|  |
| --- |
| **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 [ ] monthsTotal time of attachmentOverall 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 :  |
|  |
|  |