

**College of Medicine
 Community Service Activity Register
 2023-2024**

Department:

#	Title of the Community Service Program	Organizer	Target Audience (Beneficiaries)	Location	Date	Duration	Number of Attendees		Number of Faculty and Staff Participants	Evidence* (Please hyperlink an Evidence Folder)
							Male	Female		
1.										
2.										
3.										
4.										
5.										
6.										
7.										

* Evidence may include pictures, attendee lists, brochures, posters, health education materials, attendee feedback results, social media posts, newspaper articles, etc....