



Annexure - 4

COMPETENCY EVALUATION GRID

(To be filled by trainer dietician)

Name of the RD Intern: _____

Duration of the RD Internship: _____

Name of the Hospital: _____

COMPETENCY EVALUATION COMPONENTS	Total out of Marks	Marks obtained
Case Studies (50 cases)	30	
Counselling Skill & Technique	5	
Skill in Nutritional Management of Patient	5	
Cases (6 presentation)Annexure 3	30	
Community Nutrition Program	10	
Research Project	15	
Food Service Management	5	
Total	100	

Minimum passing marks for internship is 60%

Chief Dietician's Signature
And hospital stamp

Trainer Dietician's Name & signature
RD Number: _____