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**Structured on the Job Training (S-OJT) Evaluation form For MDP Trainees**

**(*To be filled by Supervisor/Trainer*)- MDP Form 2**

OJT Period Covered from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Trainee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place/Area of Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Multichannel Department**)

Evaluated by (Training Supervisor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Evaluation Criteria | **Points of Evaluation** | | | | | |
| Least (1) | Satisfactory (2) | Good(3) | Very Good(4) | Excellent(5) | |
| Ability to Learn(How quickly the trainee learns) |  |  |  |  |  | |
| Punctuality & Attendance |  |  |  |  |  | |
| Initiative(eagerness) |  |  |  |  |  | |
| Cooperative |  |  |  |  |  | |
| Discipline & Conduct |  |  |  |  |  | |
| Appearance (Neatness, dressing) |  |  |  |  |  | |
| Attitude(towards: the Bank, job, colleagues and supervisors) |  |  |  |  |  | |
| Customer Handling |  |  |  |  |  | |
| How properly the trainee grasped the leadership skill through **coaching** |  |  |  |  |  | |
| How properly the trainee grasped leadership skill through **Mentoring** |  |  |  |  |  | |
| Score out of 50 | | | | | |  |

1. **How do you explain performance of the trainee in his/ her stay in your unit as a trainee? *(Pls. fill the below table).***
2. **How do you explain the areas covered and knowledge acquired by the Trainee in his/ her stay at your unit? *(Pls. fill the below Training Scorecard).***

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| **Department** | **Evaluation Criteria** | **Training Period** | | **Name of Responsible** | | **Points of Evaluation** | | | | | |
| **from** | **to** | **Mentor** | **Checker** | **Not Enough (1)** | **Enough (2)** | **Good (3)** | **Very Good (4)** | **Excellent (5)** | **any Remark** |
| Multichannel | Dispute Management |  |  |  |  |  |  |  |  |  |  |
| Local Card Transaction Reconciliation |  |  |  |  |  |  |  |  |  |  |
| Int’l Card Transaction Reconciliation |  |  |  |  |  |  |  |  |  |  |
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Additional Information about the Trainee, if any

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Trainer’s Name and Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

Reviewed and Approved by Name & Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_