

**UNIVERSITY OF MEDICAL SCIENCES OF BHUTAN**  
**FEEDBACK FORM**

**To be completed by subordinate for those holding managerial positions.**

<b>Name of the employee whom the feedback is for:</b>	
<b>Employee Position Title:</b>	
<b>Employee ID:</b>	
<b>Name of the Manager:</b>	
<b>Manager Position Title:</b>	
<b>Agency:</b>	
<b>Date:</b>	

THIS FEEDBACK WILL BE KEPT ANONYMOUS. YOU ARE REQUIRED TO PROVIDE HONEST AND CONSTRUCTIVE COMMENTS ON THE EMPLOYEE'S OVERALL PERFORMANCE AND MANAGEMENT STYLE/PRACTICE.

- 1. LIST ONE OR MORE THINGS YOU WOULD LIKE YOUR MANAGER TO STOP DOING.**
  
- 2. LIST ONE OR MORE THINGS YOU WOULD LIKE YOUR MANAGER TO CONTINUE DOING.**
  
- 3. LIST ONE OR MORE THINGS YOU WOULD LIKE YOUR MANAGER TO START DOING.**
  
- 4. LIST ONE OR MORE THINGS YOUR MANAGER COULD DO BETTER.**