

Internship Programme for International Students  
Kalra MD, Ankur  
e-Medicine & Promotions  
Kalra Hospital & SRCNC  
Kirti Nagar  
New Delhi 110015  
India  
Phone(s): +(91)-(11)-45005600 45005700  
Facsimile: +(91)-(11)-25108119  
E-mail: ceo@kalrahospital.com

## **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 internship programme. 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 internist 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

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

Q. Were you satisfied with the way the internship programme 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 four weeks of your internship 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 internship 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 internship? 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:

Internist Name:

Place: