

State Bank of Patiala

MONTHLY DIARY OF PROBATIONARY/ TRAINEE OFFICER

(To be completed by the Probationary/Trainee Officer)

Name of the Probationary/ :
Trainee Officer

Name of the Branch :

Name of the Previous Branch :

Date of relieving from Previous Branch :

Date of Joining at the present Branch :

Dairy for the month of :

1. Detail of on-the-job training undergone during the month under report:

	Duration	Job assignment	Date
1.	First Week		
2.	Second Week		
3.	Third Week		
4.	Fouth Week		

2. No of the times you met the following officer for guidance, assistance and clarification of doubts:

Designation of the official	No of times	Dates	Purpose
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i) BM/CM/AGM

ii) M.O.D.

iii) Others

(Please Specify)

3. Deviations in the training schedule, if any? Please give particulars:

Nature of Deviation	Period of which such deviations were made No Deviation	Were the reasons therefore advised
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4. Difficulties observed in the method of training viz, non availability of Bank's book of instructions, job cards, Programmed learning texts etc.

5. Important constituents to whom you Were introduced during the month:

Name of the Constituent	introduced by whom? (BM/MOD or other)	Date of introduction
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6. No. of visits you accompanied other officers for customer calls, deposit mobilization campaign, inspection of borrowings units, important meetings etc.

Nature of Visits	Accompanied whom (BM/MOD or other)	Date
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7. General attitude of officers and And staff members with whom You were associated during the month.

8. Any other comments:

Place

Date

State Bank of Patiala

The Chief Manager (HRD)
State Bank of Patiala
Head Office, The Mall
Patiala

MONTHLY REPORT ON PROBATIONARY/TRAINEE OFFICER

Name of the Branch _____

Name of Probationary/ _____
Trainee Officer

Report for the month of _____

1. Assesment of the qualities of
The Probationary/ Trainee Officer
As a learner (Tick the appropriate column)

a)	Comprehension	Excellent/Good/Average/Poor
b)	Diligence & application	Excellent/Good/Average/Poor
c)	Quality of Work i.e.	Excellent/Good/Average/Poor
d)	Attendance and punctuality	Excellent/Good/Average/Poor
e)	Conduct and attitude	Excellent/Good/Average/Poor

2. Special attitude as evidenced
during training

3. Leave taken during the month
no. of days leave availed with dates

Type of leave

Casual leave
Privilege leave
Sick leave
Special leave

4. What guidance and support

provide to TO in clarifying his/her doubts and overcoming difficulties

5. Your comments on the deviations made if any in the training schedule.
6. Comments about the weakness pointed out by TO in the training methodology.
7. Deficiencies if any observed by you in TO during the month. if yes please specify
 - a) Nature of deficiencies
 - b) Whether they were brought to his/her notice
 - c) Steps taken by you to help him/her overcome these deficiencies
8. Any other comments.

Signature:

Name of the Branch Manager

Branch

Date:

COMMENTS BY CHIEF MANAGER(HRD) ON

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|--|-----------------------------|
| (A) Adhered to training schedule | Excellent/Good/Average/Poor |
| (B) Quality of guidance and facilities to the branch | Excellent/Good/Average/Poor |
| (C) How the trainee has utilized the training opportunities | Excellent/Good/Average/Poor |
| (D) Whether any follow-up action is required if yes, please specify. | |

Signature:

Name:

Date: