NAME & ADDRESS OF BLOOD BANK

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Licence No.:-_____

STAFF PROFICIENCY REGISTER (GD-8)

SR.NO	DATE	NAME OF PARTICIPANTS	EVALUATED BY	EVALUATION			REMARKS BY SECTION IN CHARGE		TARGET DATE FOR RE-EVALUATION	PERFORMANCE ON RE-EVALUATION	CORRECTIVE ACTION REQUIRED IF ANY
				MCQs	VIVA	PRACTICAL DEMOSTRATION & SKILLS	SATISFACTORY	NEED FOR RETRAINING			