|  |
| --- |
| **LAPORAN SULIT PENTADBIRAN OLEH KETUA JABATAN** |
| **NAMA CALON :**  **A. PERSONAL CHARACTERISTICS (tick where appropriate)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **No.** | **Areas of Evaluation** | **Excellent** | **Good** | **Satisfactory** | **Bad / Weak** | | 1 | Attitude to work and profession |  |  |  |  | | 2 | Punctuality |  |  |  |  | | 3 | Responsibility |  |  |  |  | | 4 | Availability |  |  |  |  | | 5 | Personal Grooming |  |  |  |  | | 6 | Relationship with fellow professional colleagues |  |  |  |  | | 7 | Relationship with other staff |  |  |  |  |     **B. CLINICAL SKILLS (tick where appropriate)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No. | Areas of Evaluation | Excellent | Good | Satisfactory | Bad / Weak | | 1 | Knowledge in area of work |  |  |  |  | | 2 | Sharing of information and knowledge |  |  |  |  | | 3 | Participation in CME activities |  |  |  |  | | 4 | Leadership and teaching ability |  |  |  |  |   **C. FULLFILLMENT OF STIPULATED TIME**  Stipulated Time [ ] years [ ] months  Total time of attachment  Overall assessment of stipulated time spent in Public Health. activity (tick where appropriated)  Satisfactory [ ] Inadequate [ ]  **E. OVERALL PERFORMANCE (tick where appropriated)**  Excellent [ ] Borderline [ ]  Good [ ] Weak [ ]  Satisfactory [ ]  RECOMMENDATION  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Senior Clinician’s Name and Position : **ASSOC. PROF.DATO’ DR. KHAIRUL ASRI MOHD GHANI**  **HEAD DEPARTMENT OF SURGERY**  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Official stamp : |
|  |
|  |