

NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

INDUCTION TRAINING EVALUATION RECORD (GD-7)



FACULTY:
TAKEN ON DATE :

SECTION:-

SR. NO.	NAME OF TRAINEE	EVALUATED BY	EVALUATION			READ AND UNDERSTOOD ALL SOPS	REMARKS	SIGNATURE OF TRAINEE
			THEORY	VIVA	PRACTICAL/ Demonstration of skill		(SATISFACTORY / RETRAINING WITH TARGET DATE)	