



UNIVERSITY MEDICAL
& DENTAL COLLEGE

BDS 2nd YEAR
PRISME Portfolio

Institution	
Year	
Student Name	
ID/Registration No.:	
Supervisor/Mentor Name	
Date of Commencement	
Date of Completion	

Date:	
Activity Description:	
Learning Outcomes Addresses:	

Student Reflection: (200-300 words)

Student Signature: _____

Mentor Signature: _____

Date:	
Activity Description:	
Learning Outcomes Addresses:	

Student Reflection: (200-300 words)

Student Signature: _____

Mentor Signature: _____

Date:	
Activity Description:	
Learning Outcomes Addresses:	

Student Reflection: (200-300 words)

Student Signature: _____

Mentor Signature: _____

Date:	
Activity Description:	
Learning Outcomes Addresses:	

Student Reflection: (200-300 words)

Student Signature: _____

Mentor Signature: _____

Date:	
Activity Description:	
Learning Outcomes Addresses:	

Student Reflection: (200-300 words)

Student Signature: _____

Mentor Signature: _____

Date:	
Activity Description:	
Learning Outcomes Addresses:	

Student Reflection: (200-300 words)

Student Signature: _____

Mentor Signature: _____