

International Students Elective Program
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Internship Appraisal and Feedback

From the Director's Desk

Thank you for taking the time to complete this feedback form and for taking part in this elective program. If you could please take the time to mail/e-mail this form back to us, marked attention to the CEO, e-Medicine & Promotions at your earliest possible convenience, it would be greatly appreciated.

This appraisal should be filled out by the applicant and then reviewed by the supervisor or CEO, e-Medicine & Promotions. Certain questions will require a comment instead of a rating.

Kalra MD FRCP (Glasg.), R N

Medical Director CEO R&D
Kalra Hospital & SRCNC Pvt. Ltd.

Key: **1**=Poor, **2**=Needs Improving, **3**=Satisfactory, **4**=Good, **5**=Excellent

Q. Were you satisfied with the way the elective program was organized?

YES / NO (Please comment)

A.

Q. Do you feel the tasks assigned to you incorporated your current skill and knowledge levels? **YES / NO** (Please comment)

A.

Q. What did you achieve in the duration of your elective with us?

A.

Please rate the following:

Q. How would you rate the hospital website in acquiescence with the international criterion? 1 2 3 4 5

A.

Q. How would you rate the hospital infrastructure? 1 2 3 4 5

A.

Q. How would you rate the work ethic? 1 2 3 4 5

A.

Q. How would you rate our workforce proficiency? 1 2 3 4 5

A.

Q. How would you rate our workforce conduct? 1 2 3 4 5

A.

Q. How would you rate our workforce professionalism? 1 2 3 4 5

A.

Q. How would you rate the level of experience you gained? 1 2 3 4 5

A.

Q. At what level did the elective match your requirements? 1 2 3 4 5

A.

Q. Were you satisfied with the level of supervision you received? **YES / NO**

(Please comment)

A.

Q. What level of initiative do you feel was shown by the supervisor during the elective? 1 2 3 4 5

A.

Q. How would you rate the accommodation? 1 2 3 4 5

A.

Q. How would you rate the cuisine? 1 2 3 4 5

A.

Q. Are there any areas that you feel need improving? (Please comment)

A.

If you have any other feedback or suggestions that you feel would be of benefit, could you please provide them below.

Other Comments:

Date of Appraisal:

Name:

Place: