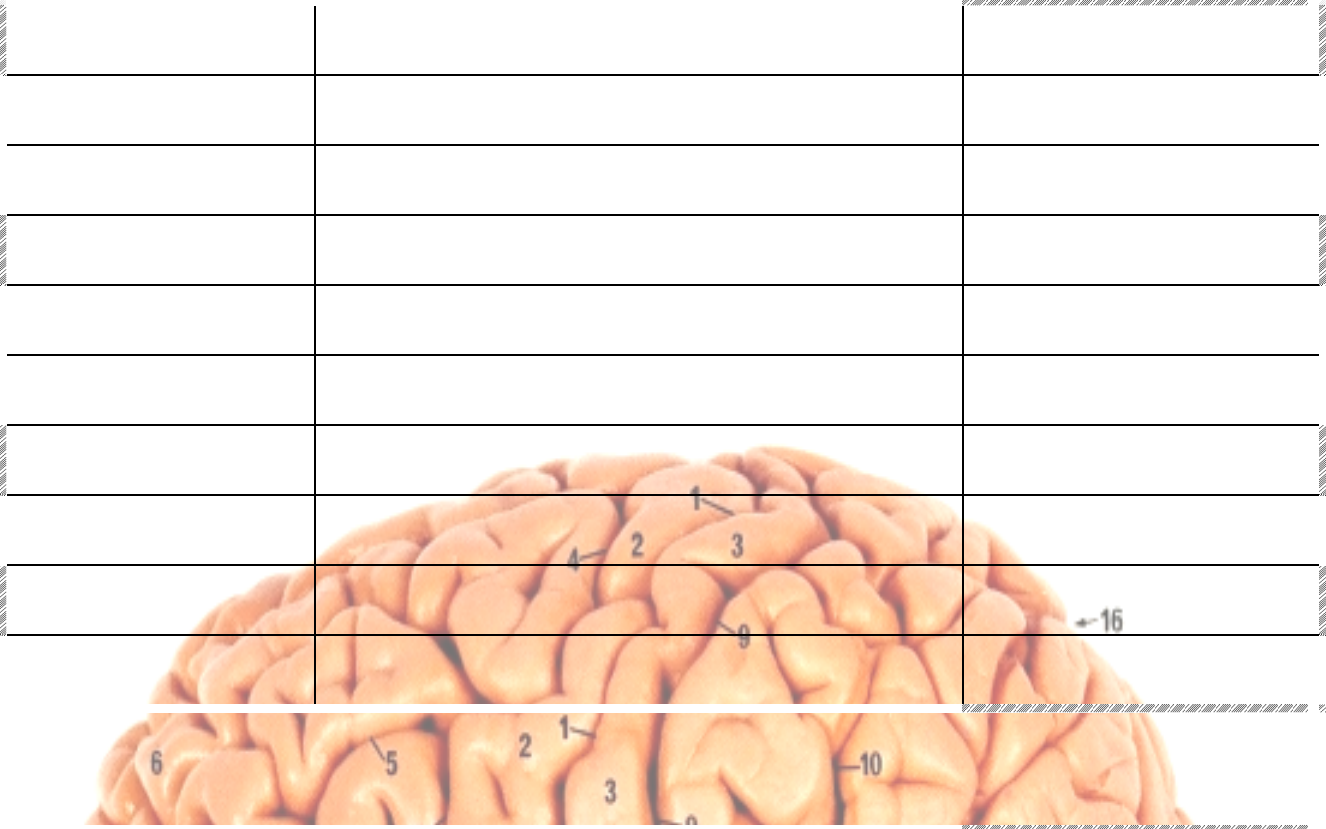
Date	Training Subject	Supervisor



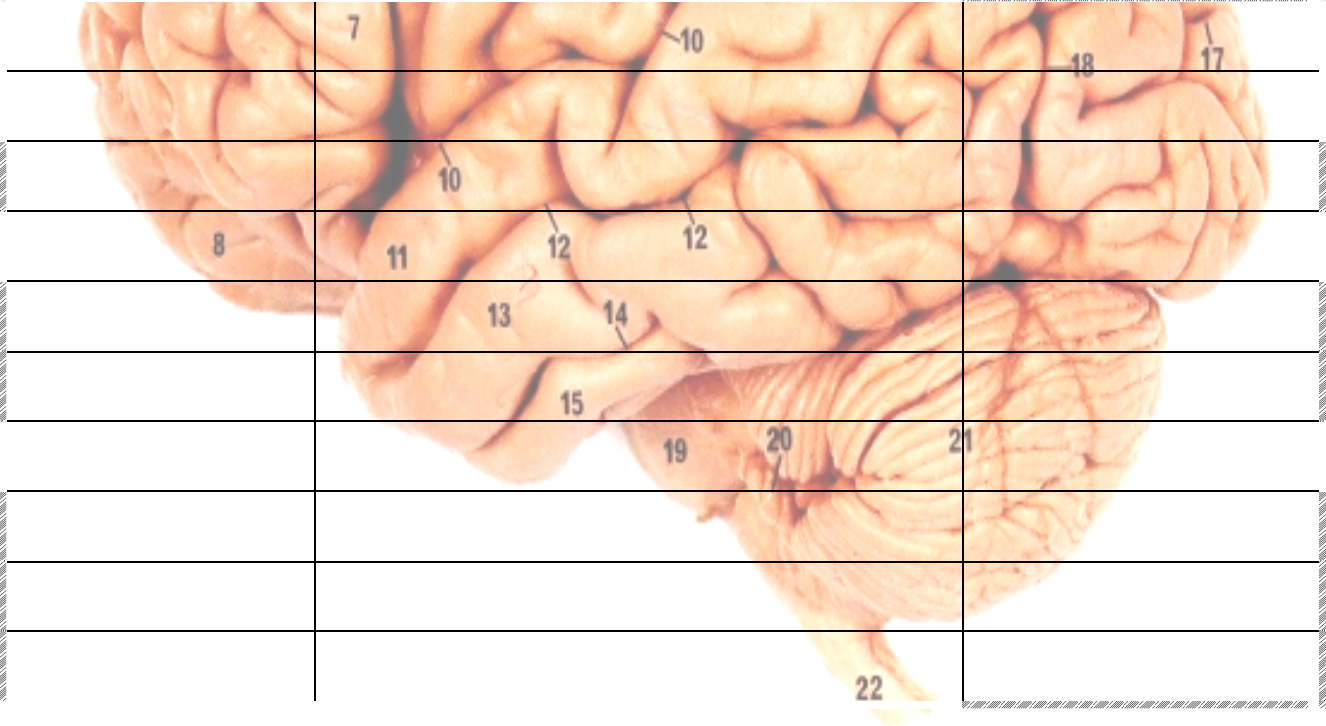
Date	Training Subject	Supervisor



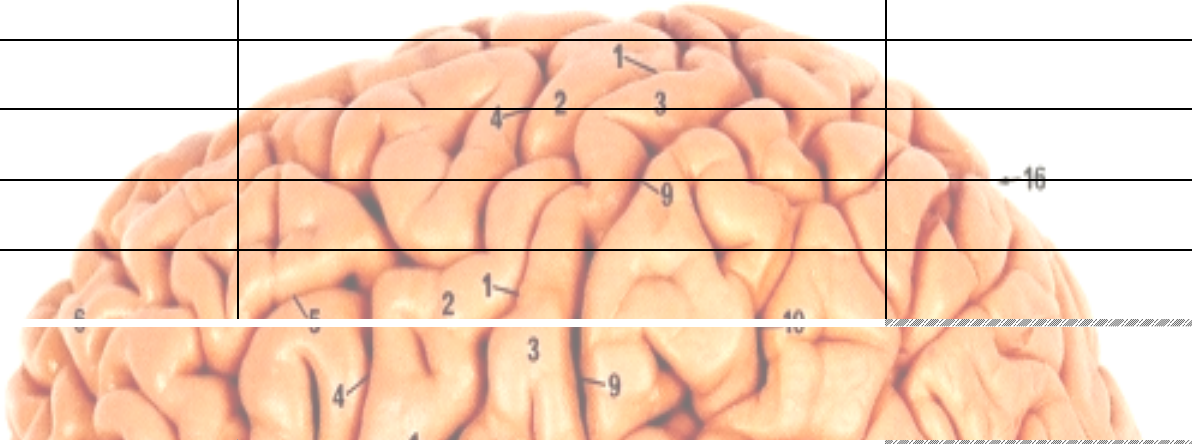
Date	Training Subject	Supervisor
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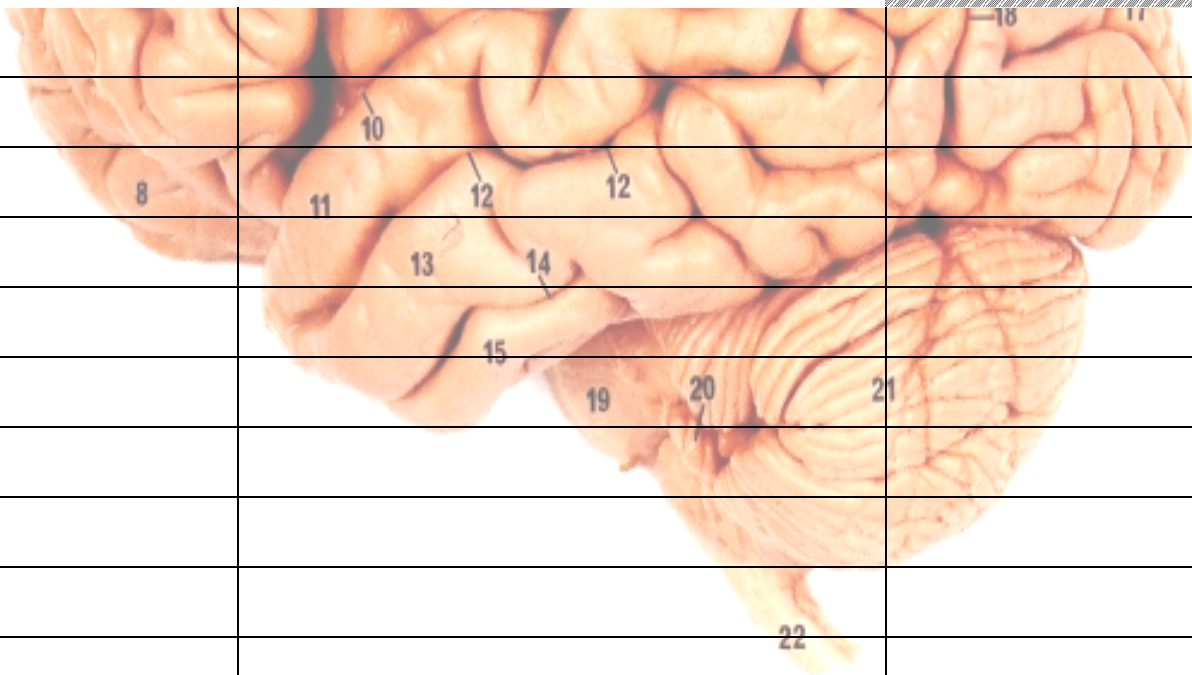
Date	Training Subject	Supervisor
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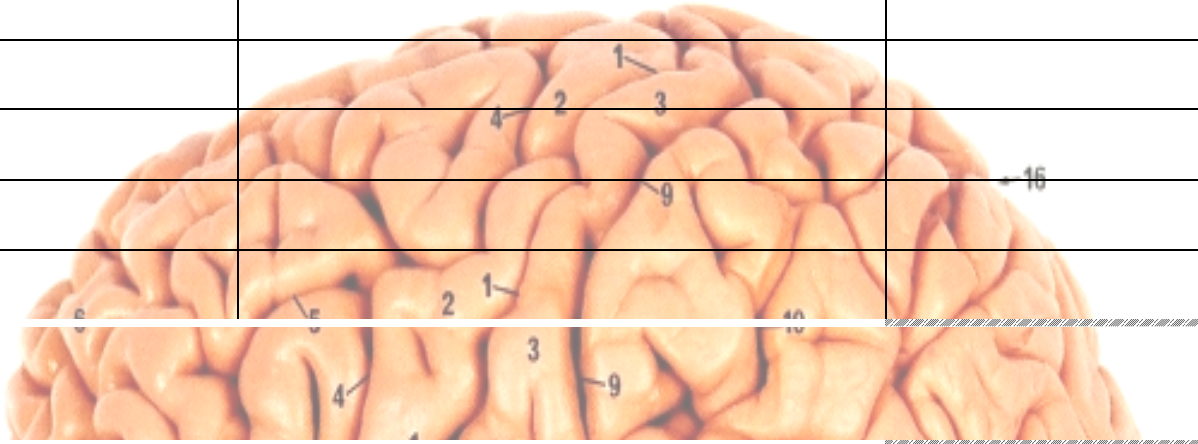
Date	Training Subject	Supervisor



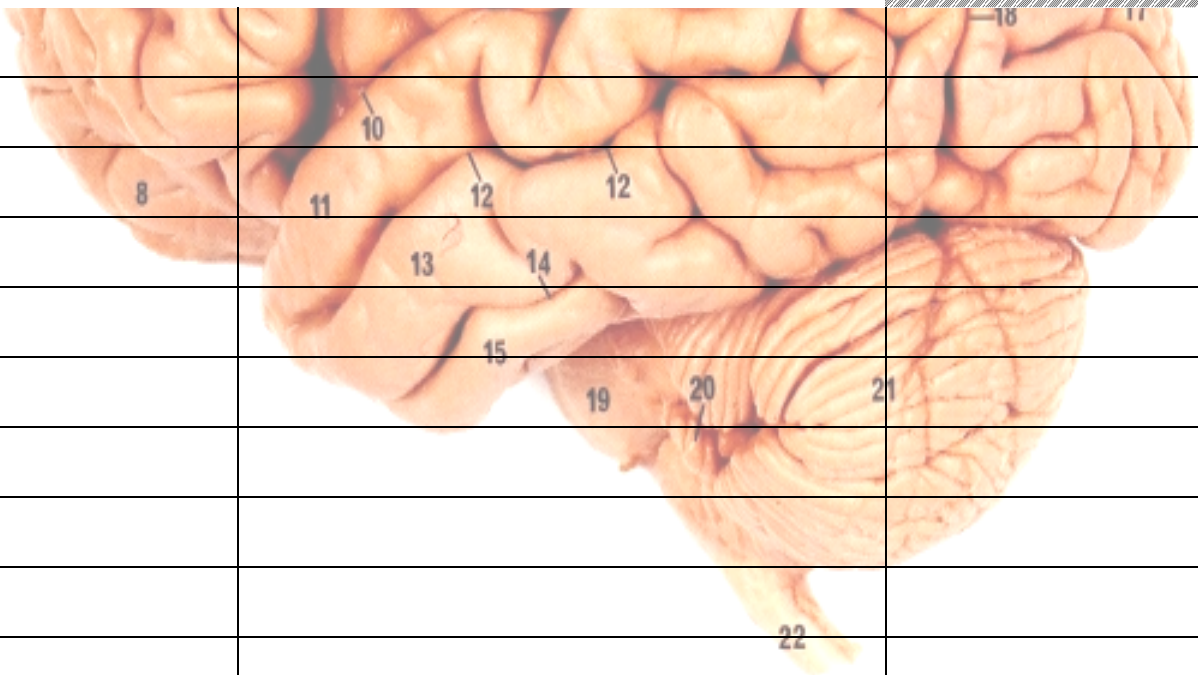
Date	Training Subject	Supervisor



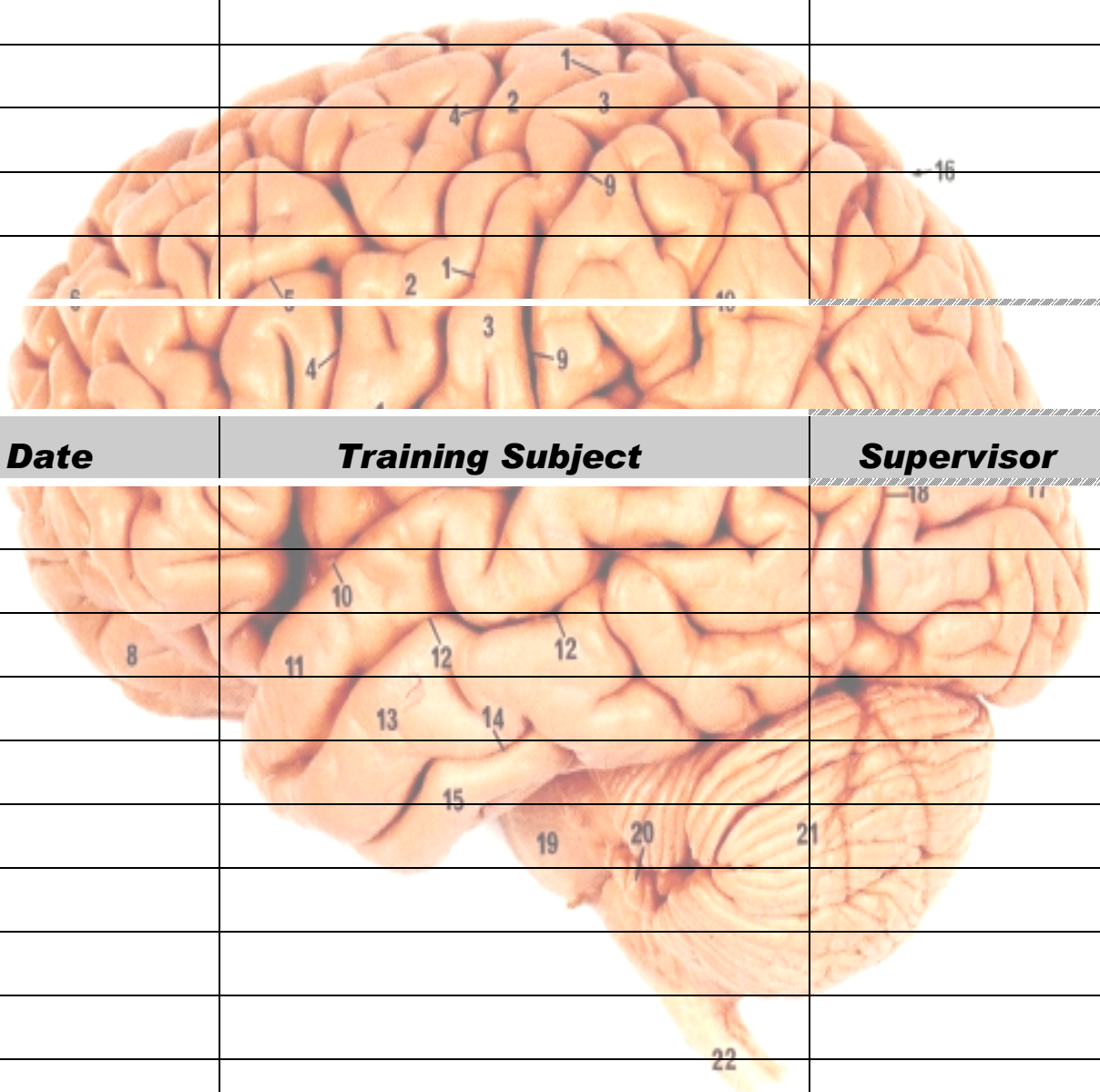
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Date	Training Subject	Supervisor



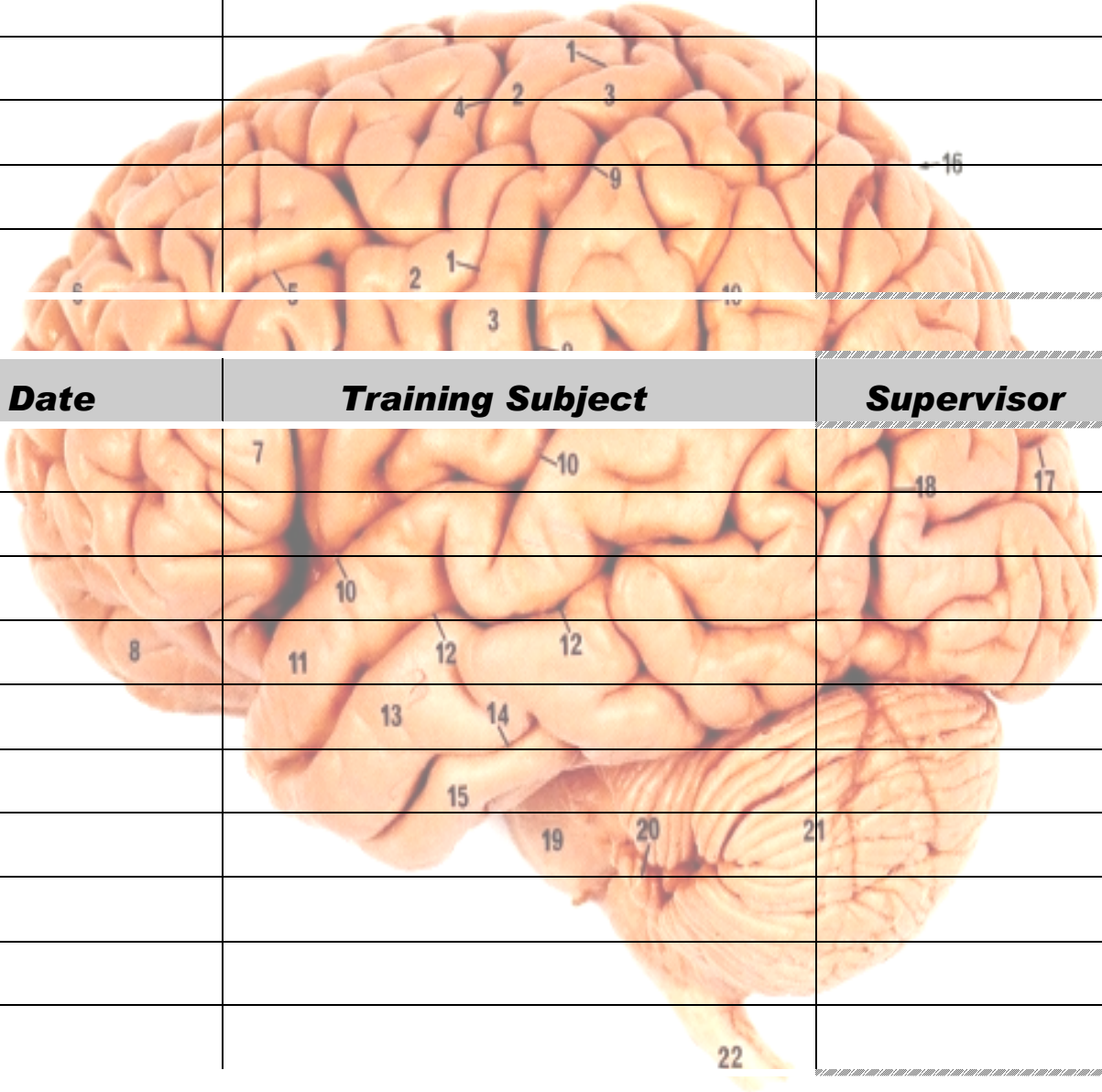
Date	Training Subject	Supervisor



Date	Training Subject	Supervisor

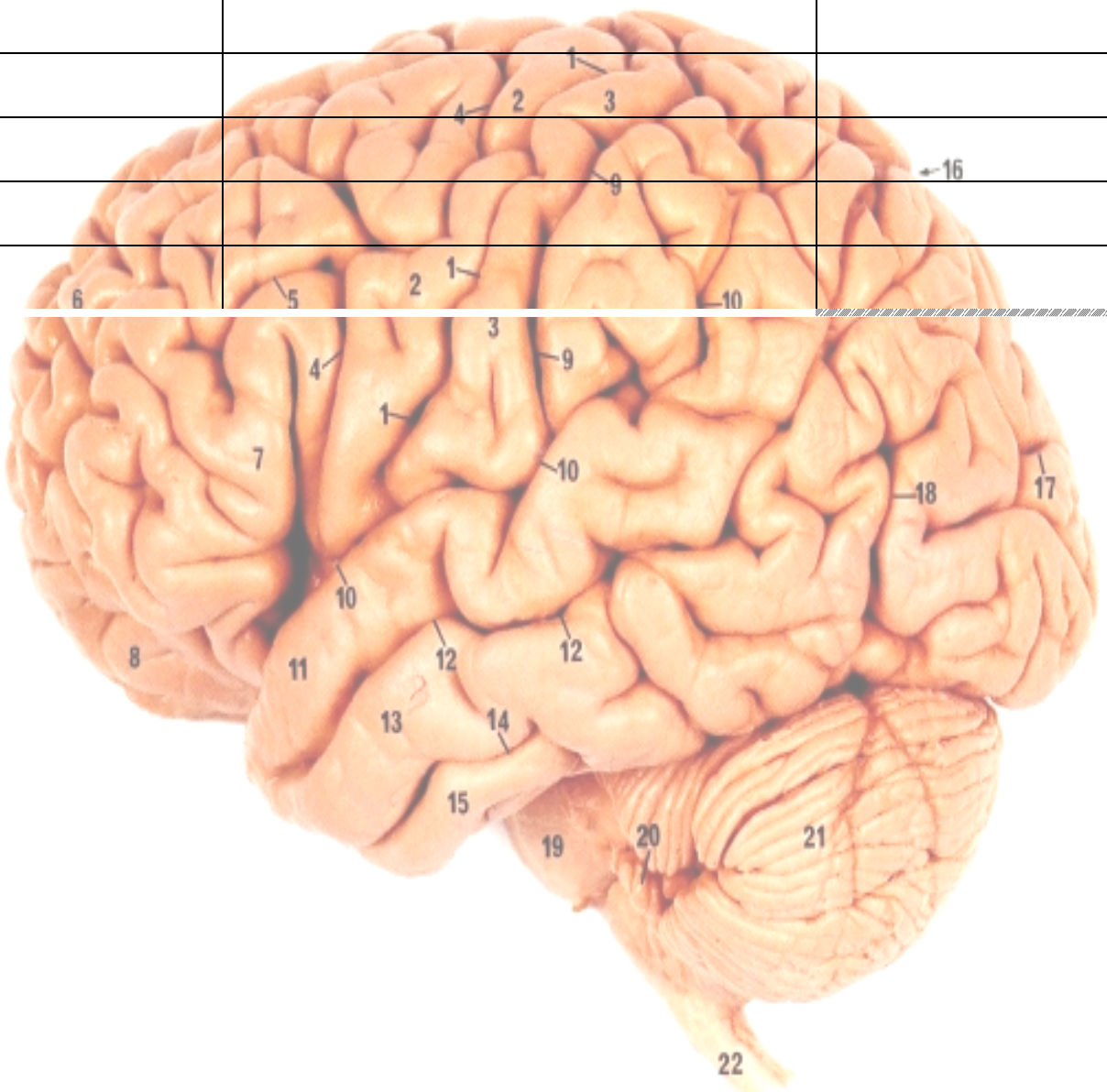
Evoked Potentials Case Reporting:

Date	Training Subject	Supervisor



Date	Training Subject	Supervisor

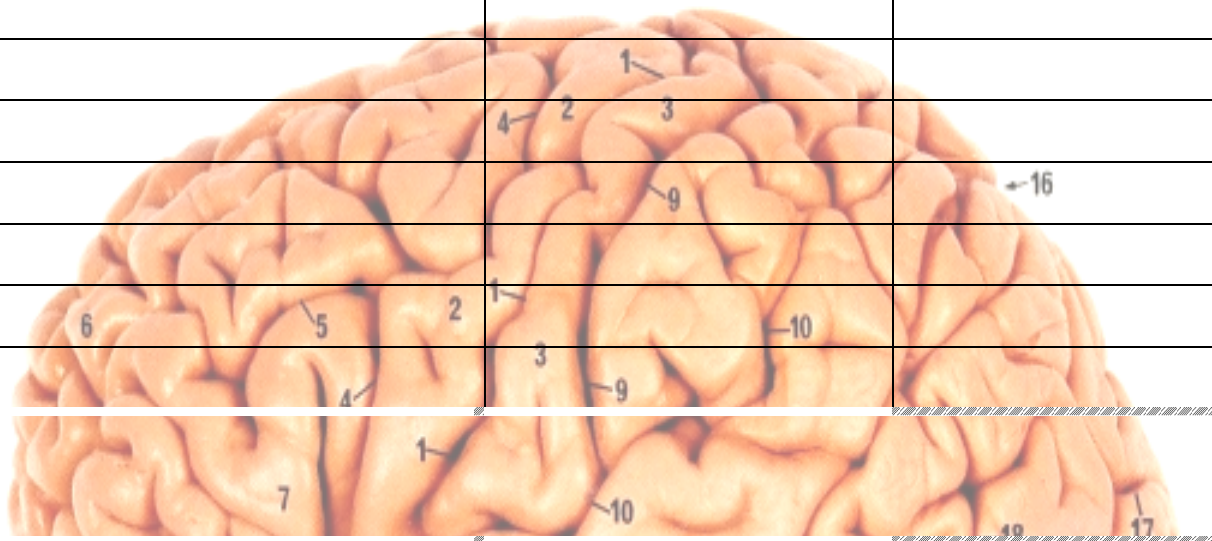
Date	Training Subject	Supervisor



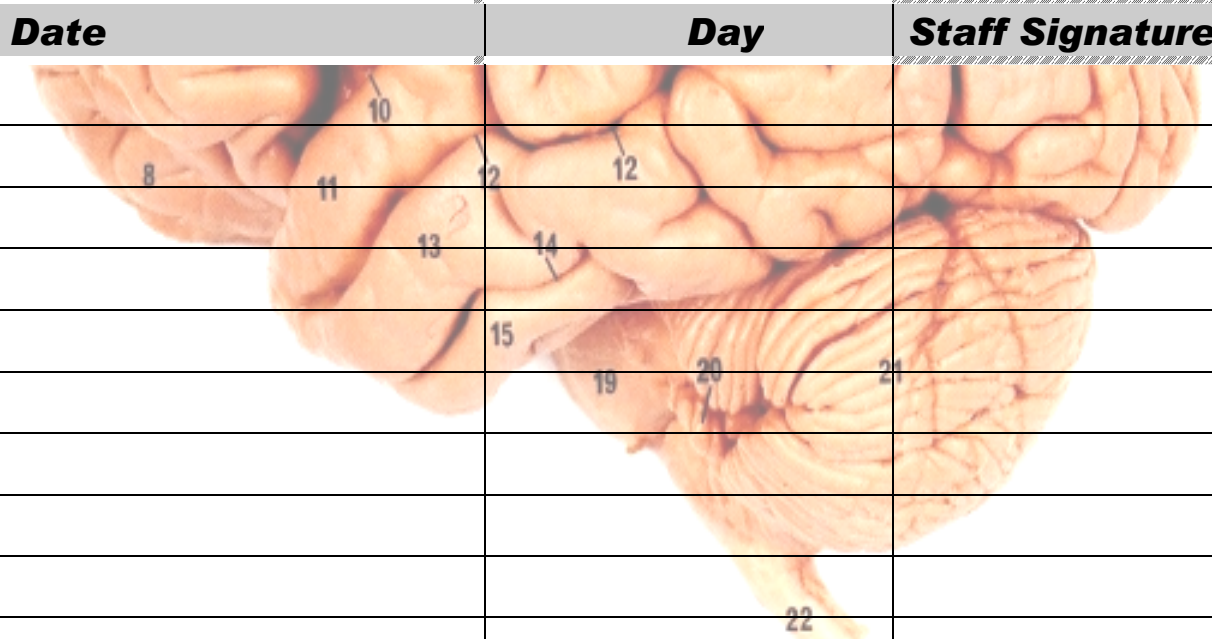
**Other Activities at the Department:
Outpatient Department:**

General Neurology Outpatient Clinic:

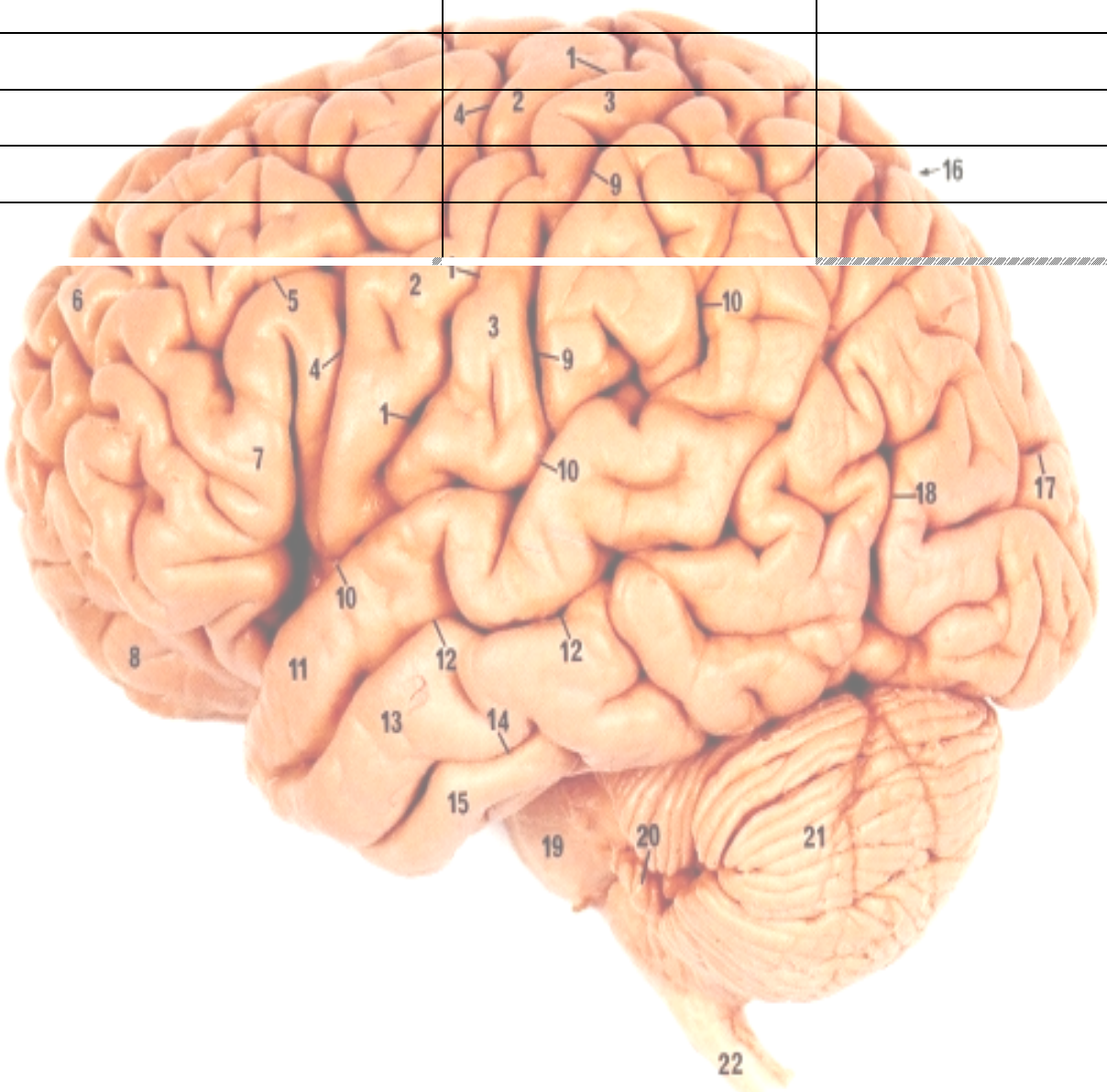
Date	Day	Staff Signature



Date	Day	Staff Signature

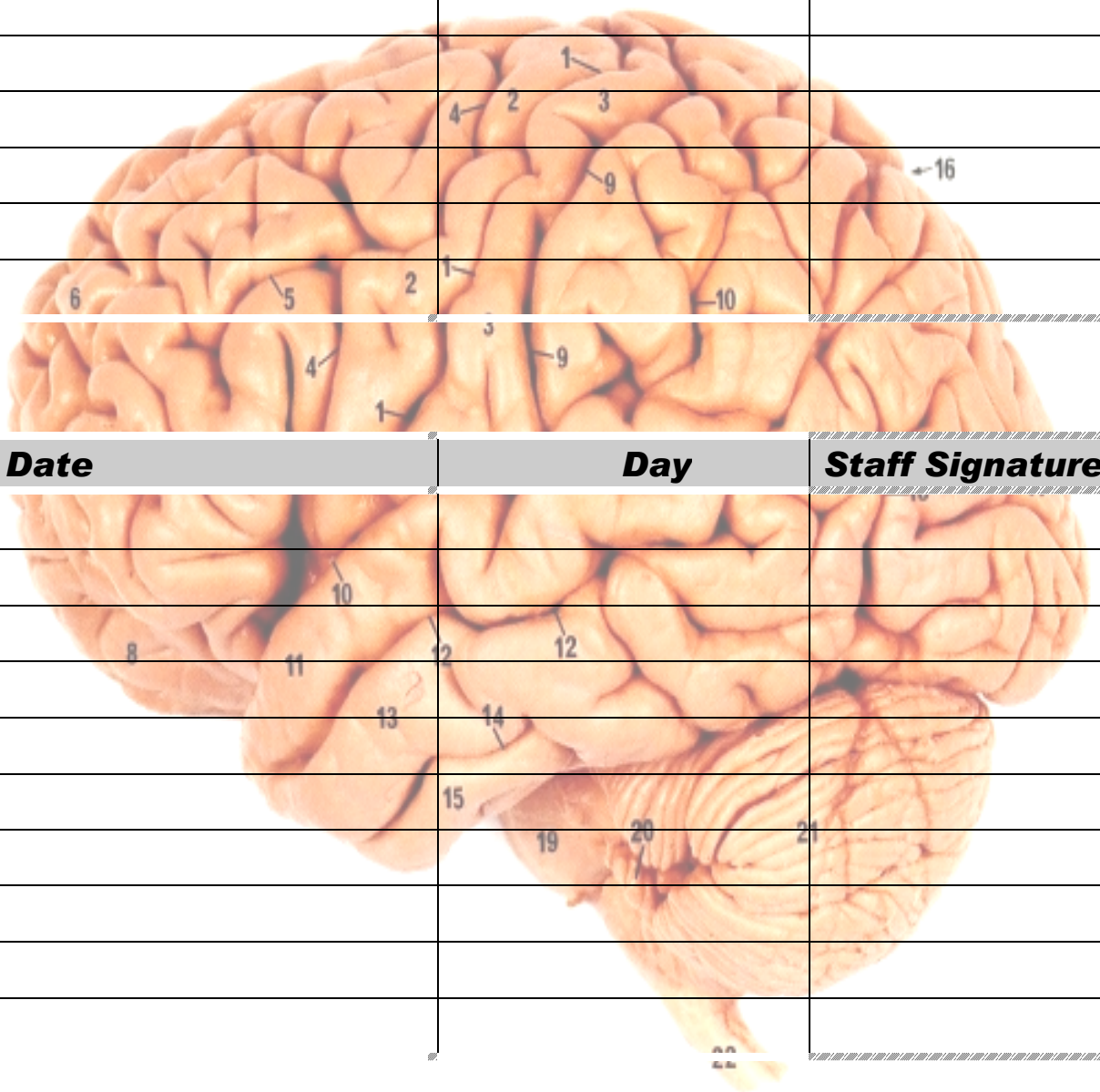


Date	Day	Staff Signature

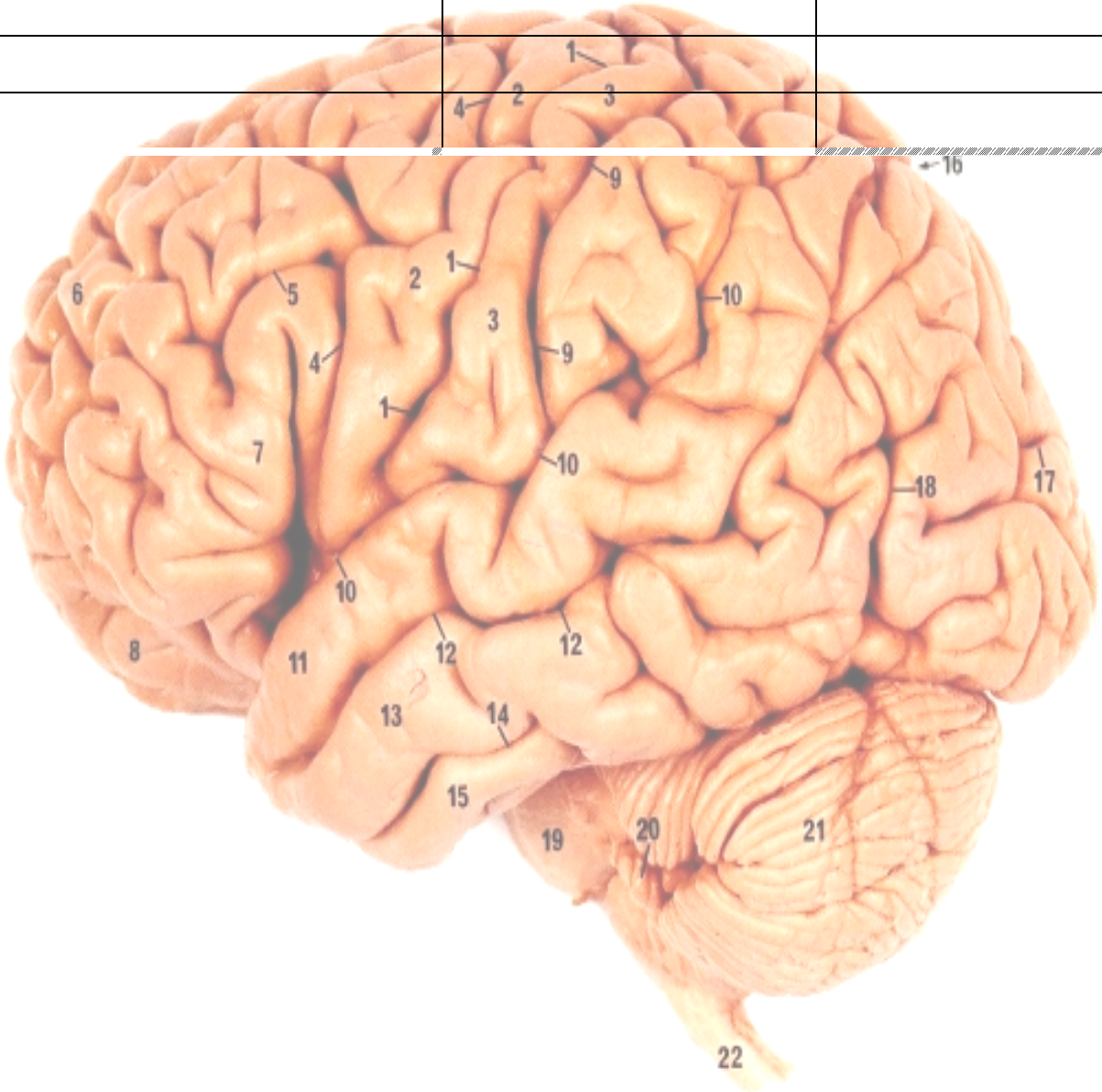


Epilepsy Outpatient Clinic:

Date	Day	Staff Signature

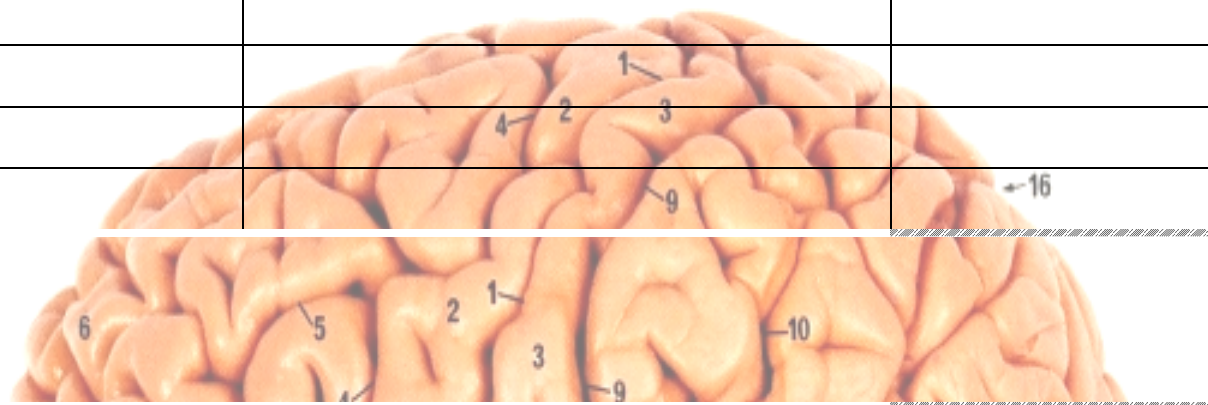


Date	Day	Staff Signature

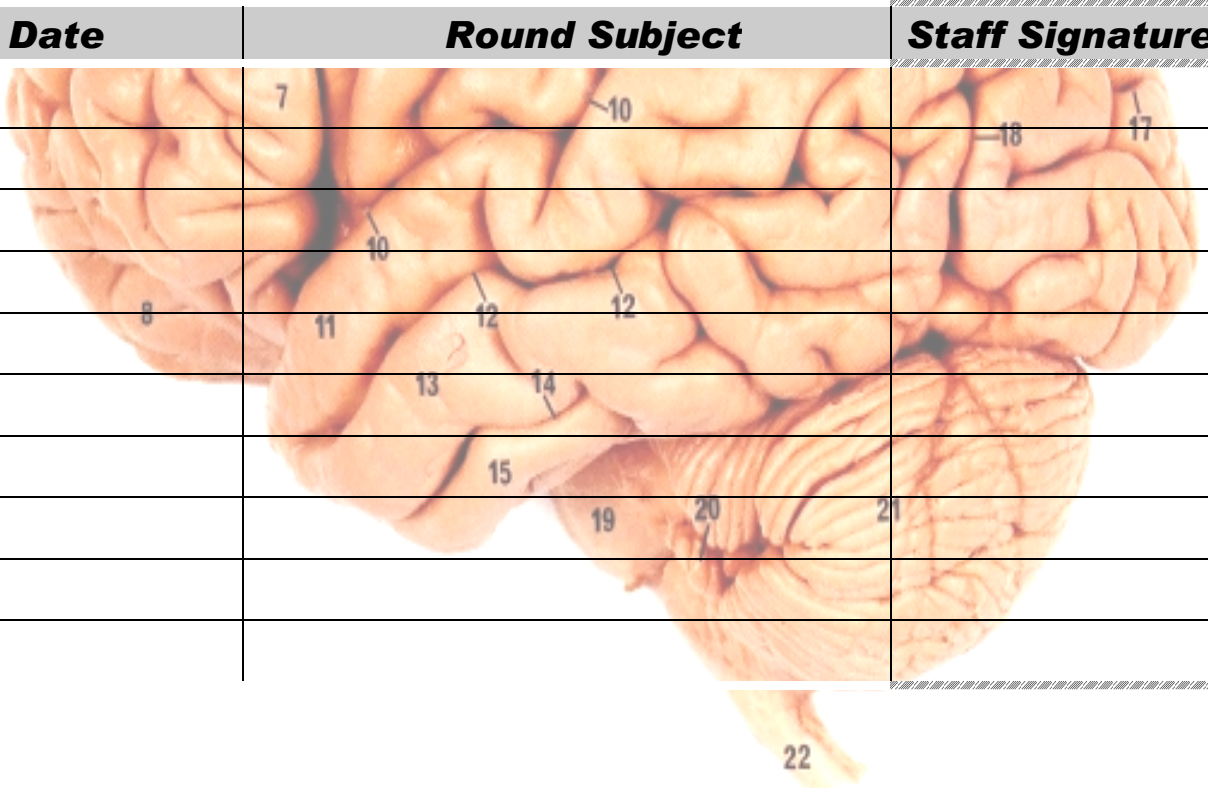


Clinical Rounds:

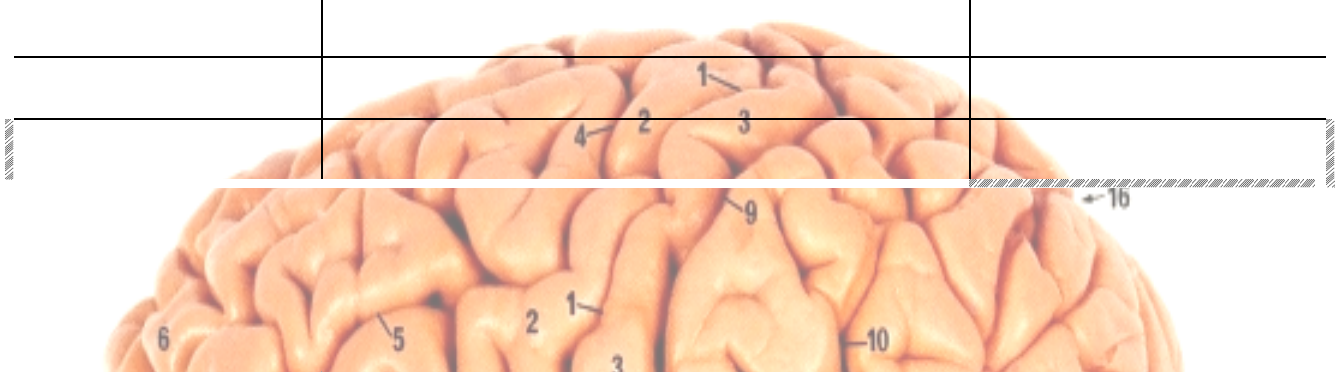
Date	Round Subject	Staff Signature



Date	Round Subject	Staff Signature

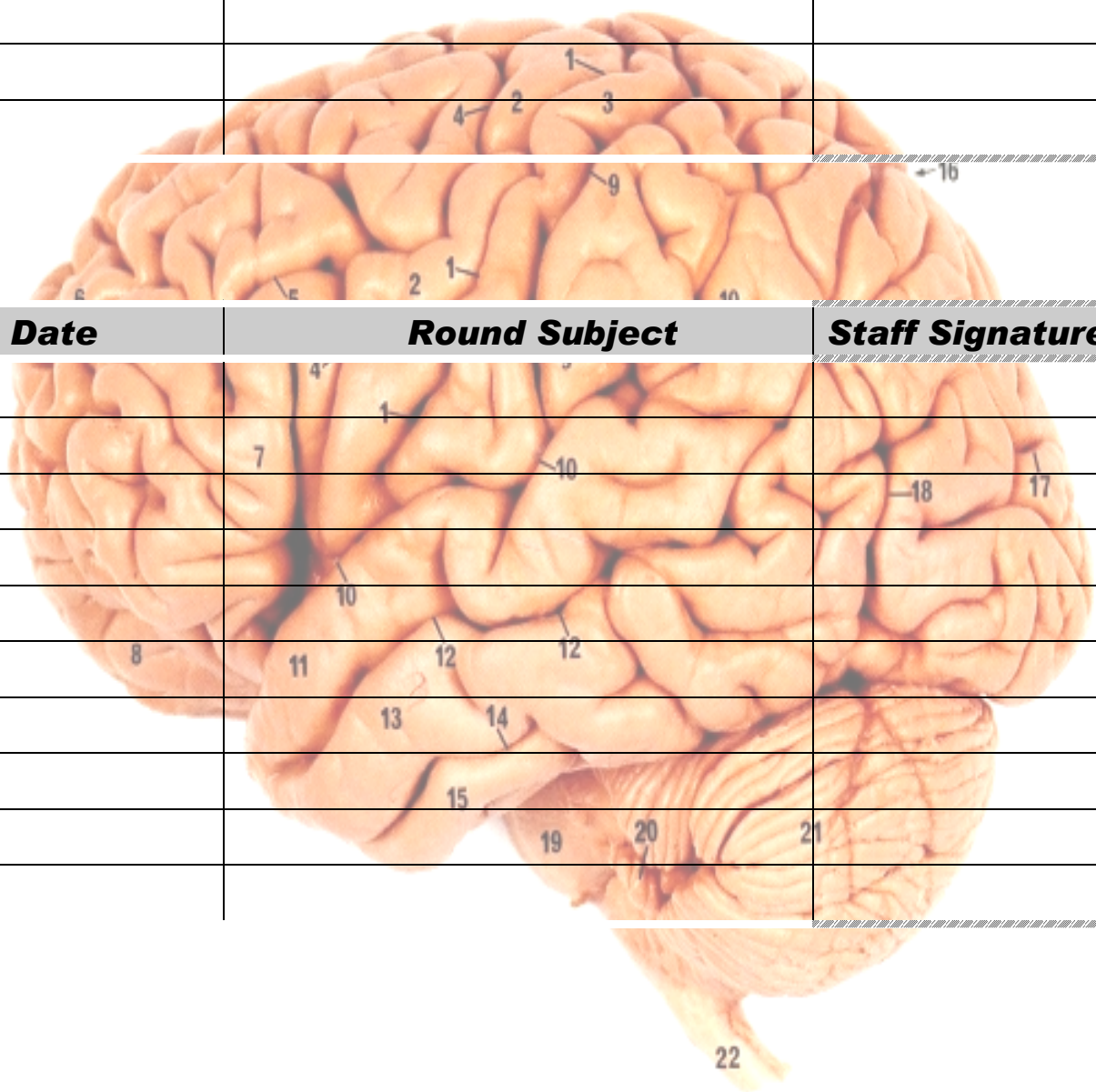


Date	Round Subject	Staff Signature



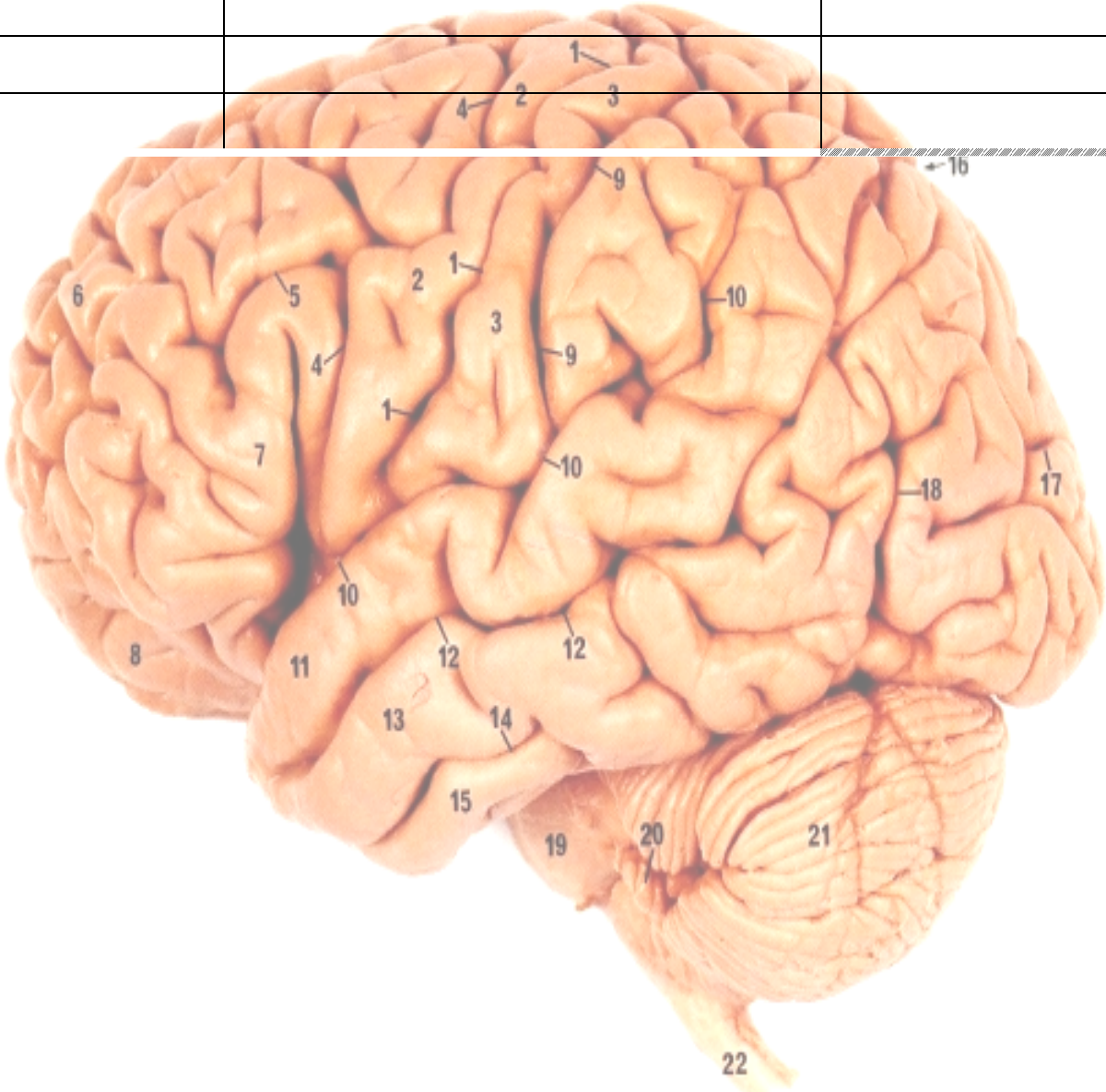
Date	Round Subject	Staff Signature
<p>Inferior view of a human brain with the following numbered labels: 1 (Olfactory bulb), 2 (Optic chiasm), 3 (Optic tract), 4 (Olfactory tract), 5 (Olfactory bulb), 6 (Optic chiasm), 7 (Optic tract), 8 (Olfactory tract), 9 (Optic chiasm), 10 (Optic tract), 11 (Olfactory bulb), 12 (Optic chiasm), 13 (Optic tract), 14 (Olfactory bulb), 15 (Optic chiasm), 16 (Optic tract), 17 (Olfactory bulb), 18 (Optic chiasm), 19 (Optic tract), 20 (Olfactory bulb), 21 (Optic chiasm), 22 (Optic tract).</p>		

Date	Round Subject	Staff Signature



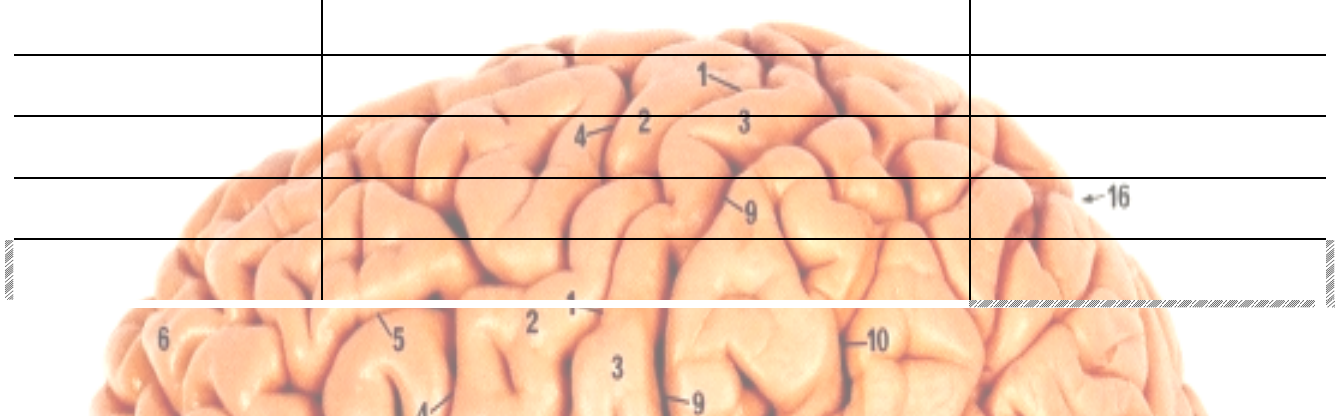
Date	Round Subject	Staff Signature

Date	Round Subject	Staff Signature

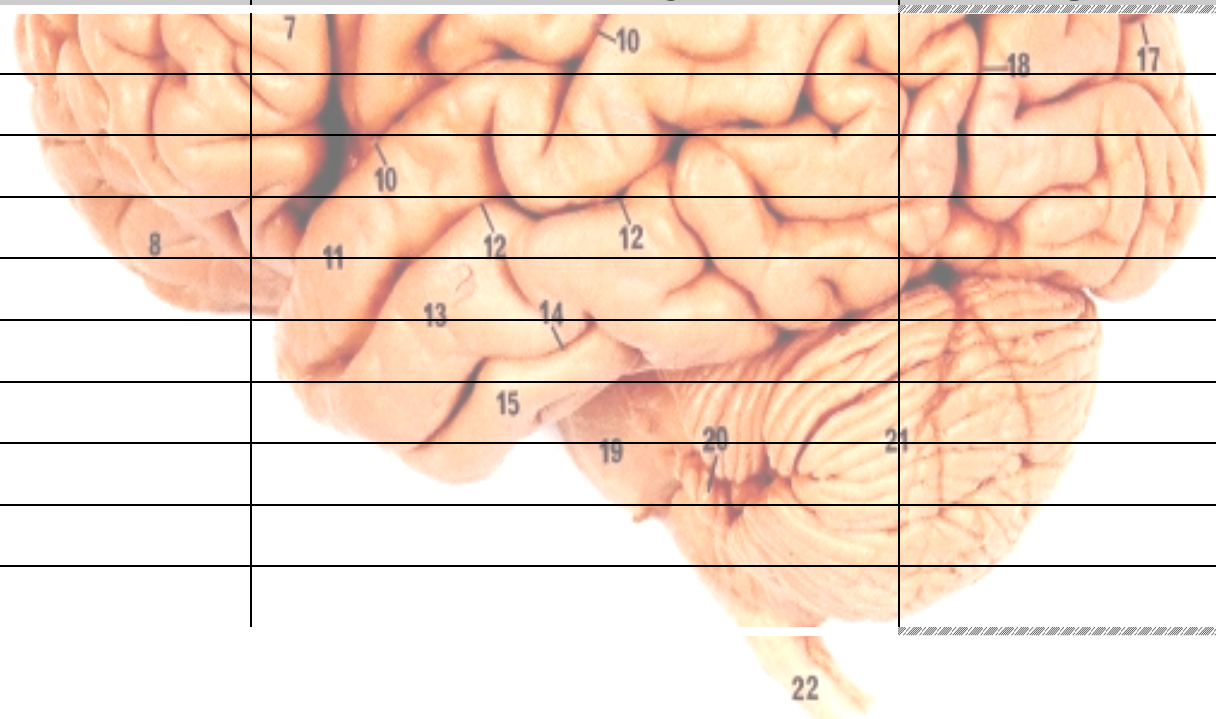


Night Assistant Lecturer Rounds

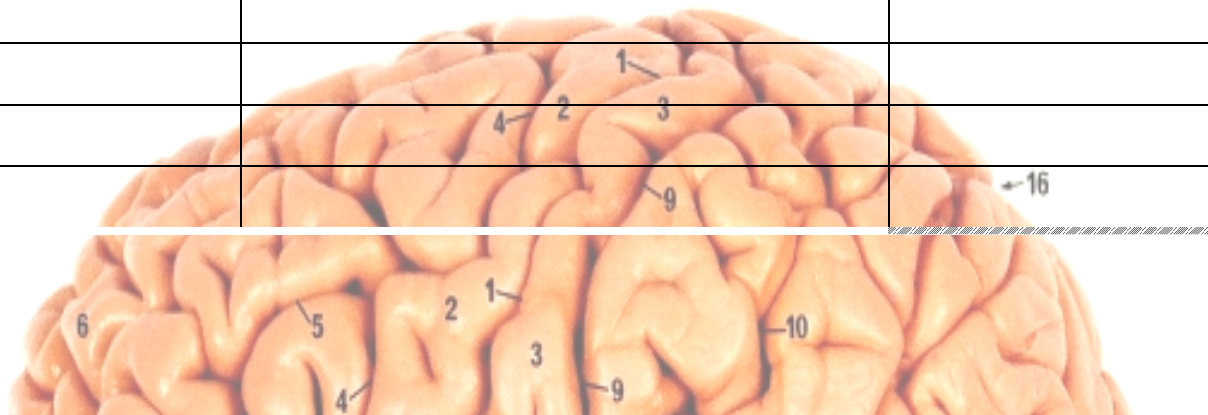
Date	Round Subject	Staff Signature



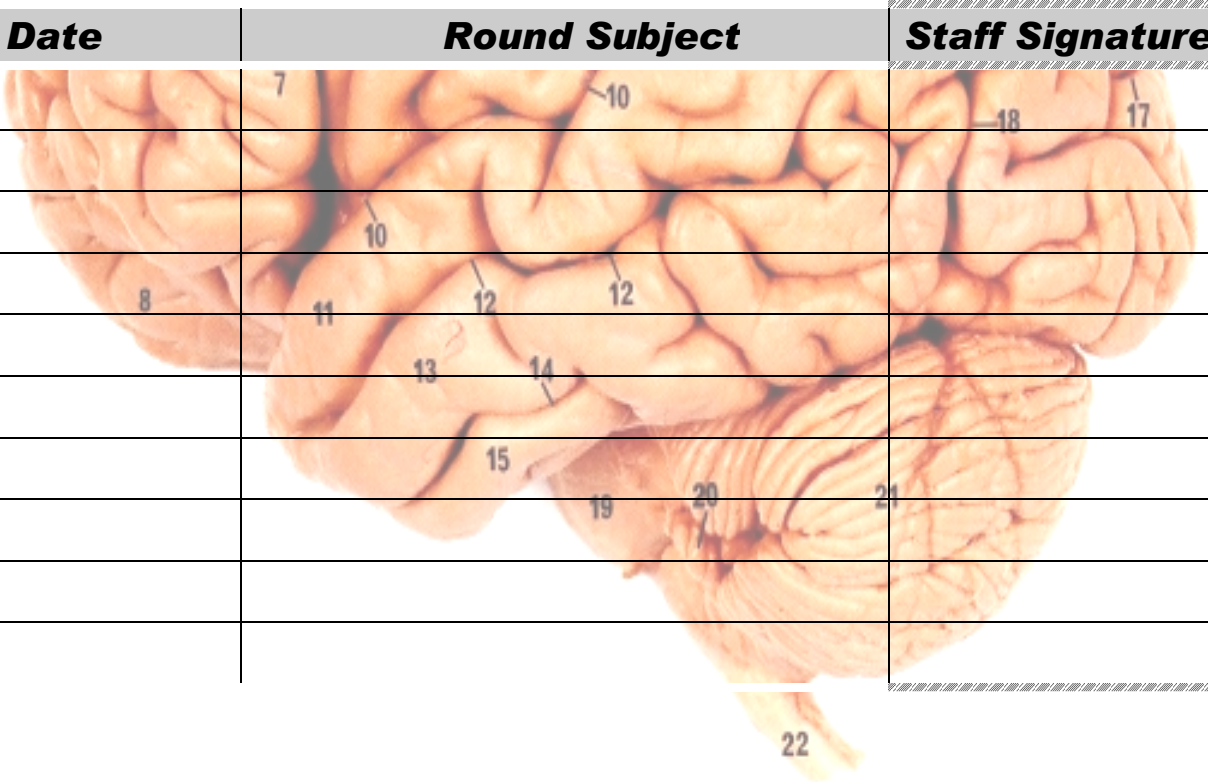
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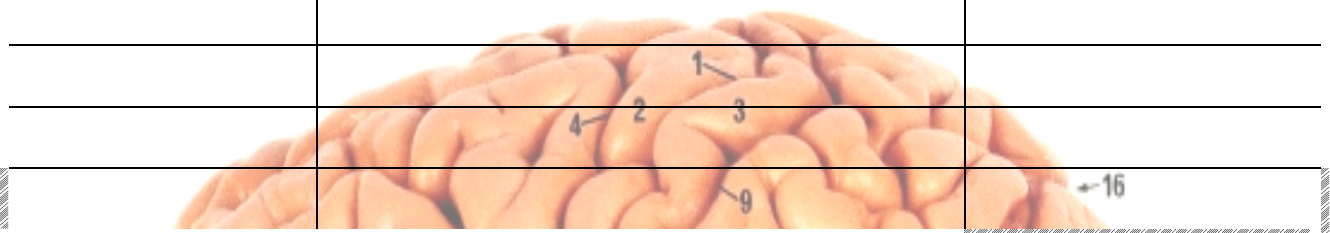
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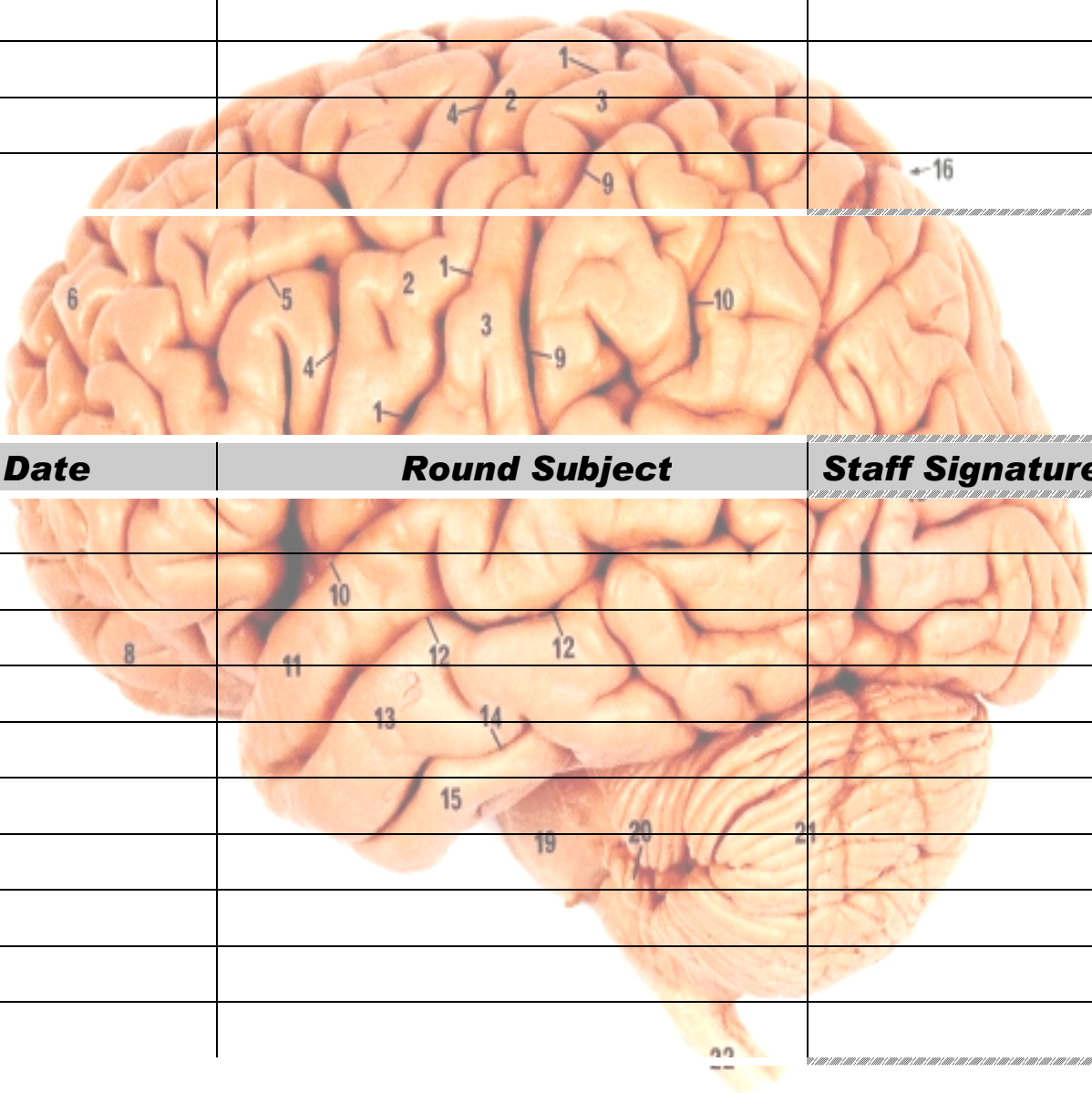
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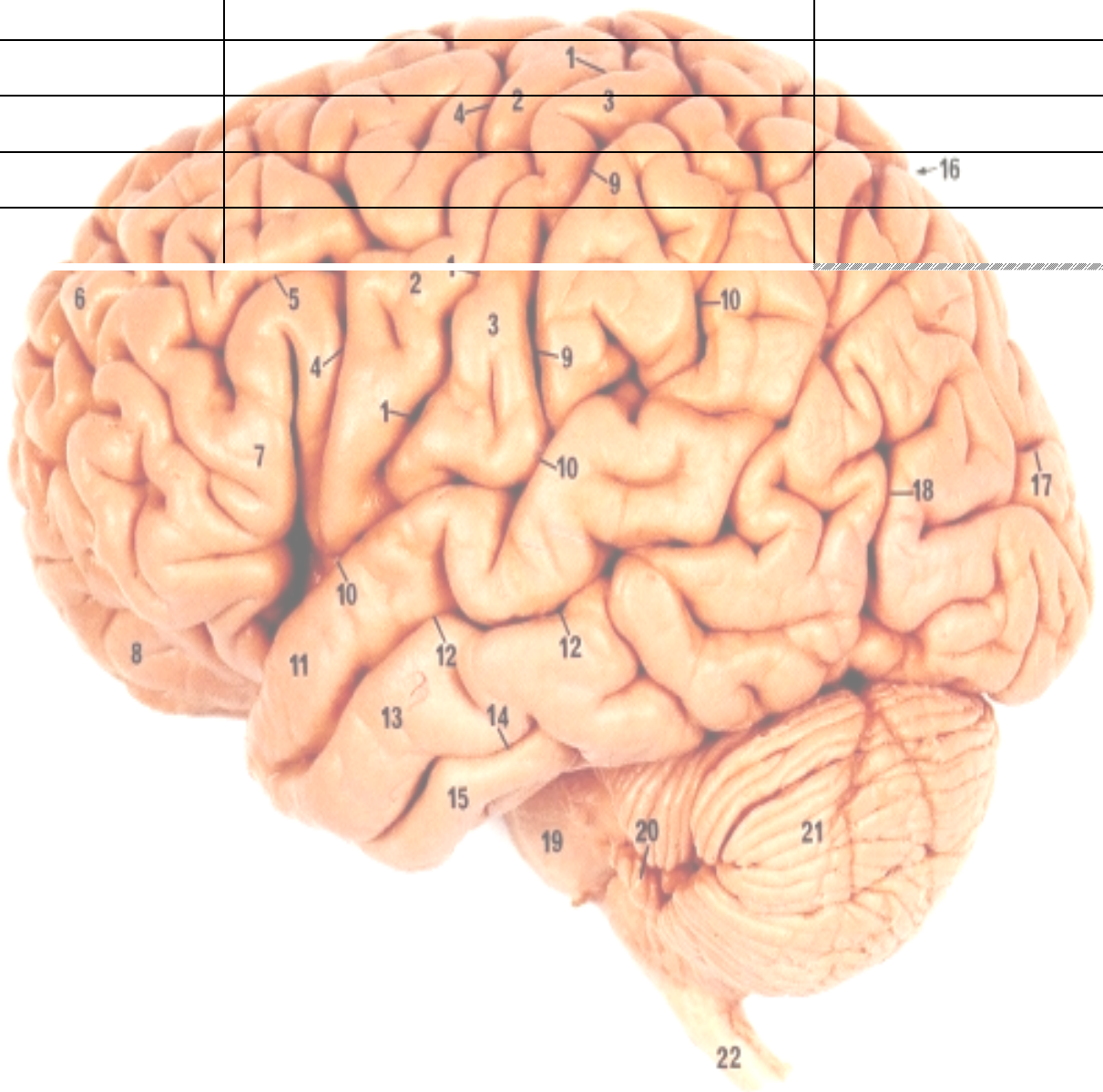
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Date	Round Subject	Staff Signature

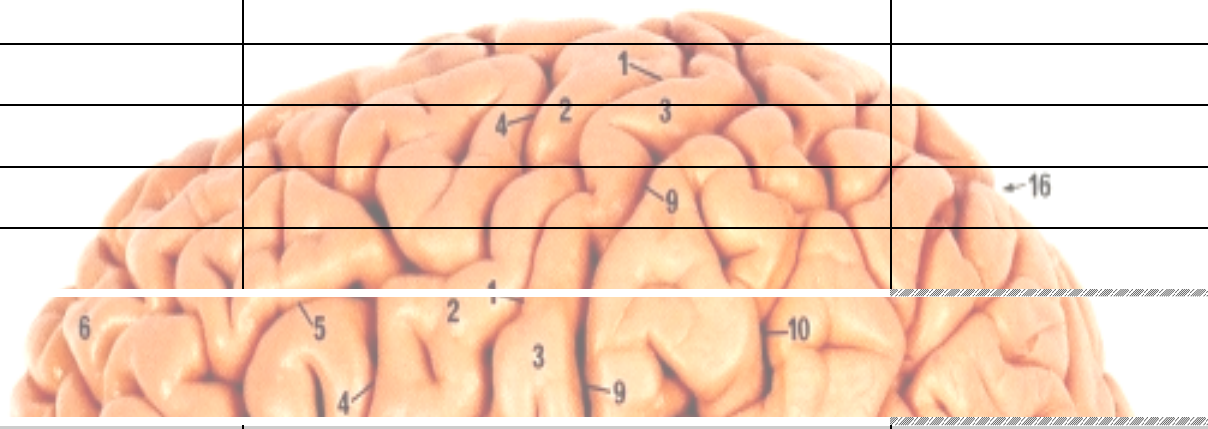


Date	Round Subject	Staff Signature

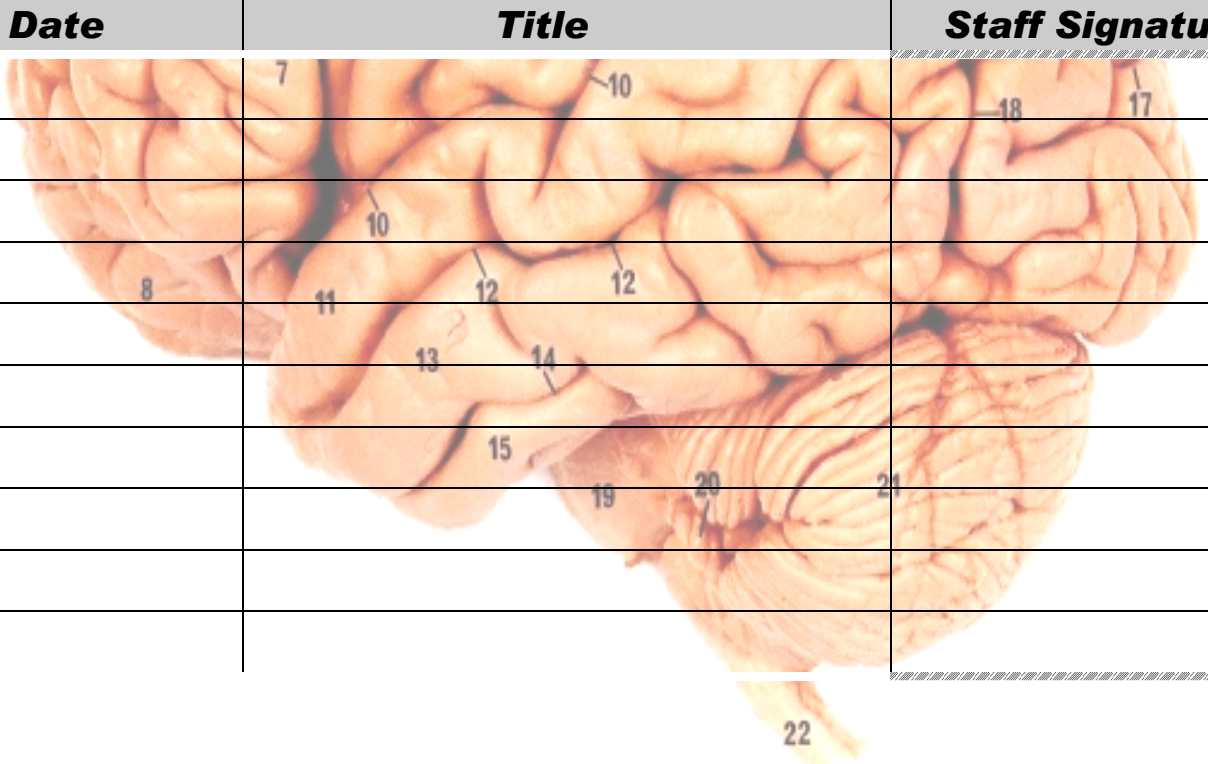


Journal Club Case Presentation

Date	Title	Staff Signature

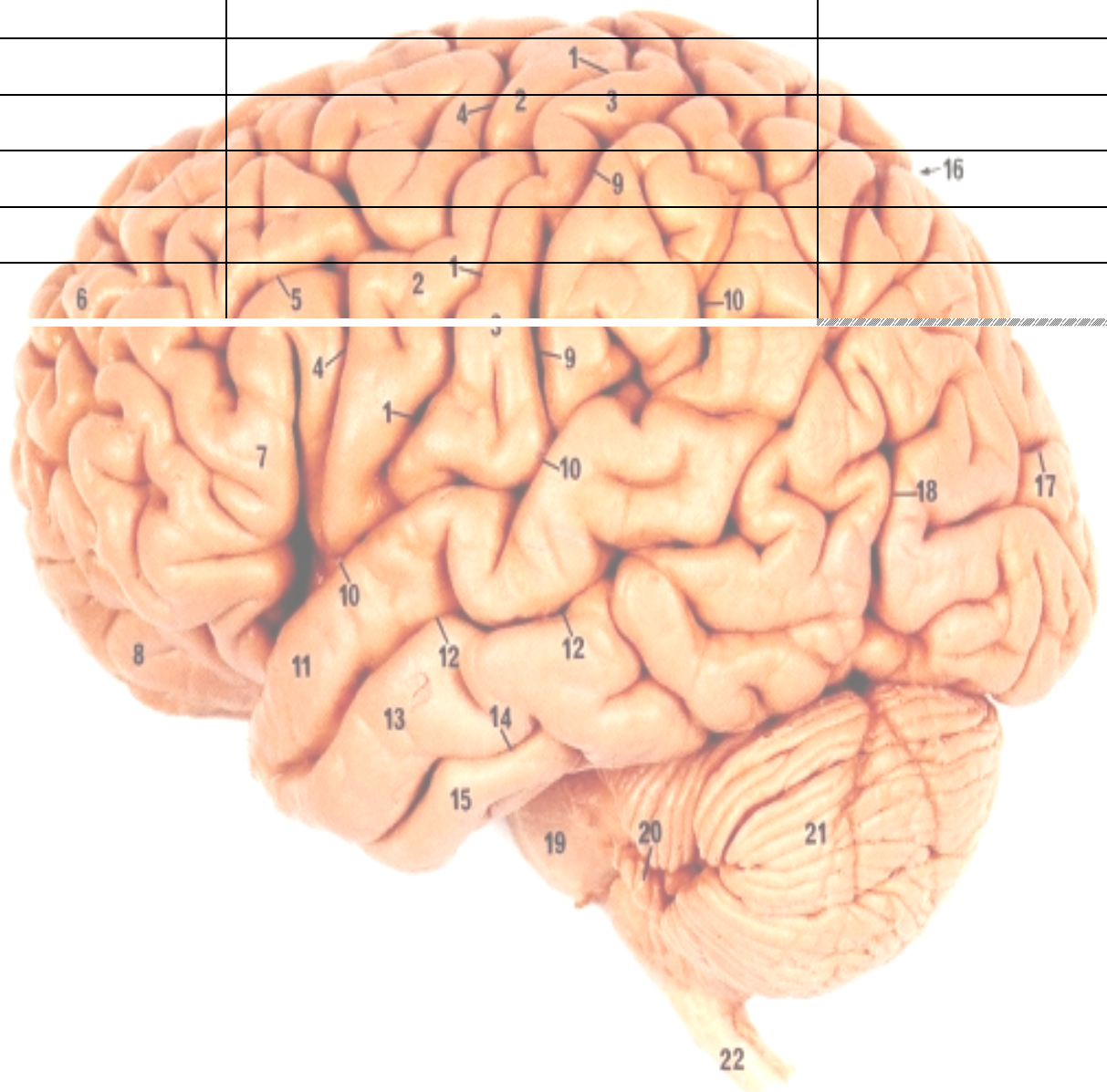


Date	Title	Staff Signature



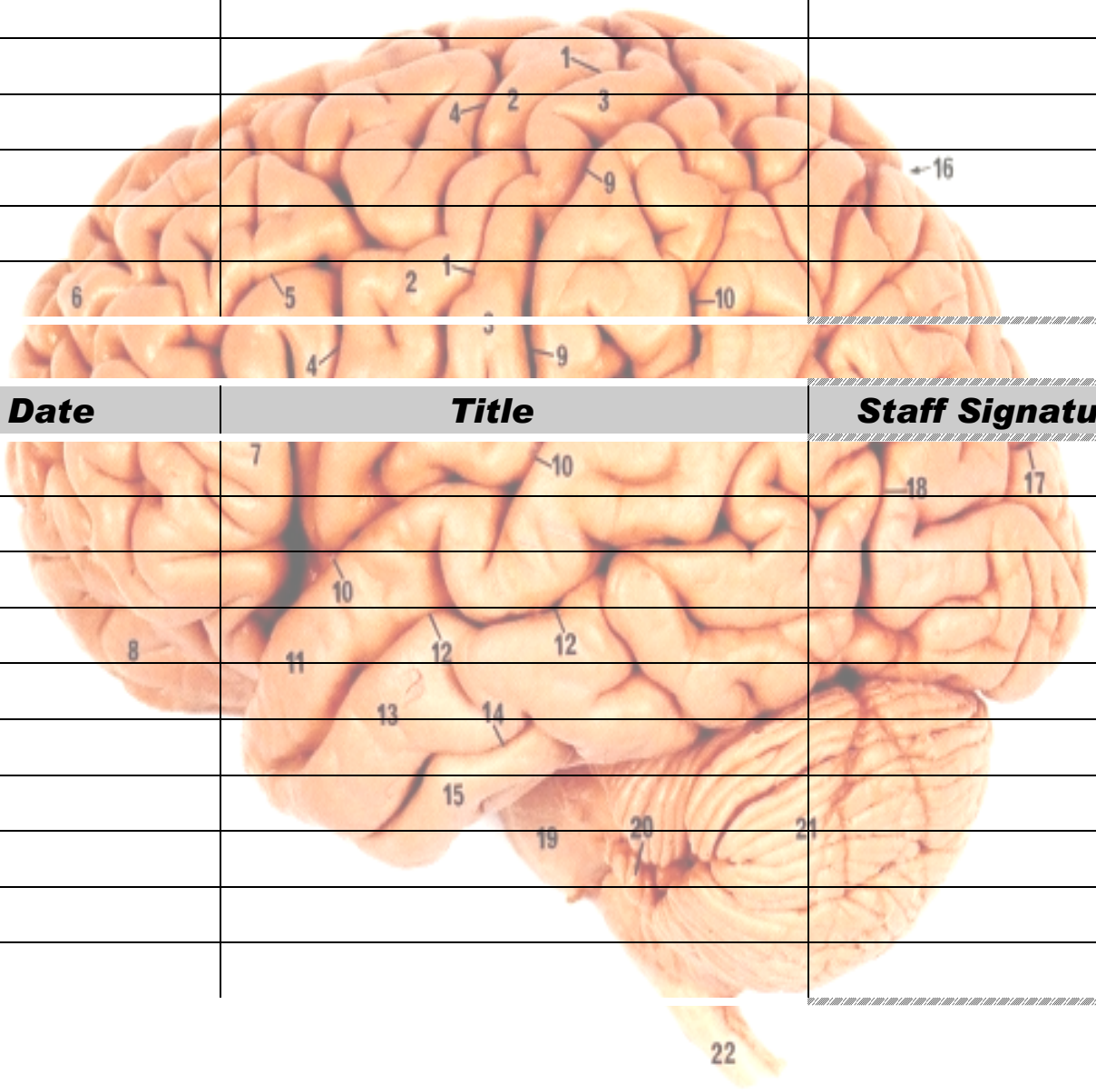
Nerve and Muscle Biopsy:

<i>Date</i>	<i>Title</i>	<i>Staff Signature</i>



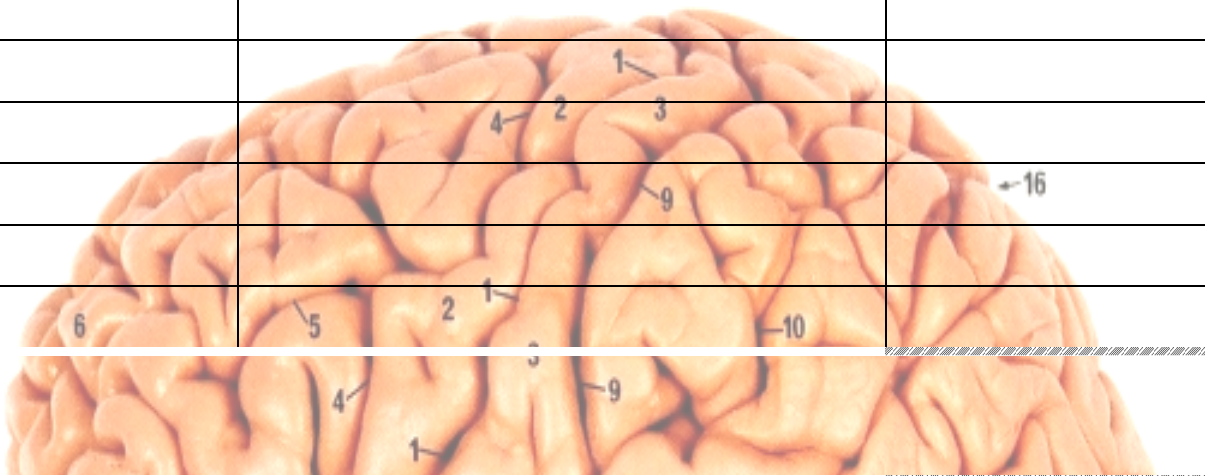
Demonstration with undergraduate:

Date	Title	Staff Signature

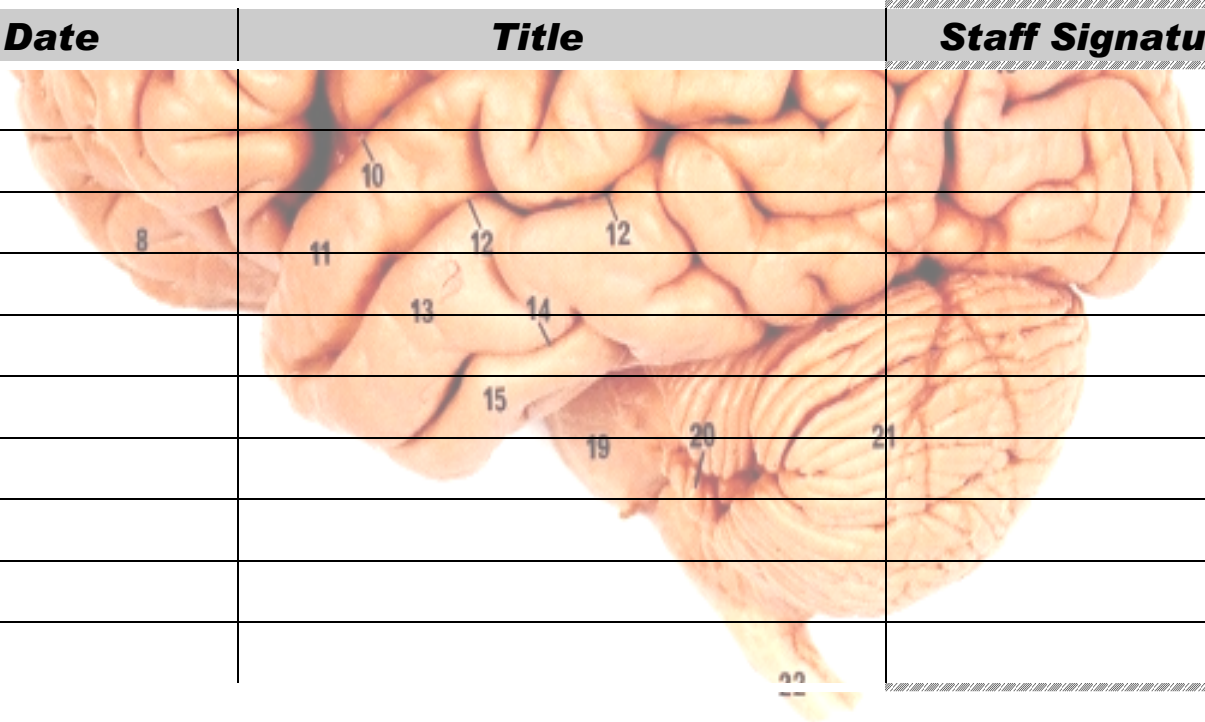


Date	Title	Staff Signature

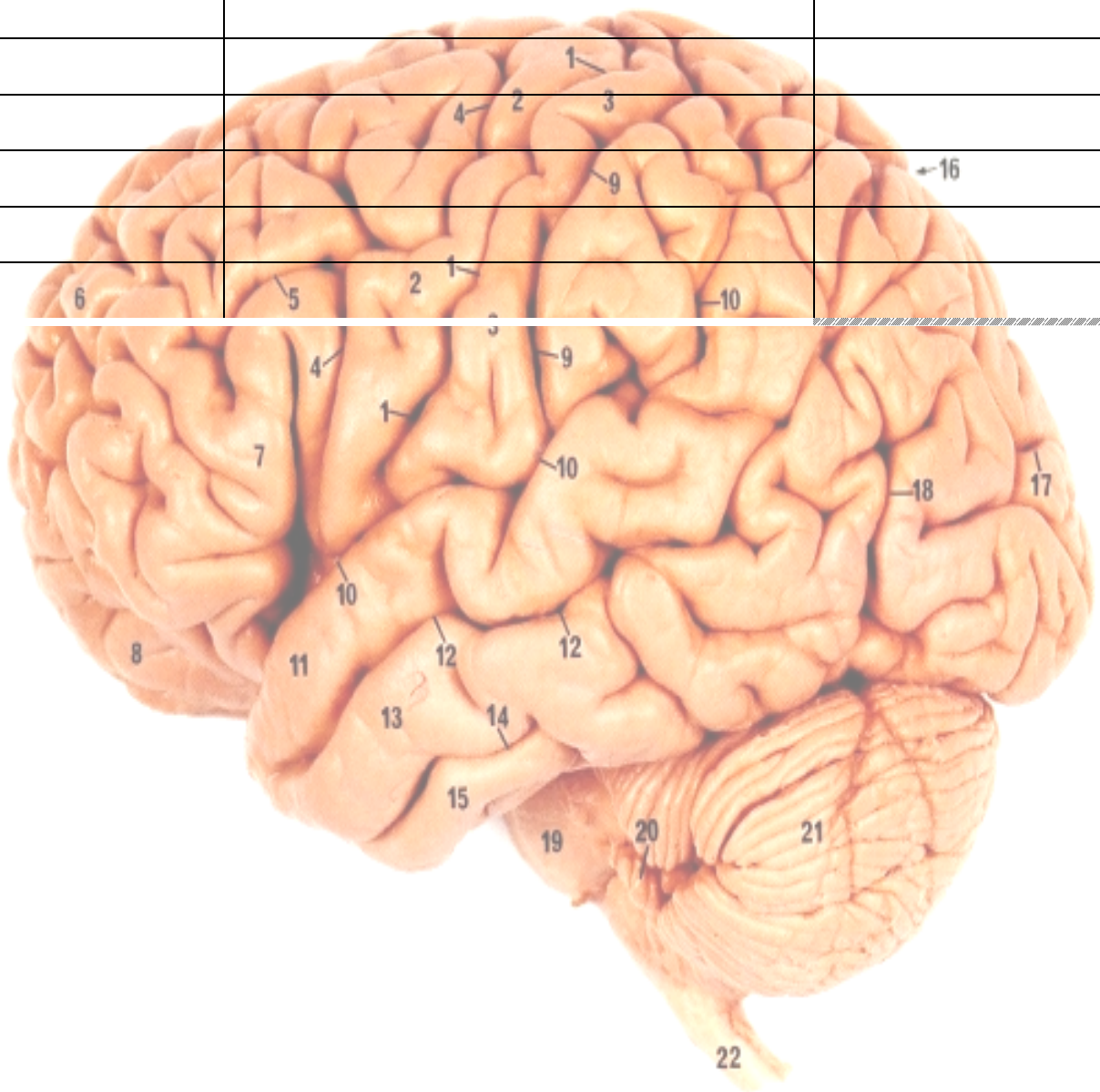
Date	Title	Staff Signature



Date	Title	Staff Signature

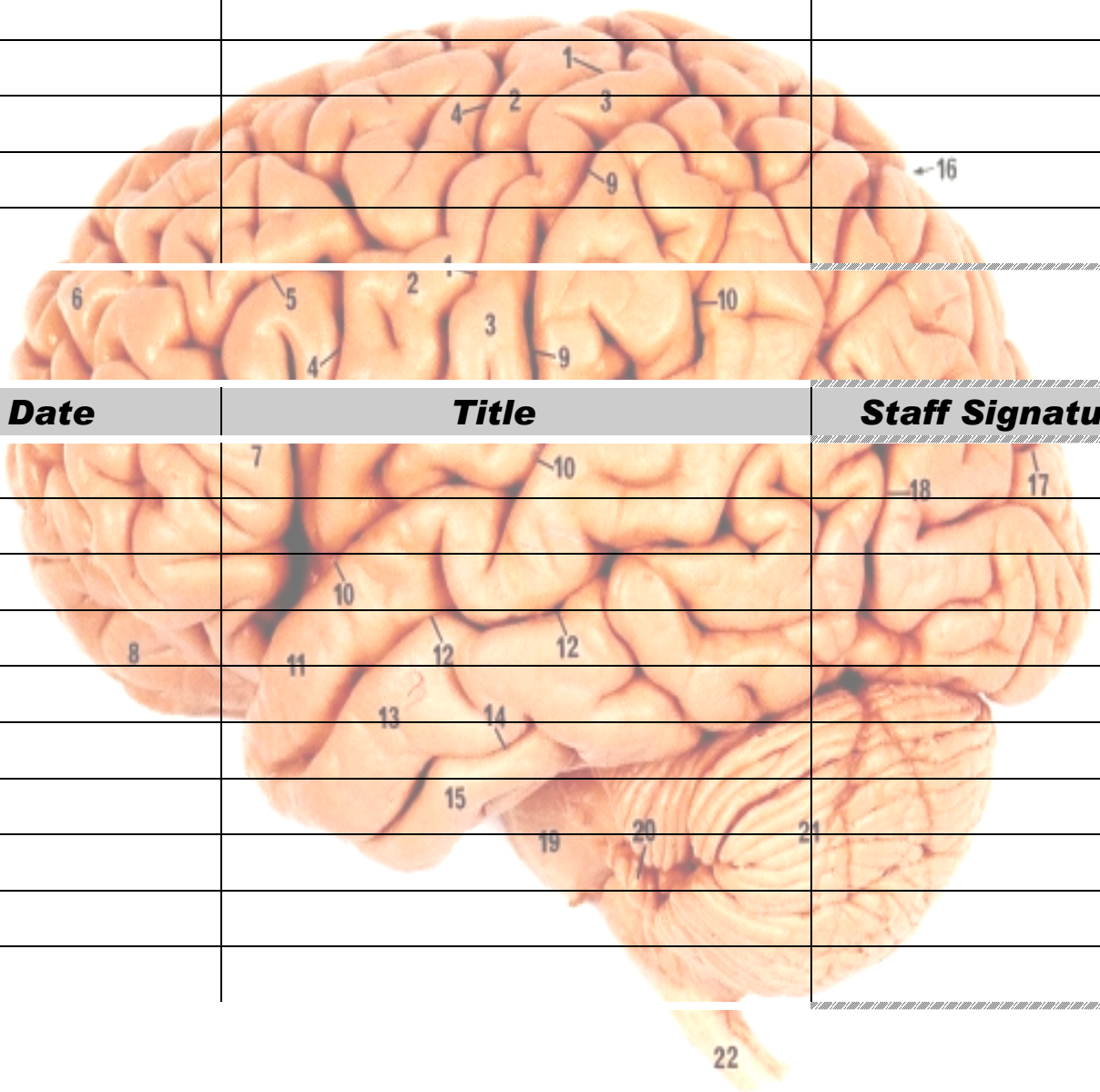


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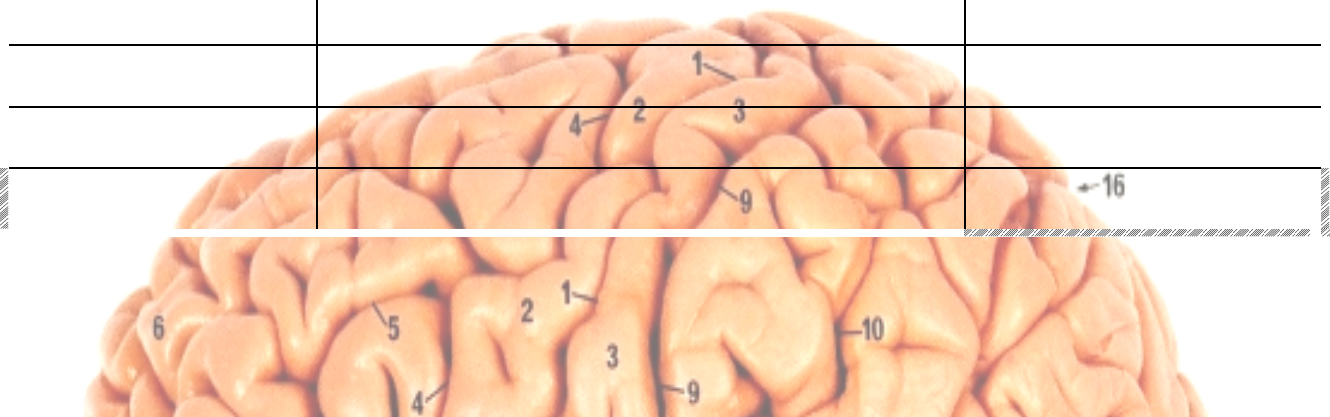
Consultations

Date	Department	Staff Signature

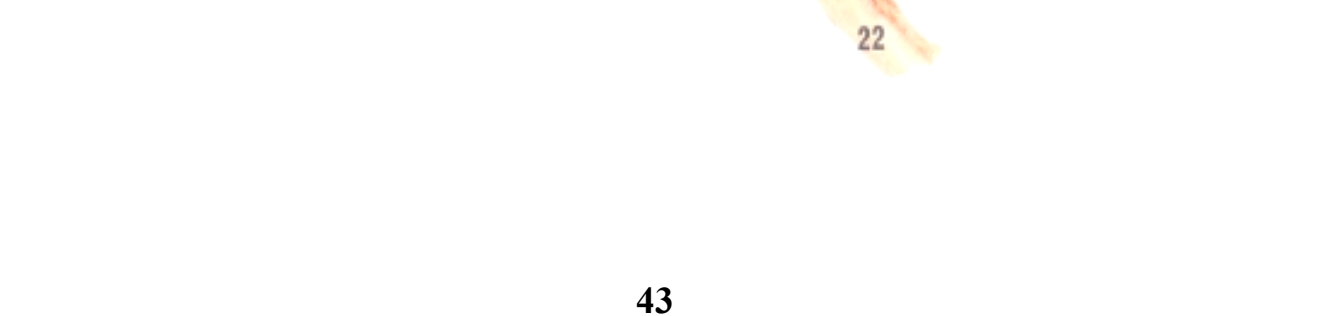


Date	Title	Staff Signature

Date	Title	Staff Signature



Date	Title	Staff Signature



Date	Title	Staff Signature

