MENTOR-MENTEE LOGBOOK

Year : 20.....

MENTEE NAME: .....

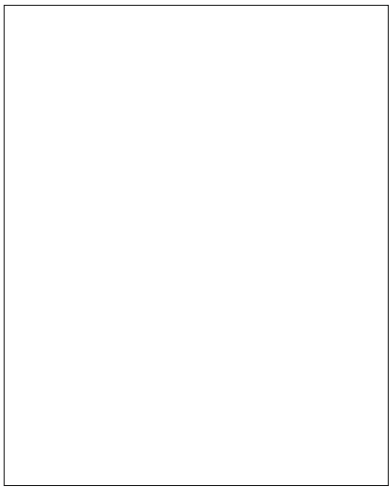
COURSE AND BATCH: .....

Medical Education Unit

Maharshi Devraha Baba Autonomous State Medical College

Deoria

MENTEE



NAME: .....

AGE : .....

ADDRESS: .....

FATHER'S NAME: .....

MOTHER'S NAME: .....

COURSE: .....

BATCH: .....

CONTACT NUMBER: .....

CORRESPONDENCE: .....

PERMANENT ADDRESS: .....

PARENT''S CONTACT NUMBER: .....

MENTOR

NAME: .....

DESIGNATION: .....

DEPARTMENT: .....…

CONTACT NUMBER: .....

BI-MONTHLY MEETING DETAILS

Name of the student (mentee):

Overall Goal:

Specific Goals:

Date	Problem	Action Taken	Sign

Mentee's Signature

Mentor's Signature

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Date	Problem	Action Taken	Sign	

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Specific Goals:

Date	Problem	Action Taken	Sign

Mentee's Signature

Mentor's Signature

Six Monthly Evaluation

Date:.....

Mentor Remarks and Signature :

MEU remarks and Signature :

Date:.....

Mentor Remarks and Signature :

MEU remarks and Signature :

Academic Details

Assessment	Subject	Marks			Pass/ Fail	Remark

Achievements and Feedback

Date	Achievements	Feedback / Remarks