Report of Performance – International Elective

Part A: TO BE COMPLETED BY THE STUDENT

HOME INSTITUTION:

STUDENT NAME: _____________________________

ROLL NO.: _____________________________

YEAR OF GRADUATION: _____________________________

COURSE: _____________________________

HOST INSTITUTION: Kasturba Medical College, Manipal

LOCATION OF ELECTIVE: _____________________________

DATES: _____________________________

DEPARTMENT: _____________________________

Part B: TO BE COMPLETED BY THE EVALUATOR

It is required that this form be completed by a faculty member who has supervised the student during the clinical elective. We would appreciate your candid evaluation of the student’s performance. Attach an additional sheet or letter if necessary.

NAME OF EVALUATOR: _____________________________

DESIGNATION: _____________________________

MEDICAL SCHOOL/HOSPITAL: _____________________________

EMAIL ADDRESS: _____________________________

TELEPHONE NO.: _____________________________

How long and in what capacity have you known the student?

______________________________________________

______________________________________________

______________________________________________
STUDENT NAME: __________________________________________

Please evaluate the student relative to other medical students whom you have known in similar capacity:

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<th></th>
<th>Outstanding</th>
<th>Above expected performance</th>
<th>Expected Performance</th>
<th>Below Expected Performance</th>
<th>Unable to assess</th>
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<td>Medical Knowledge</td>
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<td>H &amp; P Skills</td>
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Additional Comments (Attach a sheet if necessary):

______________________________________________________________________________
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______________________________________________________________________________

Print your name: ___________________ Signature: ______________ Date: _____________

Please return directly to: smc.kmcmanipal@manipal.edu / office.kmc@manipal.edu