



BABA MASTNATH UNIVERSITY

ASTHAL BOHAR, ROHTAK-124021

(Established under Haryana Private Universities Act, 2006)

Recognised by UGC vide letter No. F. 8-14/2012 (CPP-1/PU)

Ref. No. BMU/Acad./2023/ 4576-SD

Dated: 12-08-2023

To

1. **All the Deans of Faculties**
Baba Mastnath University,
Asthal Bohar, Rohtak.
2. **All the Heads of Departments**
Baba Mastnath University,
Asthal Bohar, Rohtak.

Sub: - Mentor-Mentees Proforma.

Sir/Madam,

Please find enclosed herewith the Mentor-Mentees Proforma.

It is requested that Mentor-Mentee Meet may be held weekly. Parents Teacher Meeting (PTM) may also be organized regularly. Proper record of the same may also be maintained. You are also requested to intimate the name(s) of the Mentor of each class. There should be one Mentor upto 30 students. If there are more than 30 students in the class, two Mentors may be appointed for the purpose.

Further necessary action in the matter may be taken accordingly.

Yours faithfully,

Encl: As Above

MhBatra
12/8/23
Dy. Registrar (Acad.)
for REGISTRAR

Endst. No./BMU/Acad./2023/ 4551-SS

Dated: 12-08-2023

A copy of the above is forwarded to the following for information and necessary action: -

1. PA to Pro-Chancellor, Vice-Chancellor, Registrar and DAA (for kind information), BMU, Asthal Bohar, Rohtak.
2. IT Head, BMU, Asthal Bohar, Rohtak (for uploading the same on the University Website)

MhBatra
12/8/23
Dy. Registrar (Acad.)



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Mentor/Mentees Performa

Session

1. Name of Faculty
- Name of Department
- Class Semester.....
- Name of Student Roll. No.....
- D.O.B. Gender: Male/Female.....
- Rural/Urban Category.....
- Religion Blood Group.....
- E-mail Id Contact No.
- WhatsApp No. Aadhar No.
- Family Id

2. Father's Name Contact No.
- E-mail Id Occupation
- Working Address
-
- Mother's Name..... Contact No.
- E-mail Id Occupation
- Working Address

3. Previous Qualifications Record :-

Class	10 th	12 th	UG	PG	Diploma	Other
Year						
Marks						

(Self Attested Copies must be attached)

4. **Details of Brother/Sister**

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5. **Permanent Address**

.....

.....

Correspondence Address

.....

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6. **Attendance & Sessional Marks (Attendance %age), from Start Date up to Sessional Exam 1st and 2nd :-**

Subject Code	Subjects	Sessional 1 st		Sessional 2 nd	
		Attendance	Marks	Attendance	Marks
Date of Progress Report Dispatched		Sign of Student/ Parent/ Guardian		Sign of Student/ Parent/ Guardian	

7. **Root Cause of Short Attendance & Weak Performance in Sessionals :-**

	Root Cause of Short Attendance & Weak Performance in Sessionals	Student's Signature
Semester 1 st		
Semester 2 nd		

8. **Teacher-Mentor Interaction with Parents/Guardian of student (attach extra sheet if required) :-**

Date	Mode of Contact	Contacted Person	Contacted Person	Issues Discussed	Remarks

9. Participation in Extra-Curricular Activities / Sports / Academic (if any, give details and student to provide proof) **MANDATORY** :-

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10. Status Report on Teaching, Infrastructure, Hostel Facilities, Food etc. (Tick on Appropriate Point)

Teaching	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average
Infrastructure	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average
Hostel	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average
Food	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average
Others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average

11. Deficiency/ Shortcomings with suggestions for further improvement in Institution

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12. Misc.

Mentor

HOD

Dean

Signature

Name

Mobile