





Godavari Foundation's

### **Godavari College of Nursing, Jalgaon**

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■ Email:gconjalgaon@gmail.com ■ Website: www.godavarinursing.ac.in



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Godavari College of Nursing, Jalgaon

#### MENTOR MENTEE PROGRAM

Name of the student	:
Date of birth	:
Type of family	:
Mother tongue	:

#### **Parents**

Name	Alive/dead	Age	Education	Occupation
Father				
Mother				

### Number of siblings :

Name	Alive/ dead	Age	Education	Occupation

P	h	O	n	6	N	u	m	h	e	r

Phone Numi	Der
Home	:
Personal	:
Address	

#### **INITIAL ASSESSMENT**

Date	e:
1.	Fluency in English: very good/good/average/poor
2.	Marks obtained in SSC:
3.	Marks obtained in HSC :
4.	Hobbies/ interest :
5.	Personal objective/aim:
6.	Any hereditary disease in the family: Yes/ No
7.	If Yes (brief description)
8.	Any Past/ present illness: Yes/ No
9.	If Yes ( brief description):
10.	Specimen signature of the student

## **MENTOR MENTEE PROGRAM MEETING REPORTS** Meeting No Date Time Area of discussion: Advise/Suggestions/Guidance if any:.... Sign with Date: Name of the Mentor: **MEETING REPORTS** Meeting No Date Time Area of discussion: Advise/Suggestions/Guidance if any:.....

Name of the Mentor:

Sign with Date:

	MEETING REPO	RIS
Meeting No	:	
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Time	:	
Area of discuss	sion:	
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#### STUDENT ATTENDANCE RECORD

MONTH	THEORY	PRACTICAL	CURRICULAM	CO- CURRICULAM	REMARK
August					
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					
July					

# CURRICULAM AND CO-CURRICULAM ACTIVITIES

SL NO	CATEGORY	DETAILS	DATE IF ANY
01	Participated in any academic events like quiz		
02	Sports activities		
03	Cultural activities		

	MEETING REPOR	тѕ
Meeting No	:	
Date	:	
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