



ASSESSMENT SHEET

Name of the student : _____

Enrolment no. : _____

Program : _____

Batch & Year : _____

Name of the Hospital : _____

Duration of Posting : From _____ To _____

EVALUATION OF STUDENT

S. No.	Criteria	Maximum Marks	Marks Obtained
1	Punctuality	10	
2	Approach toward patients	10	
3	Discipline in the Department	10	
4	Approach towards colleagues / superiors	10	
5	Knowledge about various therapeutic modalities	10	
6	Knowledge about evaluation to condition	10	
7	Theoretical knowledge of various conditions	10	
8	Performance of therapeutic skills in clinical settings	10	
9	Grand Viva	20	
	Total Marks	100	

Comments:

Date :

Signature with Seal
In-charge / HOD Physiotherapy