



# ***KESHARI SHIKSHAN SAMITI***

***(B.Ed. College)***

**Khokhara Distt- Janjgir-Champa (C.G.)**

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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 Mentor**

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**

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**Suggestions by the Mentor**

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**Second Meeting**                      **Date:** \_\_\_\_\_                      **Time:** \_\_\_\_\_

**Feedback**

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**Diagnosis of the Problem**

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**Treatment**

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**Third Meeting**                      **Date:** \_\_\_\_\_                      **Time:** \_\_\_\_\_

**Follow up** \_\_\_\_\_

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**Suggestion and Recommendations**

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