Gyanoday College of Education Janjgir

Akaltara Road Janjgir, Distt- Janjgir-Champa (C.G.)

Contact No: 94252-30437

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Personal Information of the Mentee

Student's Name : _____

Class : _____

Roll. No. : _____

D.O.B. : _____ ___

Contact No. : _____

Hobbies : _____

Address : _____

: _____

Father's Name : _____

Occupation : _____

Educational Qualification : _____

Mother's Name : _____

Occupation : _____

Educational Qualification : _____

No. of Family Members : _____

No. of Siblings : _____

Position in the family : _____

Income of the family : _____

Any other important feature : _____

Nature of Family : _____

(Joint/Nuclear)

Marital Status : _____

Love Marriage/Arrange Marriage : _____

Medical History : _____

Treatment if any : _____

Signature of Mentee ***Signature of Mentorl***

For every interactive meeting of Mentor/Mentee shall have a separate record on the given schedule of interaction. It shall be a separate schedule for each mentee.

MENTOR /MENTEE INTERACTION DETAILS

First Meeting **Date: _____** **Time: _____**

Statement /Issue/Problem of the Candidate

Suggestions by the Mentor

Second Meeting **Date: _____** **Time: _____**

Feedback

Diagnosis of the Problem

Treatment

Third Meeting **Date: _____** **Time: _____**

Follow up _____

Suggestion and Recommendations