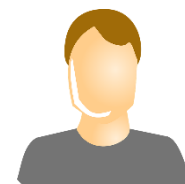


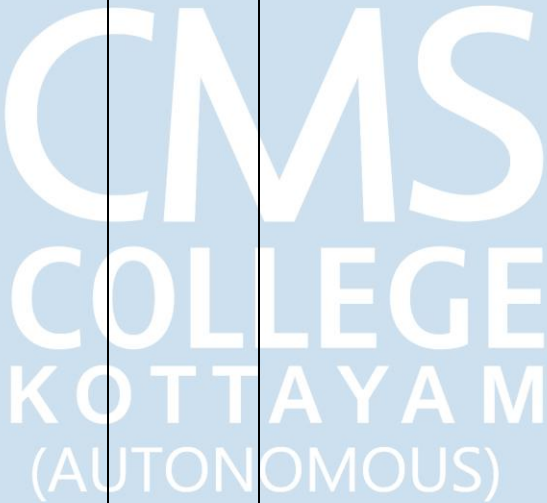
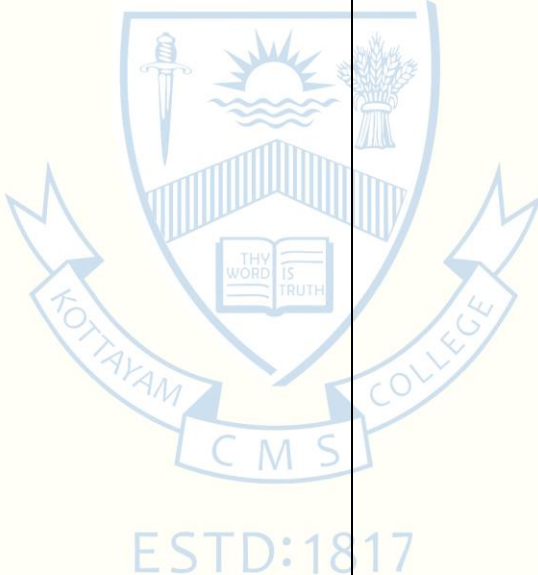


CMS College Kottayam (Autonomous)

Mentoring Record 20..... -



1.	Name of the Student			
2.	Date of Birth:			
3.	Name of the Programme joined			
4.	Period of study	From..... To.....		
5.	Student Id No.		Class No. :	
6.	Blood Group		Mobile Number:	
7.	Residential Address			
8.	Place of stay during study and mode of travel to college			
9.	Temporary address			
10.	Religion			
11.	Talents /Skills			
12.	Hobby		Ambition	
13.	Achievements			
14.	Regular attendance in classrooms/practical labs	Above Average/Average/Below Average		
15.	Performance in study	Above Average/Average/Below Average		
16.	Extra/Co-curricular Activities			
17.	Name and Occupation of Father			
18.	Name and Occupation of Mother			
19.	Mob. No. of Father		Mob. No. of Mother	
20.	Details of Siblings:			

21.	Date of enrolment as Mentee				
22.	Meeting with Mentor				
Date	Time	Issues Raised	Decisions Taken	Next meeting date	Signature of the Mentee
					
23. Assessment by the mentor (On character, conduct, perseverance, Attitude, Aptitude etc.)					
24. Name of the mentor					
25. Designation and Department					
26. Signature of the mentor					
27. Signature of the HoD					

Place:

Date:

Seal of the Department