



Amala

INSTITUTE OF MEDICAL SCIENCES
NABH & NABL ACCREDITED ISO 9001: 2015

REDEFINING
CARE
everyday
in every way

MENTOR MENTEE RECORD

Name of the Student :

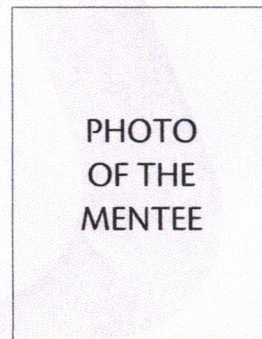
Course :

Batch :



MENTOR MENTEE PROGRAMME

BASELINE PROFORMA OF THE MENTEE



Name of the Mentor :

Name of the Mentee :

Age :

Date of birth :

Sex :

Blood group :

Religion & Caste :

Type of family :

Order of birth :

Mother tongue :

Annual Income :

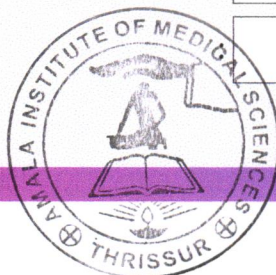
Address :

Phone Number & Email id :

Father :

Mother :

Personal :



FAMILY DETAILS

	Name	Age	Education	Occupation	Present illness if any
Father					
Mother					
Brother					
Sister					

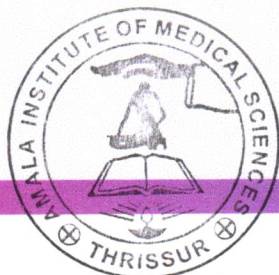
Name & Address of Local Guardian :

Contact Number :

Email ID :

INITIAL ASSESSMENT OF THE MENTEE

1. Languages known : _____
2. Marks obtained in 10th std (Percentage) : _____
3. Marks obtained in 12th Std (Percentage) : _____
4. Syllabus : State/CBSE/ICSE/VHSE/Other
5. Hobbies : _____
6. Any hereditary disease in the family : Yes/ No
If yes (brief description) : _____
7. Any past / present illness : Yes/ No
If yes (brief description) : _____
8. Mention achievements, if any : _____
9. Role Model (brief description) : _____
10. Reason for choosing Medicine : Compulsion of parents/
(brief description) Foreign employment/ Good
Salary/ Passion for service/
Other reason



Date & Time	Problem identified (Health/Academic/ Reproductive/Psychological /Family/Financial / Social / Spiritual)	Action taken	Remarks	Signature	
				Mentor	Mentee



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