Godavari Foundation's

Dr. Ulhas Patil Homoeopathic Medical College and Hospital, Jalgaon Kh.

N.H.No.6, Jalgaon-Bhusawal Road, Jalgaon (Kh.)-425 309, Jalgaon (M.S.)
Tel No.: 0257 - 2366683/84 Fax No.: 0257 - 2366648
Email Id : duphmchj@gmail.com Website : www.duphmc.ac.in

Student Details (MENTEE)

1	Name	
2	Age	
3	Gender	
4	Address	
5	Father's Name	
6	Mother's Name	
7	Course	
8	Batch	
9	Contact Number	
10	Correspondence Address	
11	Permanent Address	
12	Parent's Contact Number	
13	Reservation Category	
14	Residential Details	Day Scholar☐ Hostler☐

15:- Educational Profile

Exam	Name of The School/ College	Name of Board/University	% of Marks	Medium of Instruction	Remark
SSC					
HSC					
NEET					

16 Mother Tongue:-	17 Blood Group :-

18 Achievement:-
19 Research & Rescores :-
20 Hobbies :-
21 Area of Interest :-
22 Any Major Illness / Physical Disability(If Any):-
23 Important Medicines :-
24 Additional Information if any :-
Parent's Mentor Principal

MENTORof First Year

Class	Name	Designation	Department	CONTACT NUMBER

MENTORof Second Year

Class	Name	Designation	Department	CONTACT NUMBER

MENTORof Third Year

Class	Name	Designation	Department	CONTACT NUMBER

MENTORof Fourth Year

Class	Name	Designation	Department	CONTACT NUMBER

Progress Evaluation Report for First BHMS Year:-

	Ist Unit Test					
Sr. No.	Subject	UT I		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Anatomy, Histology and Embryology					
2	Physiology & Bio-chemistry					
3	Homoeopathic Pharmacy					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	Ist Terminal					
Sr. No.	Subject	Ist Term		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Anatomy, Histology and Embryology					
2	Physiology & Bio-chemistry					
3	Homoeopathic Pharmacy					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	IInd Unit Test					
Sr. No.	Subject	UT II		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Anatomy, Histology and Embryology					
2	Physiology & Bio-chemistry					
3	Homoeopathic Pharmacy					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	IInd Terminal					
Sr. No.	Subject	IInd Term		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Anatomy, Histology and Embryology					
2	Physiology & Bio-chemistry					
3	Homoeopathic Pharmacy					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

Details about Leave :-

Sr. No.	Sick Leave / Absenteeism /Leave with permission	Date & Duration of leave	Dates of make-up duty	Remarks

Conversation With Parent's :-

Sr. No.	Date	Conversation purpose	Conversation Via	Remark
1				
2				
3				
4				
5				
6				

Parent's **Mentor** **Principal**

Progress Evaluation Report for Second BHMS Year:-

Sr. No.	Subject	Ist Unit Test				
		UT I		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Pathology & Micro-Biology					
2	Forensic Medicine & Toxicology					
3	Organon of Medicine					
4	Homoeopathic Materia Medica					

Mentor Mentee Meeting Report:-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	Ist Terminal					
Sr. No.	Subject	I Term		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Pathology & Micro-Biology					
2	Forensic Medicine & Toxicology					
3	Organon of Medicine					
4	Homoeopathic Materia Medica					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	IInd Unit Test					
Sr. No.	Subject	UT II		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Pathology & Micro-Biology					
2	Forensic Medicine & Toxicology					
3	Organon of Medicine					
4	Homoeopathic Materia Medica					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	IInd Terminal					
Sr. No.	Subject	IInd Term		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Pathology & Micro-Biology					
2	Forensic Medicine & Toxicology					
3	Organon of Medicine					
4	Homoeopathic Materia Medica					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

Details about Leave :-

Sr. No.	Sick Leave / Absenteeism /Leave with permission	Date & Duration of leave	Dates of make-up duty	Remarks
1				
2				
3				

Conversation With Parent's :-

Sr. No.	Date	Conversation purpose	Conversation Via	Remark
1				
2				
3				
4				
5				
6				

Parent's **Mentor** **Principal**

Progress Evaluation Report for Third BHMS Year:-

	Ist Unit Test					
Sr. No.	Subject	UT I		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Surgery					
2	OBGY					
3	Organon of Medicine					
4	Homoeopathic Materia Medica					

Mentor Mentee Meeting Report:-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	Ist Terminal					
Sr. No.	Subject	I Term		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Surgery					
2	OBGY					
3	Organon of Medicine					
4	Homoeopathic Materia Medica					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	IInd Unit Test					
Sr. No.	Subject	UT II		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Surgery					
2	OBGY					
3	Organon of Medicine					
4	Homoeopathic Materia Medica					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	IInd Terminal					
Sr. No.	Subject	II Term		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Surgery					
2	OBGY					
3	Organon of Medicine					
4	Homoeopathic Materia Medica					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

Details about Leave :-

Sr. No.	Sick Leave / Absenteeism /Leave with permission	Date & Duration of leave	Dates of make-up duty	Remarks
1				
2				
3				

Conversation With Parent's :-

Sr. No.	Date	Conversation purpose	Conversation Via	Remark
1				
2				
3				
4				
5				
6				

Parent's **Mentor** **Principal**

Progress Evaluation Report for Third Fourth Year:-

	Ist Unit Test					
Sr. No.	Subject	UT I		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Organon of Medicine					
2	Homoeopathic Materia Medica					
3	Case Taking and Repertory					
4	Practice of Medicine					
5	Community Medicine					

	IInd Unit Test					
Sr. No.	Subject	UT II		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Organon of Medicine					
2	Homoeopathic Materia Medica					
3	Case Taking and Repertory					
4	Practice of Medicine					
5	Community Medicine					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	IInd Terminal					
Sr. No.	Subject	II Term		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Organon of Medicine					
2	Homoeopathic Materia Medica					
3	Case Taking and Repertory					
4	Practice of Medicine					
5	Community Medicine					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	IIIrd Unit Test					
Sr. No.	Subject	UT III		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Organon of Medicine					
2	Homoeopathic Materia Medica					
3	Case Taking and Repertory					
4	Practice of Medicine					
5	Community Medicine					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	IIIrd Unit Test					
Sr. No.	Subject	UT III		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Organon of Medicine					
2	Homoeopathic Materia Medica					
3	Case Taking and Repertory					
4	Practice of Medicine					
5	Community Medicine					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

	IIIrd Terminal					
Sr. No.	Subject	III Term		Classes Held	Classes Attended	% Classes
		Theory	Practical			
1	Organon of Medicine					
2	Homoeopathic Materia Medica					
3	Case Taking and Repertory					
4	Practice of Medicine					
5	Community Medicine					

Mentor Mentee Meeting Report :-

Sr. No.	Date of Counselling	Student's Opinion	Counselor's Remark	Counselors' Sign	Parent's Sign
1					
2					
3					
4					
5					

Parent's **Mentor** **Principal**

Details about Leave :-

Sr. No.	Sick Leave / Absenteeism /Leave with permission	Date & Duration of leave	Dates of make-up duty	Remarks
1				
2				
3				

Conversation With Parent's :-

Sr. No.	Date	Conversation purpose	Conversation Via	Remark
1				
2				
3				
4				
5				
6				

Parent's **Mentor** **Principal**

DUTY CARD

Name of College :- Godavari Foundation's Dr. Ulhas Patil Homoeopathic Medical College & Hospital, Jalgaon Kh.

Department		Month	No. of day	Present days	Absent days	Signature (Student)	Signature (HOD)
Practice of Medicine							
A	Psychiatry/Psychology Section						
B	Respiratory Section						
C	Gastro-Intestinal Section						
D	Skin & VD Section						
E	Endocrinology Section						
F	Loco-motor Section (including Radiology)						
G	Cardiology Section						
H	Pediatrics Section						
Surgery Section							
Gynecology & Obstetrics (including Reproductive & child							
Community Medicine (including Pathology PHC/CHC)							

*Student should do signature daily. Incoming and outgoing of college & at the end of each. Posting He / She should take signature of HOD.

Date :-

Signature of Interns **Signature of Interns In-Charge** **Signature of Principal**

Notes :

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Notes :