

**Assessment form**

**for**

**Swamy Narayan Best Transplant Coordinator's Award - 2015**

Name	
Age	
Gender	
Educational Qualifications	
Name of the Hospital	
Address of the Hospital	
Years of experience in present position	
No. of families counseled for organ donation	
No. of deceased donations coordinated successfully	
Tell us about his/her Counseling skills	
Post donation donor family follow up, if any	
Why do you think that he/ is most eligible for this award	
Overall Rating (Minimum:1 ; Maximum: 5)	1      2      3      4      5

**Date:**

**Signature and Seal of Institution**

**Kindly post this Assessment form to,**

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