

CONFIDENTIAL REPORT OF HOUSE SURGEONS

(To be dully filled into reach the intern's co-ordinator as soon as posting in particular department is over)

Department:

Unit:

Name:

From:

To:

Year of Admission:

Regular/ Additional:

No .of Leave/ Absent:

Leave Period:

Attendance %:

No. of Extension:

Any liabilities: YES/NO

Extension Period:

Criteria	Poor	Average	Good	Very Good	Excellent
Knowledge					
Competency and Skill					
Responsibility, Punctuality, Work up, Involvement in treatment, Follow up					
Capability to work on team					

Signature of Unit Chief

(Seal)

Signature of Professor & Head

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