

CHANGE IN THE STATUS OF TRAINEES (Training Centre: _____)

REPORTING PERIOD (_____)	Name of Trainees	Effective Date/Period	Elective/Rotation From/To Hospital & Specialty
New Trainee (Please state his/her training level)			
Basic Trainee going to Elective Training			
Basic Surgical Trainee coming for Elective Training			
Higher Trainee going to Rotational Training			
Higher Trainee coming for Rotational Training			
Basic Trainee promoted to Higher Trainee			
Resignation / Leave Department (including specialists)			

Information provided by

Name : _____

Signature : _____

Date : _____