



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

Phone Number

Home :  
Personal :  
Address .....  
.....  
.....

INITIAL ASSESSMENT

Date: .....

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)  
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.....
8. Any Past/ present illness: Yes/ No
9. If Yes ( brief description):  
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10. Specimen signature of the student  
  
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MENTOR MENTEE PROGRAM

MEETING REPORTS

Meeting No :  
Date :  
Time :  
Area of discussion:  
Advise/Suggestions/Guidance if  
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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		

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