

# Visit Report

Name of Student: \_\_\_\_\_

Class/Semester: \_\_\_\_\_

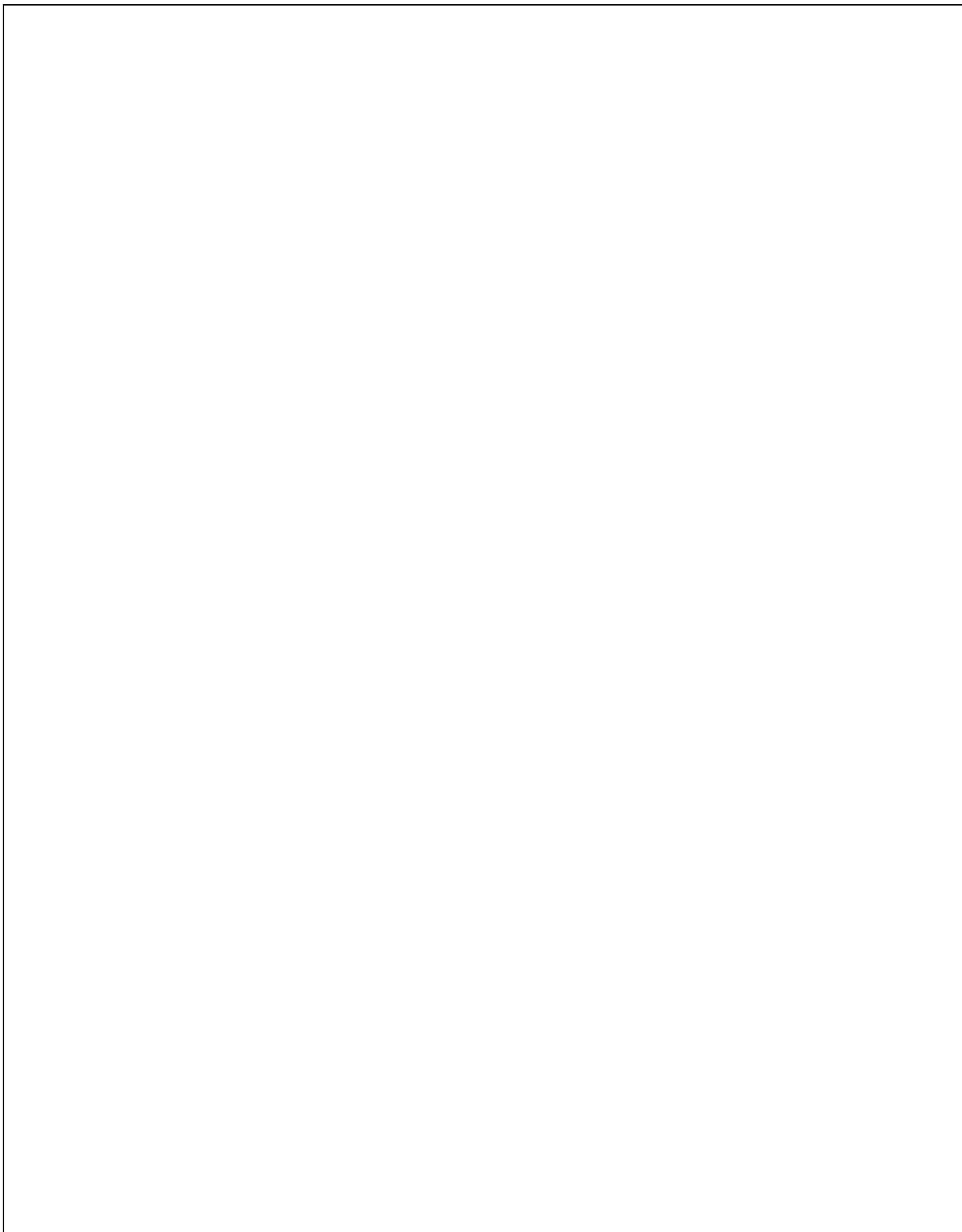
Name of Centre: \_\_\_\_\_

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)*



**6. Records and Reports Maintained**

**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:** \_\_\_\_\_

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

**Remarks:** \_\_\_\_\_

**Name of Evaluator:** \_\_\_\_\_

**Signature of Evaluator:** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_