D. Y. Patil Education Society, Kolhapur

(Institution Deemed to be University) 869, 'E', D. Y. Patil Vidyanagar, Kolhapur-416 006 Phone No. : (0231) 2601235-36, Fax: (0231) 2601595 Web: <u>www.dypatilunikop.org</u>, E-mail: <u>info@dypatilkolhapur.org</u>

Employers Feedback 2021-22

Name of Hospital /Institution/Organisation *

BOMBAY HOSPITAL, MUMBAI

Name of the Employee *

MS.PALLAVI MALEKAR

Date of joining *

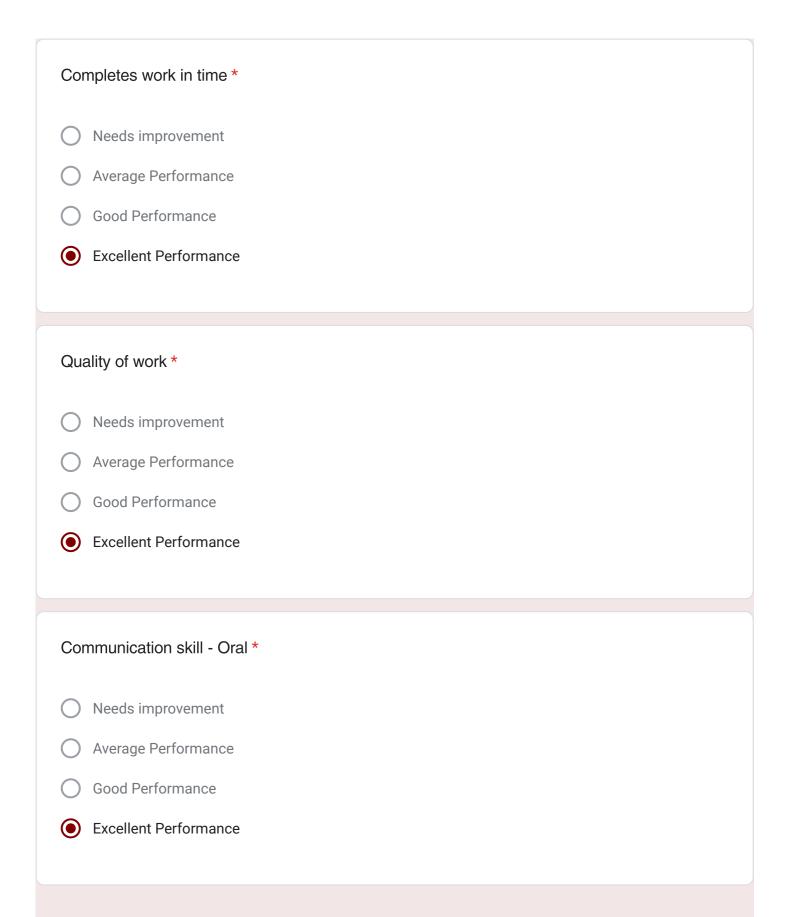
DD MM YYYY

04 / 11 / 2021

Name & Designation of Evaluator *

SR.SPARDHA SHIRODKAR, SR.INCHARGE

| Demonstrates sound Scientific Knowledge * | | | | |
|---|--|--|--|--|
| Needs improvement | | | | |
| O Average Performance | | | | |
| Good Performance | | | | |
| Excellent Performance | | | | |
| | | | | |
| Demonstrates Skills In patient care effectively * | | | | |
| O Needs improvement | | | | |
| O Average Performance | | | | |
| O Good Performance | | | | |
| Excellent Performance | | | | |
| | | | | |
| Punctuality & Honesty * | | | | |
| • Yes | | | | |
| O No | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |



| Communication skill - Written * | | | | |
|---------------------------------|--|--|--|--|
| O Needs improvement | | | | |
| O Average Performance | | | | |
| O Good Performance | | | | |
| Excellent Performance | | | | |
| | | | | |
| Ability to accept mistakes * | | | | |
| • Yes | | | | |
| O No | | | | |
| | | | | |
| Problem Solving Skills * | | | | |
| O Needs improvement | | | | |
| O Average Performance | | | | |
| Good Performance | | | | |
| O Excellent Performance | | | | |
| | | | | |
| | | | | |

| Professional Grooming * |
|-------------------------|
| Very Good |
| O Good |
| O Satisfactory |
| O Unsatisfacotry |
| |
| Tactful & courteous * |
| Yes |
| O No |
| |
| Use of technology * |
| O Needs improvement |
| O Average Performance |
| O Good Performance |
| Excellent Performance |
| |
| |
| |

| Maintains appropriate work place relationship * |
|---|
| Very Good |
| Good |
| O Satisfactory |
| O Unsatisfactory |
| |
| Rating of overall satisfaction with a competency of our candidate * |
| Very Good |
| O Good |
| O Satisfactory |
| O Unsatisfactory |
| |
| Whether you feel all necessary competencies/learning objectives are included in the * current curriculum? |
| • Yes |
| O No |
| |
| Is the curriculum aligned to meet the local, national, and global industry expectations? * |
| • Yes |
| O No |
| |
| |

Your Suggestions

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Employers Feedback 2021-22

Name of Hospital /Institution/Organisation *

Ruby hall clinic

Name of the Employee *

Ruth N

Date of joining *

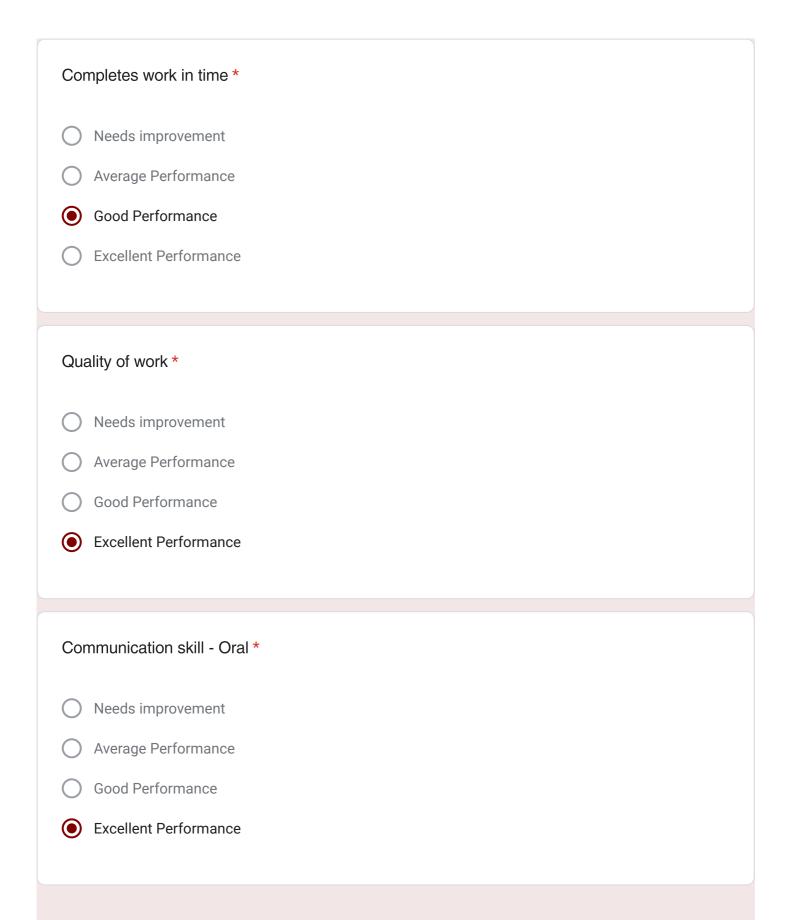
DD MM YYYY

24 / 06 / 2021

Name & Designation of Evaluator *

Sr. Suja & unit incharge

| Demonstrates sound Scientific Knowledge * | | | | |
|---|--|--|--|--|
| Needs improvement | | | | |
| O Average Performance | | | | |
| Good Performance | | | | |
| O Excellent Performance | | | | |
| Demonstrates Skills In patient care effectively * | | | | |
| O Needs improvement | | | | |
| O Average Performance | | | | |
| O Good Performance | | | | |
| Excellent Performance | | | | |
| Punctuality & Honesty * | | | | |
| • Yes | | | | |
| O No | | | | |
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| Communication skill - Written * | | | | |
|---------------------------------|--|--|--|--|
| O Needs improvement | | | | |
| O Average Performance | | | | |
| O Good Performance | | | | |
| Excellent Performance | | | | |
| | | | | |
| Ability to accept mistakes * | | | | |
| • Yes | | | | |
| O No | | | | |
| | | | | |
| Problem Solving Skills * | | | | |
| O Needs improvement | | | | |
| O Average Performance | | | | |
| Good Performance | | | | |
| O Excellent Performance | | | | |
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| Maintains appropriate work place relationship * |
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| • Yes |
| O No |
| |
| |

| Your | Sugg | gestions |
|------|------|----------|
|------|------|----------|

No

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