

Visit Report

Name of Student: _____

Class/Semester: _____

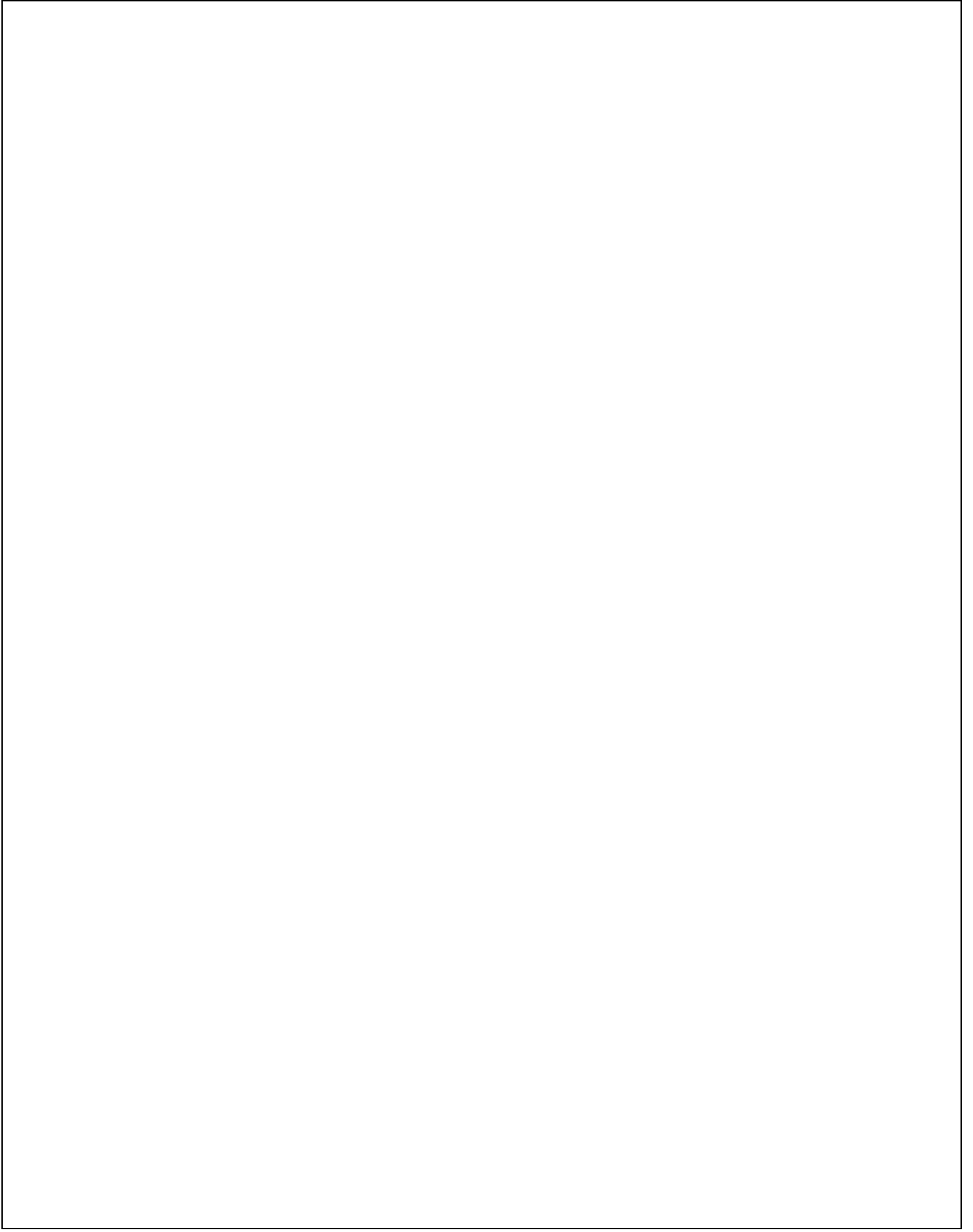
Name of Centre: _____

Location: _____

Date of Visit: _____

1. Introduction

(Briefly describe the purpose of the visit.)



2. Objectives of the Visit

A. General Objective:

B. Specific Objectives:

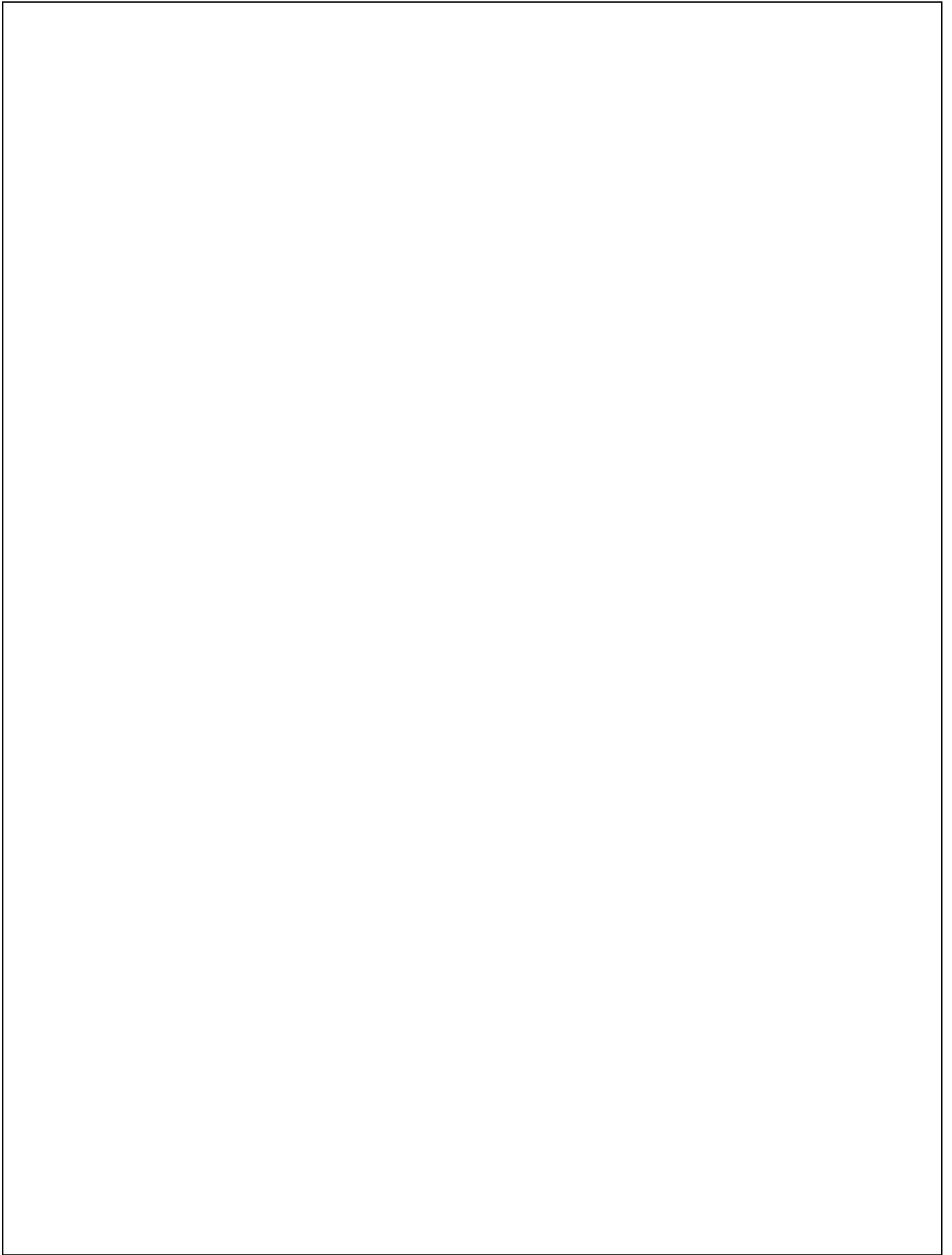
3. Physical Layout Centre

(Sketch/Map of layout)

4. Staffing Pattern:

5. Departments and Services Offered

(List departments and describe their main functions)



7. Conclusion

(Summarize the learning outcomes and personal reflections.)

8. References:

MANIKAKA TOPAWALA INSTITUTE OF NURSING

A CONSTITUENT OF CHARUSAT

COMMUNITY HEALTH NURSING

Evaluation Criteria of Visit Report

Name of the student:

Student ID No.

Date of submission:

Place:

Sr. No.	Evaluation Components	Maximum Marks	Marks Obtained
1.	Introduction and Objectives	5	
2.	Physical Layout Description	5	
3.	Staffing Pattern	5	
4.	Services and Departmental Details	5	
5.	Records and Reports Maintained	5	
7.	Conclusion and References	5	
	Total	30	

Remarks:

Name of Evaluator:

Signature of Evaluator:

Date of Evaluation: