**LAPORAN PENCAPAIAN MENTI**
**DARI KETUA PENYELIA JURURAWAT HOSPITAL / DAERAH KEPADA KETUA PENYELIA JURURAWAT NEGERI**

Hospital / Klinik / Institusi……
Kumpulan …….. Tahun …….
Tarikh Lantikan ……..…….

Tarikh Mula Program …….
Tarikh Tamat Program ……..

| Bil. | Displin/Klinik/Daerah/ Institusi | KOLEJ | | | STANDARD - 85% menti lulus markah ≥ 65% | | | | | | Peratus (%) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | ≥ 65% | | | ≤ 64.99% | | | ≥ 65% | | ≤ 64.99% | |
| | | | | | Lulus | | | Gagal | | | Lulus | | Gagal | |
| | | KKM | IPTS | IPTA | KKM | IPTS | IPTA | KKM | IPTS | IPTA | Jumlah Menti | % | Jumlah Menti | % |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | |
| | **JUMLAH** | | | | | | | | | | | | | |

Disediakan Oleh:

Tandatangan : ……

Nama KPJH /KPJD……

Tarikh:……..

Disahkan Oleh:

Tandatangan : ……

Nama Pengarah/Timb.Pengarah Hosp:……

Tarikh:……