

**Sinhgad Institute of Business Administration & Computer
Application (SIBACA), Lonavala.**

**Academic Year 2020-21
Mentor-Mentee Program**

PASTE
PHOTO
HERE

Name of Mentor

Dr./Prof. _____

Personal Details of Mentee:

Name of the Mentee: _____

Class/Division: _____ **Batch:** _____

Specialization Opted (After 2nd Semester): _____

D.O.B: ___/___/___ **Hostel Name/Room No** _____

Email ID: _____

Mobile No: _____

Blood Group: _____

Parents Name: _____

Contact Details :(M) _____ **(Landline)** _____

Complete Address: _____

Educational Qualification:

Sr. No	Qualification	Degree	University /Board	Year of Passing	Percentage	Backlog	Aggregate/ Grade
1	SSC						
2	HSC						
3	Graduation						
4	MBA				Sem-I		
					Sem-II		
					Sem-II		
					Sem-IV		

Competencies:

Language Proficiency: _____

Technical Skills: _____

Interests:

Hobbies: _____

Achievements: _____

SWOC

Strengths	Weaknesses (Area of Improvements)
Challenges	

Professional Experience:

Sr. No	Name of the Company	Designation	Tenure	Responsibilities

Projects:

Project	Title of the Project	Company/Institute	Duration	Remark
Summer Internship				
Live Project				

Extra Curricular Activities

Research papers	
Book Reviews	
Inter Collegiate Participation	
Cultural Participation	

Academic Record:

	Month	Sem I	Sem II	Sem III	Sem IV
Attendance (%)	Aug/Jan				
	Sep/Feb				
	Oct/Mar				
	Nov/April				

Counseling

Meeting	Date	Discussion
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Signature of Student

Signature of Faculty Member