

Abhinav Bharat Shikshan Sanstha's
NETAJI SUBHASHCHANDR BOSE ART'S, COMMERCE AND SCIENCE COLLEGE, NANDED.
INTERNAL QUALITY ASSURANCE CELL
Email- iqacnsb@gmail.com

STUDENT MENTORSHIP PROGRAMME (SMP) APPLICATION FORM

| | | |
|-----------------------------------|--|---------------------------|
| 1 | Full Name | |
| 2 | Programme | |
| 3 | Department | |
| 4 | Home Address | |
| 5 | Phone Number | |
| 6 | Email ID | |
| 7 | Name of the Father | |
| 8 | Name of the Mother | |
| 9 | Education and Occupation of the Parents | |
| 10 | Type of Family (Joint / Nuclear / other) | |
| 11 | Languages known | Read: Write: Speak: |
| 12 | What are the Skills you would like to develop as a mentee? | |
| 13 | What are your Hobbies? | |
| 14 | Briefly describe your personality | |
| 15 | What are your aspirations? | |
| 16 | What are you looking for in mentor and what are you hoping to join from the mentoring programme? | |
| 17 | What lessons you have learnt from your life so far? | |
| 18 | What you want to learnt hence forth? | |
| 19 | Any other Comment | |
| Signature of the Student (Mentee) | | |

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Student Mentorship Programme (SMP)

| Name of the Mentor (Teacher) | Sr. No | Name of the Mentees (Students of 1 st Semester) |
|--|-----------|--|
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| <div style="display: flex; justify-content: space-between; padding: 5px;"> <div>Signature of Nodal Officer</div> <div>Signature of the Head of the Department/Coordinator</div> </div> | | |

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MENTOR RECORD

1. Name of the Mentor:
2. Department:
3. Record for the Academic Year:
4. List of Assigned Mentees:

| Sr. No. | Name of the Mentee | Class of the Mentee | Name Paper & Paper No. |
|---------|--------------------|---------------------|---------------------------|
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| | | | |

5. Record of Issues Raised and Resolved

| Sr. No. | Name of the Mentee | Details of Issues Raised | Details of Issues Resolved |
|---------|--------------------|--------------------------|----------------------------|
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| | | | |
| | | | |

6. Any other information:

Name and Signature of the Mentor

Signature of HOD

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FEEDBACK FORM

1. Name of the Mentor: _____
2. Designation: _____
3. Department: _____
4. Name of the Mentee: _____
5. Admission in Programme: _____
6. Academic Year: _____

| Meets us frequently (Score Range 1 - 10) | Is supportive & tries to solve our problems (Score Range 1 - 10) | Motivates us (Score Range 1 - 10) | Is promptly responsive to our needs (Score Range 1 - 10) | Has helped us for placement opportunities (only final year) or opportunities for higher studies (Score Range 1 - 10) | Total Score (5 - 50) |
|--|---|---|--|---|-------------------------|
| | | | | | |

Name and Signature of Mentee