

Academic:

Achievements: B. Com 3rd year pursuing

ii) Academic Problems Experienced, if any-: None .

iii) Any problems prior to examination (e.g- excessive anxiety): None .

15. Extra-curricular Activities:

i) Achievements: None .

ii) Participation in Cultural Activity: None

iii) Hobbies: Volleyball .

iv) Participation in Social Activities: None .

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: NO .

17. Any relationship problems: No .



Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

स्यटीमा- 262308, जिला- ऊथम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूं विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Haashit Gahatari
 2. Date of Birth: 27 - 05 - 2015
 3. Mobile No of Student: 7248 31 5701
 4. Address (Residential): Ward No. 7, Sitaraganj
 5. Contact Details: 7248 31 5701
 6. Name of Mother: Deepa Gahatari
 7. Profession of Mother: Housewife
 8. Mobile no of Mother: 7248 31 5701
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/ Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/ None
 2. Duration of Activity: < 20 Mins > 20 mins
 3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/ 6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No NO
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: B.COM 3rd Year persuing

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: NO

iii) Hobbies: Reading

iv) Participation in Social Activities: NO

16. Psychological Problems like anxiety depression or any family problems: Yes/No NO

If Yes give details:

17. Any relationship problems:

Harshit

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgekhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: *Kiran*
 2. Date of Birth: *10 June 2002*
 3. Mobile No of Student: *766 83 02656*
 4. Address (Residential): *Rajiv Nagar, Khatima*
 5. Contact Details:
 6. Name of Mother: *Vidhya Devi* Father: *Mahendar Pal*
 7. Profession of Mother: *Housewife* Father: *Private Sector*
 8. Mobile no of Mother: *7668302656* Father: *9536960837*
 9. Medical Problems if any: *NO*
 10. Nutritional Habits Diet: *Veg/Non-Veg: Veg*
 11. Physical Activity: 1. Types of Exercise: *Gym/Yoga/Sports/Athletic/None*
 2. Duration of Activity: *< 20 Mins > 20 mins*
 3. Frequency of Activity: *Days/Week*
 12. Sleep Pattern: *< 6 Hours/6-8 Hours/ > 8 Hours*
 13. Addiction: *Yes/No*
- If Yes then type of Addiction: *Smoking/Drinking/Chewing Tobacco*

Academic:

Achievements: B.com III year pursuing

i) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: NO

iii) Hobbies: Dancing, Singing

iv) Participation in Social Activities: NO

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO.

Kishan
Signature of Student

Academic:

Achievements: B. Com IIIrd year pursuing.

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: NO

iii) Hobbies: Reading, music listening

iv) Participation in Social Activities: NO.

16. Psychological Problems like anxiety depression or any family problems: Yes/No No.

If Yes give details:

17. Any relationship problems: NO

Signature of Student

Mamta

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Geeta Joshi
 2. Date of Birth: 11-3-2002
 3. Mobile No of Student: 8218392682
 4. Address (Residential): New Basti Bigrabag
 5. Contact Details: 8218392682
 6. Name of Mother: Mrs. Kamla Joshi Father: Mr. Vasudev Joshi
 7. Profession of Mother: Housewife Father: Private Job
 8. Mobile no of Mother: 7906502108 Father: 8171472584
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/ No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: B.Com IIIrd year ~~Passing~~

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: No

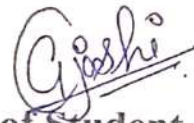
iii) Hobbies: Dancing, reading.

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No



Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Commerce Department

Name of Mentor: प्रो. (अशु) Ashutosh Kumar

Month/Year: 2021-22

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1	14-09-21	Shruv	A1	Numerical problem	Numerical problem solved	Shruv	
2	05-10-21	Harshit	B1	Books problem	Problem solved	Harshit	
3	11-11-21	Kiran	C1	Syllabus related	Syllabus provided	Kiran	
4	07-12-21	Mamta Bhatt	C1	Timing problem	Time change	Mamta	
5	23-12-21	Geeta Joshi	B1	Regarding exams	Problem solved	Geeta Joshi	

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

प्रोफेसर (डा०) आशुतोष कुमार
प्रोफेसर एवं विभागाध्यक्ष वाणिज्य
हेमवती राजीव स्नातकोत्तर महाविद्यालय खटीमा
उत्तराखण्ड

र
ख
टीमा

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूं विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: Commerce Department

Date of Meeting: 34-09-21, 05-10-21, 11-11-21, 07-12-21, 23-12-21

Meeting Venue: Commerce Department

Meeting Agenda: To resolve students issues

Members Present for Meeting and their Signature: All faculty members

Minutes of Meeting: To resolve the problem of student.

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
34-09-21	Prof. (Dr.) Ashutosh Kumar	1	Numerical problem	Numerical problem solved
05-10-21	Prof. (Dr.) Ashutosh Kumar	1	Books problem	Problem solved
11-11-21	Prof. (Dr.) Ashutosh Kumar	1	Syllabus related	Syllabus provided
07-12-21	Prof. (Dr.) Ashutosh Kumar	1	Time problem	Time change
23-12-21	Prof. (Dr.) Ashutosh Kumar	1	Regarding Exams	Problem solved

प्रोफेसर (डा०) आशुतोष कुमार
प्रोफेसर एवं विभागाध्यक्ष वाणिज्य
हेमवती राजकीय स्नातकोत्तर महाविद्यालय खटीमा
ऊधम सिंह नगर, उत्तराखण्ड



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gngckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: *Maahima Brahtori*
 2. Date of Birth: *29 September 1999*
 3. Mobile No of Student: *76684 63608*
 4. Address (Residential): *Near Blok Khatima (U.S. Nagar)*
 5. Contact Details: *76 684 63 608 .*
 6. Name of Mother: *Renu Brahtori* Father: *Vipin chandra Brahtori*
 7. Profession of Mother: *House wife* Father: *Private service .*
 8. Mobile no of Mother: *7668463608* Father: *-*
 9. Medical Problems if any: *NO*
 10. Nutritional Habits Diet: Veg/Non-Veg: *Vegetarian .*
 11. Physical Activity: 1. Types of Exercise: *Gym/Yoga/Sports/Athletic/None Zumba .*
 2. Duration of Activity: *< 20 Mins > 20 mins*
 3. Frequency of Activity: *Days/Week*
 12. Sleep Pattern: *< 6 Hours/6-8 Hours/ > 8 Hours*
 13. Addiction: Yes/No *NO*
- If Yes then type of Addiction: *Smoking/Drinking/Chewing Tobacco*

14. Academic:

Achievements: M. Com Ist sem pursuing

ii) Academic Problems Experienced, if any-: NONE

iii) Any problems prior to examination (e.g- excessive anxiety): NONE .

15. Extra-curricular Activities:

i) Achievements: 1st in zumba

ii) Participation in Cultural Activity: Debate competition .

iii) Hobbies: Books, surfing internet .

iv) Participation in Social Activities: NSS (National service scheme)

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details: NO .

17. Any relationship problems: NO .

Mahima

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊथम सिंह नगर (नारायणपुर)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure I

Mentorship Programme Student Information Proforma

1. Name: Pawan Chauhan
 2. Date of Birth: 16/04/2004
 3. Mobile No of Student: 6398205997
 4. Address (Residential): Janakpur Road, Amaoun Amaun.
 5. Contact Details: 6398205997
 6. Name of Mother: Shakuntala Devi Father: Shymu Chauhan
 7. Profession of Mother: Housewife Father: Contractor
 8. Mobile no of Mother: NO Father: 7843847780
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: M. com 1st Sem

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: NO

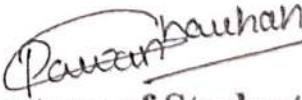
iii) Hobbies: Teaching / Playing Cricket .

iv) Participation in Social Activities: NO

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO .


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gngckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: *Minakshi Saxena.*
 2. Date of Birth: *15-01-2000*
 3. Mobile No of Student: *8449227893*
 4. Address (Residential): *Sitaranganj, ward no. - 11*
 5. Contact Details: *8449227893*
 6. Name of Mother: *Mrs. Savitri Devi* Father: *Mr. Naresh Kumar Saxena.*
 7. Profession of Mother: *house wife.* Father: *labour.*
 8. Mobile no of Mother: *8449227893* Father: *8057458294*
 9. Medical Problems if any: *NO.*
 10. Nutritional Habits Diet: Veg/Non-Veg: *Non-veg.*
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
 2. Duration of Activity: *< 20 Mins > 20 mins*
 3. Frequency of Activity: *Days/Week*
 12. Sleep Pattern: *< 6 Hours/6-8 Hours/> 8 Hours*
 13. Addiction: Yes/No
- If Yes then type of Addiction: *Smoking/Drinking/Chewing Tobacco*

Academic:

Achievements: *Graduation completed*

ii) Academic Problems Experienced, if any: *NO*

iii) Any problems prior to examination (e.g- excessive anxiety): *NO*

15. Extra-curricular Activities:

i) Achievements: *acting*

ii) Participation in Cultural Activity: *NO*

iii) Hobbies: *Dancing, Bike ride*

iv) Participation in Social Activities: *NO*

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems:

Signature of Student

Mirakhe

Academic:

Achievements: *Graduation completed.*

ii) Academic Problems Experienced, if any-: *NO*

iii) Any problems prior to examination (e.g- excessive anxiety): *NO.*

15. Extra-curricular Activities:

i) Achievements: *acting*

ii) Participation in Cultural Activity: *NO.*

iii) Hobbies: *dancing, bike ride.*

iv) Participation in Social Activities: *NO.*

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems:

Signature of Student

Minakha

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Ashmita
 2. Date of Birth: 10-April-2001
 3. Mobile No of Student: 8449304347
 4. Address (Residential): Village:- Saraswatiya, Khatima
 5. Contact Details: 8449304347
 6. Name of Mother: Aarti Singh Father: Mr. Jitendra Singh
 7. Profession of Mother: Housewife Father: farming
 8. Mobile no of Mother: 8449304347 Father: 7500728833
 9. Medical Problems if any: No.
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours 6-8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: Completed Graduation

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: No

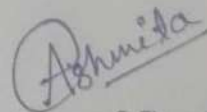
iii) Hobbies: Reading, Acting

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:



Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Faizan
2. Date of Birth: 21-4-2000
3. Mobile No of Student: 7983421071
4. Address (Residential): Ward No.-1, Sitalganj
5. Contact Details: 7983421071
6. Name of Mother: Reshma
Father: Mohd. Rafezue
7. Profession of Mother: Housewife
Father: Private service
8. Mobile no of Mother: 7983421071
Father: 9914718140
9. Medical Problems if any: No
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: M.Com Ist Sem. Pending

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: G.K Quiz

iii) Hobbies: Playing

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No

Paizan

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: *Commerce Department*

Name of Mentor: *Prof. (Dr.) Ashutosh Kumar*

Month/Year: *2021-22*

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1	14-9-21	<i>Mahima Gahleri</i>	<i>C1</i>	<i>Numerical issues</i>	<i>Numerical Solved</i>	<i>Gahleri</i>	<i>[Signature]</i>
2	5-10-21	<i>Faizan Chauhan</i>	<i>D1</i>	<i>Timing Problem</i>	<i>Extra Class providing</i>	<i>Chauhan</i>	<i>[Signature]</i>
3	11-11-21	<i>Minakshi Saxena</i>	<i>C1</i>	<i>Regarding Exams</i>	<i>Problem Solved</i>	<i>Minakshi</i>	<i>[Signature]</i>
4	7-12-21	<i>Ashmita</i>	<i>A1</i>	<i>Regarding Syllabus</i>	<i>Syllabus Provided</i>	<i>Ashmita</i>	<i>[Signature]</i>
5	23-12-21	<i>Faizan</i>	<i>B1</i>	<i>Book Problems</i>	<i>Providing books</i>	<i>Faizan</i>	<i>[Signature]</i>

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

[Signature]

प्रोफेसर (डा०) आशुतोष कुमार
प्रोफेसर एवं विभागाध्यक्ष वाणिज्य
होनोबल राज० स्ना० महाविद्यालय खटीमा
ऊधम सिंह नगर, उत्तराखण्ड

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूं विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: *Commerce Department*

Date of Meeting: *14-09-21, 5-10-21, 11-11-21, 7-12-21, 23-12-21*

Meeting Venue: *Commerce Department*

Meeting Agenda: *To resolve students issues*

Members Present for Meeting and their Signature: *Issue All Faculty Members*

Minutes of Meeting: *To resolve the problems of student*

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
14-09-21	Prof. (Dr) Ashutosh Kumar	1	Numerical issues	Numericals Solved
5-10-21	Prof. (Dr) Ashutosh Kumar	1	Timing Problem	Extra class Providing
11-11-21	Prof. (Dr) Ashutosh Kumar	1	Regarding Exams	Problem Solved
7-12-21	Prof. (Dr) Ashutosh Kumar	1	Regarding Syllabus	Syllabus Provided
23-12-21	Prof. (Dr) Ashutosh Kumar	1	Book Problems	Providing books

प्रोफेसर (डा०) आशुतोष कुमार
प्रोफेसर एवं विभागाध्यक्ष वाणिज्य
हे०न०ब० राज० स्ना० महाविद्यालय खटीमा
ऊधम सिंह नगर, उत्तराखण्ड



M.Sc

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Anshul Singh Rana
 2. Date of Birth: 08-03-2001
 3. Mobile No of Student: 7500830566
 4. Address (Residential): Gohar Pattiya, po- Bigrabag, Teh- Khatima
U.S. Nagar, Uttarakhand
 5. Contact Details: 7500830566
 6. Name of Mother: Mrs. Shabha Devi Father: Mr. Ayodhya Prasad
 7. Profession of Mother: House Wife Father: Farmer.
 8. Mobile no of Mother: 7500830566 Father: 7500830566
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None None
2. Duration of Activity: < 20 Mins, > 20 mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours 6-8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: - Inspire Scholarships - (SHE) - 2018.

- i) Academic Problems Experienced, if any: Study material is not available in college library.
- iii) Any problems prior to examination (e.g- excessive anxiety): Nil

15. Extra-curricular Activities:

i) Achievements: - Inspire Scholarships - (SHE), (2018)

ii) Participation in Cultural Activity: N/A

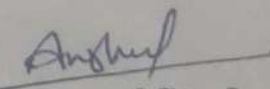
iii) Hobbies: Reading books, cooking food.

iv) Participation in Social Activities: N/A

16. Psychological Problems like anxiety depression or any family problems: Yes/No No.

If Yes give details:

17. Any relationship problems: No


Signature of Student

Academic:

Achievements:

i) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies:

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

Jagvinder Kaur
Signature of Student

M. 2. 3-4

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(सम्बद्ध कुमायू विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Keeshti Raha
2. Date of Birth: 03/07/1999
3. Mobile No of Student: 7983493351
4. Address (Residential): Khaikaha sisaikeho P. - Bidona majhala
5. Contact Details:
6. Name of Mother: Mrs Rekha Devi Father: Mr. Santosh Kumar Raha
7. Profession of Mother: House wife Father: Farmer
8. Mobile no of Mother: 7906488092 Father: 7088897158
9. Medical Problems if any: No
10. Nutritional Habits Diet: Veg/Non-Veg: Veg
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None ✓
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours ✓
13. Addiction: Yes/No ✓
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements:

i) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies:

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

Keerti Rana
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: *Sourabh Upreti*
2. Date of Birth: *28 July 2001*
3. Mobile No of Student: *9193759030*
4. Address (Residential): *Ward no. 13 (Khatima), U.S. Nagar.*
5. Contact Details: *9193759030*
6. Name of Mother: *Mrs Bhawana Upreti* Father: *Mr Anand Upreti*
7. Profession of Mother: *House wife* Father: *Employee*
8. Mobile no of Mother: *8630154673* Father: *9760237797*
9. Medical Problems if any: *NO*
10. Nutritional Habits Diet: Veg/ Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/ Yoga/ Sports/ Athletic/ None
2. Duration of Activity: < 20 Mins / > 20 mins
3. Frequency of Activity: Days/ Week
12. Sleep Pattern: < 6 Hours/ 6-8 Hours / > 8 Hours
13. Addiction: Yes/ No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: Gold medal in Badminton (Block level), ~~100m athlete~~.

i) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: Gold medal in Badminton (Block level)

ii) Participation in Cultural Activity: All sports (Volleyball, Badminton)
Athletic event (400m, 1500m).

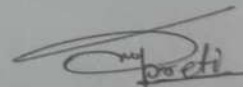
iii) Hobbies: Running, Badminton, Studying books, Travelling.

iv) Participation in Social Activities: Sports Club.

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO



Signature of Student

M.S., IIIrd Sem.

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgekhatima@rsu.ac.in

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Karupriya Rana
2. Date of Birth: 15-09-2001
3. Mobile No of Student: 6399197417
4. Address (Residential): Amaun, Khatimg
5. Contact Details: 6399197417
6. Name of Mother: Mrs. Usha Devi
Father: Mr. Eshwar Singh Rana
7. Profession of Mother: House wife
Father: Farmer
8. Mobile no of Mother: 8755926912
Father: 8755926912
9. Medical Problems if any:
10. Nutritional Habits Diet: Veg/ Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/ Yoga/ Sports/ Athletic/ None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/ Week
12. Sleep Pattern: < 6 Hours/ 6-8 Hours/ > 8 Hours
13. Addiction: Yes/ No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: Gold medal in Running (School)

i) Academic Problems Experienced, if any-: Study material is not available in college library.

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: Gold medal in Running (School)

ii) Participation in Cultural Activity: Athletic Competition

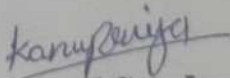
iii) Hobbies: Running, Spending time with family.

iv) Participation in Social Activities: Sports club

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

20

खटीमा- 262308, जिला- ऊद्यम सिंह नगर (उत्तराखण्ड)

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Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: Mathematics

Date of Meeting: Aug 2021 to Nov. 2021

Meeting Venue: Department of Mathematics

Meeting Agenda: Guidance & Career Counselling of ^{1st (Sem)} M.Sc Students


Members Present for Meeting and their Signature: 03

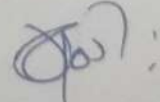
Minutes of Meeting: (1) Give detail information to M.Sc 3rd Students about NET, GATE, B.Ed, Ph.D, NBHM, TIFR, etc exams.

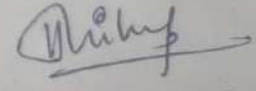
Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department: Math

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
25 Aug, 2021	Dr. Khilap Singh	01	Doubt in questions solving	Solved doubts.
22 Sep 2021	Dr. Khilap Singh	01	Study material problems.	Study material provided.
18 Oct. 2021	Dr. Khilap Singh	01	Career choosing issues	Career counselling
20 Nov 2021	Dr. Khilap Singh	01	Books problem	Books are provided.


Dr. Ashish Kumar
Dept. of Chemistry


Dr. K.N. JASHI
Dep. of Pol. Science


Dr. Khilap Singh
Dept. of Maths

Misc. 3rd.

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Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Mathematics

Name of Mentor: Dr. Khilap Singh

Month/Year: Aug 2021 To Feb, 2022

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
01-	25, Aug 2021	Anshul Singh Rana	2021-23	Doubt in equation solving	Solved doubt.	Anshul	
02-	22, Sep. 2021	Jasvinder Kaur	2021-23	Study Material unavailable.	Study material provided.	Jasvinder Kaur	
03-	18, Oct. 2021	Keerti Rana	2021-23	Problem in Equation solving	Equations Solved.	Keerti Rana	
04-	20, Nov. 2021	Saurabh Upreti	2021-23	Book's Problem	Book's issue's.	Upreti	
05-	20, Dec. 2021	Kanupriya Rana	2021-23	Career related issues.	Career Counselling	Kanupriya	
06-	22, Jan. 2022	Meena Bhatt	210310700053	Problem in equation solving	Equations Solved.	meena	
07-	19, Feb. 2022	Amanjot Kaur	210310700018	Career choosing issues.	Career Counselling	Aman	

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

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फोन: 05943-252244

Email ID: ggckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Vandana Kushwaha
 2. Date of Birth: 28 April 2005
 3. Mobile No of Student: 9627572100
 4. Address (Residential): Vill. Bhagchuri (Khudagari), Post- Nausari, Teh- Khatim
Dist- U.S. Nagar
 5. Contact Details: 9627572100
 6. Name of Mother: Mrs. Neelam Devi Father: Mr. Ramesh Singh
 7. Profession of Mother: Housewife Father: Farmer
 8. Mobile no of Mother: 9368066670 Father: 9627572100
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No - No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: 100 Marks in math in High School board examination (2020)
96 Marks in physics in Inter board examination (2022)

Academic Problems Experienced, if any-: Study material is not available in college/Market within time. during B.Sc (PCM) 1st semester preparation. (2023)

iii) Any problems prior to examination (e.g- excessive anxiety): No problem.

15. Extra-curricular Activities:

i) Achievements: Best student and Head girl of school.

ii) Participation in Cultural Activity: Anchor in School Programs

iii) Hobbies: Playing Cricket

iv) Participation in Social Activities: Teaching tuition to student of class
class 1st to 10th.

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: No

Vandana
Signature of Student

B.Sc I

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Vaishnavi Rana
 2. Date of Birth: 31 October 2003
 3. Mobile No of Student: 7618514510
 4. Address (Residential): Vill. Charubeta (Khatima), Post office-Charubeta, Khatima
Dist- U.S. Nagar
 5. Contact Details: 7618514510
 6. Name of Mother: Mrs. Ranjana Rana Father: Mr. Dev Singh
 7. Profession of Mother: House wife Father: farmer
 8. Mobile no of Mother: 9837689847 Father: 7703888816
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/ Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/ No - No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: 85 marks in math in High School Board examination (2019)
also 90 in science. And 85% in 12th board examination (2021)

ii) Academic Problems Experienced, if any-: Study material is not available in college / market within time, during B.Sc. (PCM) 1st & semester preparation. (2019)

iii) Any problems prior to examination (e.g- excessive anxiety):
No Problem

15. Extra-curricular Activities:

i) Achievements: Best student and A sincere girl.

ii) Participation in Cultural Activity: Group singer in school programs.

iii) Hobbies: Playing Badminton.

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No

Vaishnavi Rana
Signature of Student

B. Sc. IInd Sem

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Jahnvi Chand Rajput
2. Date of Birth: 31st July 2004
3. Mobile No of Student: 6396686767
4. Address (Residential): Purnagiri colony Amoun Khatima Usnagar.
(Utrakhnad)
5. Contact Details: 6396686767
6. Name of Mother: Mrs Usha Chand Father: Mr Mohan Chand
7. Profession of Mother: Home maker Father: Retired Army
8. Mobile no of Mother: 8630059593 Father: 9027171060
9. Medical Problems if any: NO
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

academic:

Achievements: perform good mark in school time.
Physical - 92. (2022)
Chemistry - 91

i) Academic Problems Experienced, if any-: Study material is not available in collage.

iii) Any problems prior to examination (e.g- excessive anxiety):

~~NO~~ NO

15. Extra-curricular Activities:

i) Achievements: Gold medal in swimming

ii) Participation in Cultural Activity: music competition

iii) Hobbies: swimming, singing, spending time with family

iv) Participation in Social Activities: sports club

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

NO

Jahnavi
Signature of Student

B.Sc. Ist

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Anju
2. Date of Birth: 28-9-2004
3. Mobile No of Student: 9368567116
4. Address (Residential): Baggha 54 Khatima (U.S.N)
5. Contact Details: 9368567116
6. Name of Mother: Mr. Lalita Devi
Father: Mr. Lalit Singh Rawal
7. Profession of Mother: Housewife
Father: Farmer
8. Mobile no of Mother: 6397571003
Father: 6397571003
9. Medical Problems if any: NO
10. Nutritional Habits Diet: Veg/Non-Veg: Veg
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: I have received the award at academy (school)

ii) Academic Problems Experienced, if any-: Study material is not available in college library.

iii) Any problems prior to examination (e.g- excessive anxiety):

NO

15. Extra-curricular Activities:

i) Achievements: ~~got~~ got award in Dance competition.

ii) Participation in Cultural Activity: Dance competition.

iii) Hobbies: Reading Book, Games

iv) Participation in Social Activities: Sports club.

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO

Anju

Signature of Student

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फोन: 05943-252244

Email ID: gggckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Khushi
 2. Date of Birth: 26-03-2005
 3. Mobile No of Student: 6397044916
 4. Address (Residential): Saijna, Khatima, U. S. Nagar, Post office- Bihura Kisni
 5. Contact Details: 6397044916
 6. Name of Mother: Mrs. Bhagwan Devi Father: Mr. Chandrapal
 7. Profession of Mother: Housewife Father: Farmer
 8. Mobile no of Mother: 7465047051 Father: 9837709515
 9. Medical Problems if any:
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: I have received the award at the academy (School)

Academic Problems Experienced, if any-: Study material is not available in College library.

iii) Any problems prior to examination (e.g- excessive anxiety): No problem

15. Extra-curricular Activities:

i) Achievements: Sports

ii) Participation in Cultural Activity: No

iii) Hobbies: Reading Book, Playing Games.

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: No

Khushi
Signature of Student

B.Sc

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: mathematics

Date of Meeting: Aug 2021 to Nov. 2021

Meeting Venue: Department of mathematics

Meeting Agenda: Career Counselling & Guidance for ^{1st} B.Sc Students.


Members Present for Meeting and their Signature: 03
1. Students learns new skills, Boosts Confidence and do effective works.

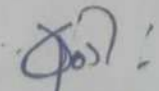
Minutes of Meeting: Give detail information to B.Sc. Students about JAM and other Competition Exams.

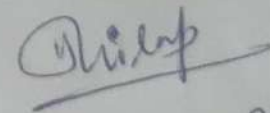
Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department: Mathematics.

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
25, Aug, 2021	Dr. Khilap Singh	01	Lack of Confidence	Boosts Confidence
22, Sep. 2021	Dr. Khilap Singh	01	Lack of decision making	Make better decisions.
18, Oct. 2021	Dr. Khilap Singh	01	Lack of mathematical skills	Learn new skills
20, Nov. 2021	Dr. Khilap Singh	01	Not aware about Career.	Career Counselling


Dr. Ashish Kumal
Dept. of Chemistry


Dr. K. N. Joshi
Dep. of Phys Science


Dr. Khilap Singh
Department of Math

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उरम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Mathematics

Name of Mentor: Dr. Khilap Singh.

Month/Year: Aug 2021 - Feb, 2022

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
01	25, Aug 2021	Shishki Rana	220310270 204	Problem solving questions.	Solved questions	Shishki Rana	(V)
02	22, Sep 2021	Vaishnavi Rana	220310 270212	Book's Problem	Provided Books.	Vaishnavi Rana	(V)
03	18, Oct 2021	Nandana	220310270 224	Syllabus Problem	Syllabus Provided	Nandana	(V)
04	28, Nov. 2021	Khushi	220310270 117	Quation Solving Problem.	Solved Problem	Khushi	(V)
05	20, Dec. 2021	Anju	220310270 079	Book's Problem	Issue Books.	Anju	(V)
06	22, Jan 2022	Jahnavi	220310270 0107	Syllabus Problem	Provided Syllabus	Jahnavi	(V)
07	19, Feb 2022	Ritu Kaur	220310270 0175	Career Problem	Career Counselling	Ritu	(V)

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.



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ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: HINDI

Name of Mentor: DR. ~~Dr.~~ Shanti Choud

Month/Year: 2021-2022

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1.	18.8.21	मनीषा	20	Regarding Ph.D	clear exam	मनीषा	
2.	16.09.21	सुरज सिंह	22	Regarding UFR met	Concept	सुरज सिंह	
3.	02/10.21	NAVED	25	Regarding m. ed	"	नवीद	
4.	15.11.21	पुष्पा	30	Regarding B-ed	"	पुष्पा	
5.	10.12.21	गुलफ़री	35	Regarding civt. services.	"	गुलफ़री	

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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ANNEXURE 3


DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: HINDI

Date of Meeting: 18.8.21, 16.09.21, 02.10.21, 15.11.21, 10.12.21

Meeting Venue: - Deptt.

Meeting Agenda: . Competitive exam, V.G. Net, Ph.D., B.ed, m.ed, civil Services

Members Present for Meeting and their Signature: 

Minutes of Meeting: 200

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department: HINDI

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
18.8.21	Dr. Shanti Choud	01	Regarding ph.d	Clear every concept
16.9.21	Dr. Shanti Choud	01	Regarding V.G. Net	"
02.10.21	Dr. Shanti Choud	01	Regarding m.ed	"
15.11.21	Dr. Shanti Choud	01	Regarding B.ed	"
10.12.21	Dr. Shanti Choud	01	Regarding civil services,	"

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: मनीषा शर्मा
2. Date of Birth: 01/07/2000
3. Mobile No of Student: 9119041636
4. Address (Residential): बुंदी बस, पो० गोजलिया जिला पूरुबपुर, पेशीघाट
5. Contact Details: ~~शम कुमारी देवी~~
6. Name of Mother: शम कुमारी देवी Father: आम पकश
7. Profession of Mother: गृहिणी व Father: शिक्षक
8. Mobile no of Mother: 963977184 Father: 7217594536
9. Medical Problems if any: NO
10. Nutritional Habits Diet: Veg/ Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/ Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/ Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/ No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: M.A.

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: M.A.

ii) Participation in Cultural Activity: NO

iii) Hobbies: gardening

iv) Participation in Social Activities: YES

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO

मनीषा
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमार्थुं विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: सूरज सिंह
 2. Date of Birth: 01-07-94
 3. Mobile No of Student: 63973322 9368233606
 4. Address (Residential): ग्राम नकुलिया पौ, सीतारगंज
 5. Contact Details:
 6. Name of Mother: एव० लक्ष्मी देवी Father: एव० मदन सिंह
 7. Profession of Mother: - Father: -
 8. Mobile no of Mother: - Father: -
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No NO
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: एम. ए. हिंदी

ii) Academic Problems Experienced, if any-: नहीं

iii) Any problems prior to examination (e.g- excessive anxiety): नहीं

15. Extra-curricular Activities:

i) Achievements: एम. ए. हिंदी

ii) Participation in Cultural Activity: NO

iii) Hobbies: cooking

iv) Participation in Social Activities: हाँ

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: नहीं

सूरज सिंह
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: NAVED
 2. Date of Birth: 25/01/1997
 3. Mobile No of Student: 9870811232
 4. Address (Residential): WARD no. 3 Goteiya, Khatima (U.S.N.) Uttarakhand
 5. Contact Details:
 6. Name of Mother: Baby Father: Mateen Ahmad
 7. Profession of Mother: House wife Father: Labour
 8. Mobile no of Mother: 9756070692 Father: —
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: M.A. Hindi

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: Athletic

ii) Participation in Cultural Activity: Singing

iii) Hobbies: Gardening

iv) Participation in Social Activities: yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details: NO

17. Any relationship problems: No

नेवेद
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: पुष्पा
2. Date of Birth: 12/10/1999
3. Mobile No of Student: 9528884171
4. Address (Residential): ग्राम लोमीठर नरमा, पी. 0. प्रतापपुर, नानकमती, ऊथम सिंह नगर
5. Contact Details:
6. Name of Mother: लीलावती Father: रंगीत
7. Profession of Mother: ग्राहणी Father: सिलारि
8. Mobile no of Mother: — Father: 99588708580
9. Medical Problems if any: NO
10. Nutritional Habits Diet: Veg/Non-Veg: Veg
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins 20 mins
3. Frequency of Activity: Days/Week Days
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours 6-8 Hours
13. Addiction: Yes/No No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: M. A. Hindi

ii) Academic Problems Experienced, if any-: नहीं

iii) Any problems prior to examination (e.g- excessive anxiety): नहीं

15. Extra-curricular Activities:

i) Achievements: स्व. र.

ii) Participation in Cultural Activity: yes

iii) Hobbies: नृत्य, गायन

iv) Participation in Social Activities: yes, हाँ

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: नहीं

पुष्पा
Signature of Student

M.A. Final 2021-22
हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: गुलकसा
 2. Date of Birth: 16/09/2000
 3. Mobile No of Student: 7668492241
 4. Address (Residential): चन्द्रवाटिका, ब्लूड, महीलियाँ, खटीमा
 5. Contact Details:
 6. Name of Mother: सितारा बेगम Father: असगर खली
 7. Profession of Mother: गृहणी Father: कामगार
 8. Mobile no of Mother: — Father: 9758530649
 9. Medical Problems if any: - ND
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: M.A. Hindi

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: M.A.

ii) Participation in Cultural Activity: yes हाँ

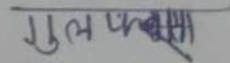
iii) Hobbies: खेल

iv) Participation in Social Activities: हाँ

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: नहीं

17. Any relationship problems: नहीं



Signature of Student



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

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ANNEXURE 3


DEPARTMENTAL MENTORSHIP PROGRAMME MEETING

Name of Department: HINDI

Date of Meeting: 20.8.21, 15.9.21, 11.10.21, 17.11.21, 08.01.22

Meeting Venue: Hindi Dept.

Meeting Agenda: Regarding UPSC, B.ed, M.ed, SSC, CDS, SSC competitive exam.

Members Present for Meeting and their Signature: 

Minutes of Meeting:

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department: HINDI

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
20, 8, 21	DR. SHANTI CHAND	01	Reading UPSC	Guidance
15, 9, 21	DR. SHANTI CHAND	01	B.ed	"
11, 10, 21	DR. SHANTI CHAND	01	BSC	"
17, 11, 21	DR. SHANTI CHAND	01	CDS	"
08, 01, 22		01	SSC	"

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: HINDI

Name of Mentor: Dr. ~~Savitri Rani~~ Shanti Chand

Month/Year: 2021-22

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1.	20.8.21	Aman	08	VPSC/State PPS	Guidance Giving	Aman	Shanti
2.	15.9.21	Shivani	14	B.ed	"	Shivani	Shanti
3.	11.10.21	Rajni Chand	06	BSC	"	Rajni Chand	Shanti
4.	17.11.21	Neha Jyala	03	CDS	"	Neha Jyala	Shanti
5.	8.12.21	Himanshi Negi	09	SSC	"	Himanshi	Shanti

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gggckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Shivani Kashyap
 2. Date of Birth: 06/02/2003
 3. Mobile No of Student: 9897215400
 4. Address (Residential): Panchsheel colony Amaon khatima
 5. Contact Details:
 6. Name of Mother: Mrs. Madho Devi Father: Mrs. Shivkumari Kashyap
 7. Profession of Mother: Housewife Father: —
 8. Mobile no of Mother: 989721400 Father: —
 9. Medical Problems if any: no
 10. Nutritional Habits Diet: Veg/ Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/ None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours 6-7 hours
 13. Addiction: Yes/ No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: 2nd division

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: Badminton

ii) Participation in Cultural Activity: Dance

iii) Hobbies: Dance and walking.

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: NO

17. Any relationship problems: NO

Shivani

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Himanshi Negi
 2. Date of Birth: 23-09-2003
 3. Mobile No of Student: 8477817068
 4. Address (Residential): Kutei (Chakaripur), Khatima, U.S.N.
 5. Contact Details:
 6. Name of Mother: Mrs. Jeevanti Devi Father: Mr. Tejlok Singh Negi
 7. Profession of Mother: Housewife Father: Private Job
 8. Mobile no of Mother: 9759388393 Father: 9759388393
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: 1st Div

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: —

ii) Participation in Cultural Activity: No

iii) Hobbies: Cooking

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO

Himanshi
Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Neha Jyala
 2. Date of Birth: 19/08/2003
 3. Mobile No of Student: 8266828452
 4. Address (Residential): Diori, Gaukhariya, U.S Nagar
 5. Contact Details:
 6. Name of Mother: Deepa Jyala Father: Umed Singh
 7. Profession of Mother: House wife Father: Army
 8. Mobile no of Mother: 8264291590 Father: 8937865910
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg Non-Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: Olympiad (Science Olympiad)

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: —

ii) Participation in Cultural Activity: No

iii) Hobbies: Cooking

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO

Myalg
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Rajni Chand
2. Date of Birth: 08/08/2003
3. Mobile No of Student: 7017665599
4. Address (Residential): Bhusiwa Tharu, Khatima, U.S.N.
5. Contact Details: 7017665599
6. Name of Mother: Mrs. Kheema Devi Father: Mr. Jagdish Chand
7. Profession of Mother: Housewife Father: Farmer
8. Mobile no of Mother: 9536359481 Father: 9536359481
9. Medical Problems if any: No
10. Nutritional Habits Diet: Veg/Non-Veg: Non-Veg
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins ✓
3. Frequency of Activity: Days/Week ✓
12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours ✓
13. Addiction: Yes/No ✓
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: 1st Divi.

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: Sports

ii) Participation in Cultural Activity: No

iii) Hobbies: Sports

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: No

Rajni chand

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उग्रम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Aman Kumar Khatri
 2. Date of Birth: 27/12/2003
 3. Mobile No of Student: 8279371706
 4. Address (Residential): Rajeev Nagar, Wa. No 11 (Khatima), U.S.N.
 5. Contact Details:
 6. Name of Mother: Mrs. Hemlata Khatri Father: Mr. Shyam Kumar Khatri
 7. Profession of Mother: Housewife Father: — farmer
 8. Mobile no of Mother: 7819028366 Father: —
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins (cricket)
3. Frequency of Activity: Days/Week Day
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: 2nd Division

i) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: Singing

ii) Participation in Cultural Activity: Singing

iii) Hobbies: Playing Cricket and Singing

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details: No

17. Any relationship problems: No

Signature of Student Amal

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 282308, जिला- ऊद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: *IT/NOI*

Name of Mentor: *Mrs. Idira Anna*

Month/Year: *2021-22*

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1.	20-8-21	Deeya	101	Regarding UGC Net.	clear every concept	Deeya	<i>[Signature]</i>
2.	15-9-21	Lalit	102	Regarding P.H.D.	"	<i>[Signature]</i>	<i>[Signature]</i>
3.	4-10-21	शानम	103	Regarding Competitive exams	"	<i>[Signature]</i>	<i>[Signature]</i>
4.	17-11-21	शिवानी राणा	104	Regarding BEd.	"	शिवानी राणा	<i>[Signature]</i>
5.	8-12-21	उर्वशी राणा Aliska	105	Regarding Civil services	"	उर्वशी राणा [Signature]	<i>[Signature]</i>

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: ggckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMME MEETING

Name of Department: *HINDI*

Date of Meeting: *20.8.21, 15.9.21, 4.10.21, 17.11.21, 8.12.21*

Meeting Venue: *Department*

Meeting Agenda: *Regarding UGC Net, PHD, Competitive exams, Med, Civil services.*

Members Present for Meeting and their Signature: *[Signatures]*

Minutes of Meeting: *200 Minutes*

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department: *HINDI*

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
<i>20.8.21.</i>	<i>Shri Anur</i>	<i>01</i>	<i>Regarding UGC Net.</i>	<i>Clear every concept</i>
<i>15.9.21.</i>	<i>Shri Anur</i>	<i>01</i>	<i>Regarding PHD</i>	<i>"</i>
<i>4.10.21.</i>	<i>Shri Anur</i>	<i>01</i>	<i>Regarding Competitive exams</i>	<i>"</i>
<i>17.11.21.</i>	<i>Shri Anur</i>	<i>01</i>	<i>Regarding Med.</i>	<i>"</i>
<i>8.12.21.</i>	<i>Shri Anur</i>	<i>01</i>	<i>Regarding Civil services</i>	<i>"</i>



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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: URVASHI RANA
 2. Date of Birth: 10 | 05 | 2001
 3. Mobile No of Student: 6398230364
 4. Address (Residential): MUNDELI KHATI MA U.S. Nagar
 5. Contact Details:
 6. Name of Mother: BALBEER SINGH Father: BALBEER SINGH
 7. Profession of Mother: SURBEENA DEVI Father: Frashmesh
 8. Mobile no of Mother: 9997861435 Father: 9997861435
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Non-Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins ✓
3. Frequency of Activity: Days/Week ✓
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours ✓
 13. Addiction: Yes/No ✓
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: M.A II division

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety):

No

15. Extra-curricular Activities:

i) Achievements: M.A II division

ii) Participation in Cultural Activity:

No

iii) Hobbies: dance, drama

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: No

17. Any relationship problems: No

URVASHI RANA
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

सवटीमा- 282308, जिला- उज्जैन सिंह नगर (नारायणपुर)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure I

Mentorship Programme Student Information Proforma

1. Name: Deeya Arora
 2. Date of Birth: 15/6/2001
 3. Mobile No of Student: 7668209669
 4. Address (Residential): Chakarapur
 5. Contact Details:
 6. Name of Mother: Anandi devi
Father: Mr. Basant Singh Arora
 7. Profession of Mother: Housewife
Father: Farmer
 8. Mobile no of Mother: 7042044250
Father: 7409147267
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: No
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco No

Academic:

i) Achievements: 1st Second Division in MA IInd Sem

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: No

iii) Hobbies: Sijayi

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No

Signature of Student

Deeya

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgekhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Lali't Joshi
 2. Date of Birth: 05/04/2002
 3. Mobile No of Student: 9027179126
 4. Address (Residential): A village - Midakmaji (Nahakhatta)
 5. Contact Details: 9027179126
 6. Name of Mother: Mrs Pushpa Joshi Father: Mrs Kamlesh Joshi
 7. Profession of Mother: Housewife Father: Govt employ
 8. Mobile no of Mother: 9027179126 Father: 9027179126
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco NO

4. Academic:

i) Achievements: MA First Division

ii) Academic Problems Experienced, if any-:

No.

iii) Any problems prior to examination (e.g- excessive anxiety):

No.

15. Extra-curricular Activities:

i) Achievements: No.

ii) Participation in Cultural Activity: No.

iii) Hobbies: Dancing, Listening Music

iv) Participation in Social Activities:

No.

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: No.

17. Any relationship problems: No.

Veer Singh
Signature of Student

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Shivani Rana
2. Date of Birth: 10-06-1998
3. Mobile No of Student: 9548996529
4. Address (Residential): Khatima
5. Contact Details: Khysma Devi
6. Name of Mother: Khysma Devi
Father: Shri Charan Singh
7. Profession of Mother: Housewife
Father: Farmer
8. Mobile no of Mother: 9548996529
Father: 9837460178
9. Medical Problems if any: No
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None ✓
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours 6 to 8 Hours
13. Addiction: Yes/No ✓
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: 2nd Division in MA. D & Sec

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: ~~Yes~~ No.

ii) Participation in Cultural Activity: Dance

iii) Hobbies: Dance and cooking

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: No

17. Any relationship problems: No

Shivani

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: - SHAMIAM
2. Date of Birth: - 24 / 5 / 1997
3. Mobile No of Student: - 9389538568
4. Address (Residential): - Chandra Vaatika Khentina
5. Contact Details:
6. Name of Mother: - Mangil Father: - Babu Ali
7. Profession of Mother: - House wife Father: - Farmer
8. Mobile no of Mother: - 7302484166 Father: - 8755545809
9. Medical Problems if any: No
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins / > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours / 6-8 Hours / > 8 Hours
13. Addiction: Yes/No NO
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco - NO

Academic:

Achievements: M. A. Second-D

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements: - No

ii) Participation in Cultural Activity: - No


iii) Hobbies: - Dance

iv) Participation in Social Activities: - No

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: . No

17. Any relationship problems:


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Economics

Name of Mentor: Dr. Hema Pandey

Month/Year: 2021-22

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1	17/2/22	Pawan	20031044 0008	Related to Competition	Counselling	Pawan	her
2	"	Prinankya	20031044 0039	Research Related Issues	"	Prinankya	her
3	"	Meena	2003104400 25	Related to Curriculum	Guidance	MEENA	her
4	"	Jaswant	20031044 0003	Related to Books	Provided Subject Material	Jaswant	her
5	"	Prathibha	20031044 0038	Issues Related to Research	Counselling	P. Prathibha	her

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

her
विभागाध्यक्ष
अर्थशास्त्र विभाग
हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय
खटीमा (ऊधम सिंह नगर)

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 282308, जिला- उराम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMME
MEETING

Name of Department: Economics

Date of Meeting: 17/6/22

Meeting Venue: H.N.B Gout P.G College Khatima (U.S Nagar)

Meeting Agenda: Counselling of students

Members Present for Meeting and their Signature: Dr. Hema P. Pandey

Minutes of Meeting: providing guidance, counselling and solving all the issues which they raised.

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
17/6/2022	Dr Hema Pandey	01	Issues related to Competitive exam	Counselling
	"	01	Research related issues	"
	"	01	Issues related to subject material	"
	"	01	Issues related to high studies	"

Hema

विभागाध्यक्ष

अर्थशास्त्र विभाग

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा (उराम सिंह नगर)

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

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Email ID: ppgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: जसवंत सिंह कुशवाहा
 2. Date of Birth: 23-12-1998
 3. Mobile No of Student: 8392887445
 4. Address (Residential): गाँव - भाजपुरी खटीमा जिला - उद्यम सिंह नगर
उत्तराखण्ड
 5. Contact Details: " "
 6. Name of Mother: श्रीमती देवी
Father: श्री कंचन सिंह
 7. Profession of Mother: -
Father: क्लिपिंग
 8. Mobile no of Mother: 8392887445
Father: -
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: NO

ii) Academic Problems Experienced, if any-: बिना किसी समस्या के अत्यधिक परेशानी नहीं

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: NO

iii) Hobbies: Reading

iv) Participation in Social Activities: NO

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

जिनात सिंह

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 282308, जिला- उरम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Pawan Kumar Kothari
 2. Date of Birth: 22-06-1999
 3. Mobile No of Student: 9536170981
 4. Address (Residential): Vill-Chhenki, Post-bigrabag Tehsil-Khatima
Distt- U.S Nagar - Uttarakhand PIN- 262308
 5. Contact Details: same above
 6. Name of Mother: Chandra Kothari Father: Mr. Vinod Kumar Kothari
 7. Profession of Mother: Govt. Employee Father: Govt. Employee
 8. Mobile no of Mother: 9536170981 Father: —
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

4. Academic:

Achievements: NO

- ii) Academic Problems Experienced, if any-: Sometimes subject material not available in Hindi (Language Problem)
- iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: NO

iii) Hobbies: Reading

iv) Participation in Social Activities: NO

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO

Pawan
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

स्यटीमा- 282308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: प्रियंका मेहरा
 2. Date of Birth: 14/3/1999
 3. Mobile No of Student: 983620951
 4. Address (Residential): कुर्माचल कालौनी डिग्री कॉलेज रोड
 5. Contact Details: उपरोक्त
 6. Name of Mother: लक्ष्मी मेहरा Father: तीवन सिंह मेहरा
 7. Profession of Mother: गृहणी Father: प्राइवेट जॉब
 8. Mobile no of Mother: — Father: 9557066410
 9. Medical Problems if any: नहीं
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: डाटा हैंडलिंग (कम्प्यूटर)

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): कुछ नहीं

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: YES

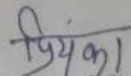
iii) Hobbies: संगीत सुनना

iv) Participation in Social Activities: YES

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: KM MEENA BHANDARI
2. Date of Birth: 6-7-2000
3. Mobile No of Student: 7055380998
4. Address (Residential): VILL. BHESAJHALA POST- CHANANI TAHSIL - TANAKPUR
UTTARAKHAND
5. Contact Details: SAME
6. Name of Mother: URMILA DAVI Father: MR. PADAMI SINGH
7. Profession of Mother: HOUSEWIFE Father: FARMER
8. Mobile no of Mother: 7055380998 Father: —
9. Medical Problems if any: NO
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: DIPLOMA IN COMPUTER

ii) Academic Problems Experienced, if any-: LANGUAGE PROBLEM

iii) Any problems prior to examination (e.g- excessive anxiety): ANXIETY

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: YES

iii) Hobbies: reading

iv) Participation in Social Activities: NO

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO

Meena
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उच्चम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgekhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: *Km Pratibha Bhatt*
2. Date of Birth: *17-1-2000*
3. Mobile No of Student: *9639965716*
4. Address (Residential): *Rambhola ground melaghat road Khatima*
Distt. U.S.N pin 262308
5. Contact Details: *As above*
6. Name of Mother: *M. Hemlet Bhatt* Father: *Mukund Chander Bhatt*
7. Profession of Mother: *Housewife* Father: *Self employed*
8. Mobile no of Mother: *9675398882* Father: *—*
9. Medical Problems if any: *NO*
10. Nutritional Habits Diet: *Veg/Non-Veg:*
11. Physical Activity: 1. Types of Exercise: *Gym/Yoga/Sports/Athletic/None*
2. Duration of Activity: *< 20 Mins > 20 mins*
3. Frequency of Activity: *Days/Week*
12. Sleep Pattern: *< 6 Hours/6-8 Hours/> 8 Hours*
13. Addiction: *Yes/No* ✓
If Yes then type of Addiction: *Smoking/Drinking/Chewing Tobacco*

Academic:

Achievements: NO

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: yes

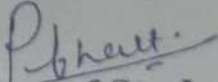
iii) Hobbies: ~~listening~~ listening music

iv) Participation in Social Activities: NO

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

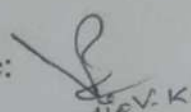
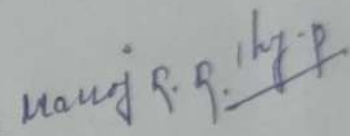
Name of Department: GEOGRAPHY

Date of Meeting: 01/03/2023 - 04/03/2023, 06/02/2021, 18/01/2021, 11/03/2022, 10/05/2022

Meeting Venue: H. N. B. G. P. G. College, Khatima (U.S. Nagar)

Meeting Agenda: Guidance, Counseling

Members Present for Meeting and their Signature:

 Dr. V. K. T.
 Manoj R. R.

Minutes of Meeting: Coaching and Counseling B.A. Geo. II year provided to student

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
06/02/2021	Dr. Vrijesh Kumar	02	Syllabus	provided
18/01/2021	Dr. Vrijesh Kumar	01	Practical Issue	Guidance provided
11/03/2022	Dr. Vrijesh Kumar	01	NTA / NET	Guidance
10/05/2022	Dr. Vrijesh Kumar	02	NTA / NET	Guidance

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायुं विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgekhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: GEOGRAPHY

Name of Mentor: DR. VRIJESH KUMAR YADAV

Month/Year: 2021-22

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
01	06/01/21	Madhu Rana	G-01	Syllabus	Provided Syllabus	M/Rana	
02	18/01/21	Naina Tamoli	G-02	Practical issue	Guidance given	Naina Tamoli	
03	11/04/22	Aruna Rana	G-03	Higher studies	Guidance given	Aruna Rana	
04	28/04/22	Yogita Rana	G-04	NTA NET	Guidance given	Yogita Rana	
05	10/05/22	Neha	G-05	NTA NET	Guidance given	Neha	
06	15/03/23	Umesh Rastogi	G-06	Practical Issue	Provided	Umesh	

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gggckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Naina Tamoli
 2. Date of Birth: 09-12-1999
 3. Mobile No of Student: 6399914656
 4. Address (Residential): Sitanganj (U.S.N.)
 5. Contact Details:
 6. Name of Mother: Mrs. Kusum Lata Father: Mr. Rajendra Kumar
 7. Profession of Mother: House wife Father: Shopkeeper
 8. Mobile no of Mother: NA Father: 7500994656
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/ Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/ 6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: *NO*

ii) Academic Problems Experienced, if any-: *NO*

iii) Any problems prior to examination (e.g- excessive anxiety): *NO*

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: *Game . Badminton*

iv) Participation in Social Activities: *Clean Area*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: *NO*

Paina Tamoli

Signature of Student

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmmme Student Information Proforma

1. Name: madhu Rana
 2. Date of Birth: 14.09.2001
 3. Mobile No of Student: 6398 202292
 4. Address (Residential): Binya P.O. - Ghusari Sitarganj U.S. Nagar
 5. Contact Details: 9756364152
 6. Name of Mother: Mrs. Vimla Devi
Father: Mr. Vasudev Singh
 7. Profession of Mother: Housewife
Father: Farming
 8. Mobile no of Mother: NA
Father: 9756364152
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg Non-Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements:

ii) Academic Problems Experienced, if any-: *None*

iii) Any problems prior to examination (e.g- excessive anxiety): *None*

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity: *NAMAMI GARGAY*

iii) Hobbies: *Reading*

iv) Participation in Social Activities: *clean India*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: *No*

M. P. Singh

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊरम सिंह नगर (सप्तरीखण्ड)

(सम्बद्ध कुमार्थु विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: AARADHANA RANA
 2. Date of Birth: 01/08/2002
 3. Mobile No of Student: 7248636706
 4. Address (Residential): BICHUWA, NANAKMATTA
 5. Contact Details: 7248636706
 6. Name of Mother: SAMUNDRI DEVI Father: HARVANSH SINGH
 7. Profession of Mother: HOUSE WIFE Father: FARMER
 8. Mobile no of Mother: 8937093812 Father: 8193940689
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins < 20 Mins
3. Frequency of Activity: Days/Week Days
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours 6-8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: *NO*

ii) Academic Problems Experienced, if any-: *NO*

iii) Any problems prior to examination (e.g- excessive anxiety): *NO*

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity: *Dancing*

iii) Hobbies: *Painting*

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: *NO*

Aaradhana Rana
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Neha
 2. Date of Birth: 14-04-2001
 3. Mobile No of Student: 6395956154
 4. Address (Residential): Siseaya Meloghat, Khali Mahurat, Khatima, U.S. Nagar
 5. Contact Details: 8938836337
 6. Name of Mother: Yashoda devi
Father: Narain Kumar
 7. Profession of Mother: House Wife
Father: Farmer
 8. Mobile no of Mother:
Father: 8938836337
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/ Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: NO

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: - Singing - Dancing

iv) Participation in Social Activities: Rode safety work

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO

नेहा
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बन्ध कुमार्थ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: YOGITA RANA
 2. Date of Birth: 5-02-2002
 3. Mobile No of Student: 6398849853
 4. Address (Residential): Sunkhari Kala, Nahakmatta
 5. Contact Details: 6398849853
 6. Name of Mother: MAMTA RANA Father: Vinod Singh Rana
 7. Profession of Mother: House wife Father: Farmer
 8. Mobile no of Mother: NO Father:
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: NO

ii) Academic Problems Experienced, if any: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: Painting, Sport

iv) Participation in Social Activities: Diwali Festival

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO

योगिता राज
Signature of Student



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: ggckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMME MEETING

Name of Department: *Geography*

Date of Meeting: *04/06/22, 08/06/22, 17/06/22, 23/06/22, 30/06/22*

Meeting Venue: *H.N.B. Govt. P.G. College, Rhatima (U.S. Nagar)*

Meeting Agenda: *Guidance & Counseling to student for their future and Resolving their Issues.*

Members Present for Meeting and their Signature: *02 Members were Present. Manoj R.S. Singh*

Minutes of Meeting: *Syllabus, Guidance, counselling provide to the student.*

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
<i>04-06-22</i>	<i>Dr. Manoj Kumar</i>	<i>01</i>	<i>Higher Studies</i>	<i>Guidance given</i>
<i>08-06-22</i>	<i>Dr. Manoj Kumar</i>	<i>01</i>	<i>NTA-NET</i>	<i>Guidance given</i>
<i>17-06-22</i>	<i>Dr. Manoj Kumar</i>	<i>01</i>	<i>Practical Issue</i>	<i>Guidance given</i>
<i>30-06-22</i>	<i>Dr. Manoj Kumar</i>	<i>01</i>	<i>NTA-NET</i>	<i>Guidance given</i>

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उद्यम सिंह नगर (ललसूरखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: *Geography*

Name of Mentor: *Dr. Manoj Kumar*

Month/Year: *2021-22*

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
01	04-06-22	हिमती शर्मा	210310 450012	Higher studies	Guidance given	<i>PH</i>	<i>Manoj P. Singh</i>
02	08-06-22	मेघा शर्मा	210310 450015	NTA - NET	Guidance given	मेघा शर्मा	<i>Manoj P. Singh</i>
03	17-06-22	शानु प्रिया	210310 450018	Practical Issue	Guidance given	शानु प्रिया	<i>Manoj P. Singh</i>
04	23-06-22	सुरसवती शर्मा	210310 450017	Practical Issue	Guidance given	सुरसवती शर्मा	<i>Manoj P. Singh</i>
05	30-06-22	श्याम शर्मा	210310 450007	NTA - NET	Guidance given	श्याम शर्मा	<i>Manoj P. Singh</i>

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: *Shyam Singh*
 2. Date of Birth: *01/12/1999*
 3. Mobile No of Student: *8938917311*
 4. Address (Residential): *Vill- Bichai, Post- Nandkhatta*
 5. Contact Details:
 6. Name of Mother: *Kulvant Kour* Father: *Mr. Samunder Singh*
 7. Profession of Mother: *House wife* Father: *Farmer*
 8. Mobile no of Mother: *NA* Father: *9639096605*
 9. Medical Problems if any: *No*
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: *Gym/Yoga/Sports/Athletic/None*
2. Duration of Activity: *< 20 Mins > 20 mins*
3. Frequency of Activity: *Days/Week*
 12. Sleep Pattern: *< 6 Hours/6-8 Hours/ > 8 Hours*
 13. Addiction: *Yes/No*
- If Yes then type of Addiction: *Smoking/Drinking/Chewing Tobacco*

4. Academic:

i) Achievements: *No*

ii) Academic Problems Experienced, if any-: *No*

iii) Any problems prior to examination (e.g- excessive anxiety): *No*

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: *Study*

iv) Participation in Social Activities: *Clean Uttarakhand*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: *No*

Shyam Singh

Signature of Student



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खटीमा- 282308, जिला- उधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूं विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Megha Bhatt
 2. Date of Birth: 23-7-2001
 3. Mobile No of Student: 8958956841
 4. Address (Residential): Bamanpuri Bambara Champawat (Uttarakhand)
 5. Contact Details: 8958956841
 6. Name of Mother: Mrs. Mamta Bhatt Father: Mr. Krishna Nand Bhatt
 7. Profession of Mother: Housewife Father: Farming
 8. Mobile no of Mother: 8755255974 Father: 7895639921
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours 6-8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-: **No**

iii) Any problems prior to examination (e.g- excessive anxiety): **No**

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: **Game - long jump?**

iv) Participation in Social Activities: **clean uttarakhand**

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No

Megha Bhatt
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Shany Pritya
 2. Date of Birth: 15/10/1999
 3. Mobile No of Student: 7906693076
 4. Address (Residential): Vill - Bagulya Post - Khali Mahuwat
 5. Contact Details: 7906693076
 6. Name of Mother: Shakundala Father: - Mr. Motilal
 7. Profession of Mother: Housewife Father: - Farming
 8. Mobile no of Mother: 9528895513 Father: - 9536123480
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-: *No*

iii) Any problems prior to examination (e.g- excessive anxiety): *No*

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: *- Game + Running*

iv) Participation in Social Activities: *clean-uttarakhand.*

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: - No

Shanu Puro
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 282308, जिला- ऊद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Himani Chand
 2. Date of Birth: 27/05/2001
 3. Mobile No of Student: 7302568551
 4. Address (Residential): Chandani, Banbassa, Champawat
 5. Contact Details: 8449887756
 6. Name of Mother: Mrs. Vimla Chand Father: Late Chandra Bahadur Chand
 7. Profession of Mother: House wife Father: —
 8. Mobile no of Mother: 8057855707 Father: —
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg:
✓
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
✓
 13. Addiction: Yes/No
✓
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: No

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: Cooking, Reading

iv) Participation in Social Activities: Volontiers Work

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No

By

Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name:

2. Date of Birth:

Saraswati Rane

25/07/2000

3. Mobile No of Student:

9389336255

4. Address (Residential):

vill - Paheni (Lamakhera)

5. Contact Details:

6. Name of Mother:

Mrs. Lashmi Devi

Father: Mr. Ganesh Singh

7. Profession of Mother:

House wife

Father: Farmer

8. Mobile no of Mother:

NA

Father: 8218256920

9. Medical Problems if any: NO

10. Nutritional Habits Diet: Veg/Non-Veg:

11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None

2. Duration of Activity: < 20 Mins > 20 mins

3. Frequency of Activity: Days/Week

12. Sleep Pattern:

< 6 Hours/6-8 Hours/ > 8 Hours

13. Addiction: Yes/No

If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: NO

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: Study

iv) Participation in Social Activities: Clean Uttarakhand

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO

संस्कृती राणा
Signature of Student



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: Botany .

Date of Meeting: 17/2/2021 * & 20/2/2021 .

Meeting Venue: Botany Department .

Meeting Agenda: Personal counselling of P.G. Students .

Members Present for Meeting and their Signature: Dr. Anjana B. Chandola

Minutes of Meeting: Counselling of P.G. Students . Dr. Manish Balwal
Dheeraj Gahatoni

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
17/2/21	Dr. Anjana Chandola	02	Carrier related issue	Counselling done
20/2/20	Dr. Anjana Chandala	03	— do —	— do —



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ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Botany Department

Name of Mentor: Dr. Anjana B. Chandola

Month/Year: Feb 2022

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1	17/2/2021	AFIZA ALI	2021-22	Worried how to crack the competitive Exam.	Tipes Given	AFIZA	Shetty
2	17/2/2021	MANISHA MAHARA	2021-22	Worried about Career	Tipes given	Manisha	Shetty
3	20/2/2021	KHUSHBU	2021-22	Concentration Issue	Counselling done	Khushbu	Shetty
4	20/2/2021	Poornam Sharma	2021-22	No issue	—	Poornam	Shetty
5	20/2/2021	Kirti Gupta	2021-22	Worried about learner	Tipes given	Kirti Gupta	Shetty

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

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Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Poonam Sharma
 2. Date of Birth: 04/05/1999
 3. Mobile No of Student: 9997717029
 4. Address (Residential): Ward no-11, House no-143, Avas Vikas colony, Khatima
 5. Contact Details: 9997717029 / poonamsharmaicu@gmail.com
 6. Name of Mother: Mrs. Kirti Devi Sharma Father: Mrs. Bhoop Ram Sharma
 7. Profession of Mother: Housewife Father: Mr. Bhoop Ram Sharma
 8. Mobile no of Mother: 9997717029 Father: Mr. Bhoop Ram Sharma
 9. Medical Problems if any: Ey sight weak
 10. Nutritional Habits Diet: Veg/Non-Veg: - Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins - 15 Min
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: Participated in Seminar

ii) Academic Problems Experienced, if any-: No,

iii) Any problems prior to examination (e.g- excessive anxiety): No,

15. Extra-curricular Activities:

i) Achievements: Participate in NSS camp (7 days)

ii) Participation in Cultural Activity: No

iii) Hobbies: Reading books, listening music, cooking

iv) Participation in Social Activities: NSSB & NSGC (NSS Camp) in 2017

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems:

Prono

Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: *AFIZA ALI*
2. Date of Birth: *15-11-2001*
3. Mobile No of Student: *8979396684*
4. Address (Residential): *NAUSAR, KHATIMA, U.S. NAGAR*
5. Contact Details:(Email :)*afizaali786@gmail.com*
6. Name of Mother: *SHAHIDA ALI* Father: *YAQOOB ALI*
7. Profession of Mother: *HOME MAKER* Father: *FARMER*
8. Mobile no of Mother: *81266 58089* Father: *7534098896*
9. Medical Problems if any: -
10. Nutritional Habits Diet: Veg/Non-Veg: *NON-VEG*
11. Physical Activity: 1. Types of Exercise: *Gym/Yoga/Sports/Athletic/None*
2. Duration of Activity: *< 20 Mins > 20 mins*
3. Frequency of Activity: *Days/Week*
12. Sleep Pattern: *< 6 Hours/6-8 Hours/ > 8 Hours*
13. Addiction: *Yes/No*
If Yes then type of Addiction: *Smoking/Drinking/Chewing Tobacco*

4. Academic:

i) Achievements: **INSPIRE SCHOLAR**

ii) Academic Problems Experienced, if any: -

iii) Any problems prior to examination (e.g- excessive anxiety): -

15. Extra-curricular Activities:

i) Achievements: **PRIZE IN DANCING
PRIZE IN SPEECH**

ii) Participation in Cultural Activity: **YES**


iii) Hobbies: **DANCING, READING, WRITING, CRAFTING, DRAWING**

iv) Participation in Social Activities: **YES**

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO


Signature of Student

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Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Kirti Gupta
2. Date of Birth: 07/02/1999
3. Mobile No of Student: 9997652189
4. Address (Residential): Awas Vikas Colony Khatima, U.S. Nagar
5. Contact Details: 9997652189, kirtigupta7@gmail.com
6. Name of Mother: Shakuntala Gupta Father: Mr. Makhan Lal Gupta
7. Profession of Mother: House wife Father: retired
8. Mobile no of Mother: 9997652189 Father: 9997652189
9. Medical Problems if any: ~~None~~, Asthma
10. Nutritional Habits Diet: Veg/Non-Veg: Both
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None Yoga
2. Duration of Activity: < 20 Mins > 20 mins 15 min
3. Frequency of Activity: Days/Week week
12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours 8 hr.
13. Addiction: Yes/No No

If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: Dancing , cooking , reading

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: No

17. Any relationship problems: No

Karti Gupta
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: MANISHA MAHARA
 2. Date of Birth: 18-03-2000
 3. Mobile No of Student: 7088352371
 4. Address (Residential): TANAKPUR (KAKRALIGATE)
 5. Contact Details: (email) manishamannu379@gmail.com
 6. Name of Mother: Mrs. Meena Mahara Father: Mr. Narayan Singh Mahara
 7. Profession of Mother: HOMEMAKER Father: BUSINESS
 8. Mobile no of Mother: 9959096053 Father: 8057753670
 9. Medical Problems if any: —
 10. Nutritional Habits Diet: Veg/Non-Veg: Non-Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins 20 mins
3. Frequency of Activity: Days/Week Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours 8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: -

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: Participated in speech competition

ii) Participation in Cultural Activity: yes

iii) Hobbies: writing, learning, dance

iv) Participation in Social Activities: yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: -

Manisha

Signature of Student

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: KHVSHBOO
2. Date of Birth: 15-08-2001
3. Mobile No of Student: 9937319232
4. Address (Residential): BANBAJA BAMANPURI
5. Contact Details: (Email) ks1610438@gmail.com
6. Name of Mother: JYOTI SHARMA Father: GOKARN PRASAD
7. Profession of Mother: TEACHER Father: —
8. Mobile no of Mother: 8954537358 Father: —
9. Medical Problems if any: —
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: participated in seminar

ii) Academic Problems Experienced, if any-: —

iii) Any problems prior to examination (e.g- excessive anxiety): —

15. Extra-curricular Activities:

i) Achievements: participated in debate

ii) Participation in Cultural Activity: yes ✓

iii) Hobbies: dancing, writing, read

iv) Participation in Social Activities: yes ✓

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: —

khushboo
Signature of Student



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खटीगा- 282308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gggckhatjma@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Pooja Kalouni
 2. Date of Birth: 7/04/2000
 3. Mobile No of Student: 6399225396
 4. Address (Residential): Nadanna, Chakarpu
 5. Contact Details: 6399225396
 6. Name of Mother: Pushpa Devi
Father: Teibhwan Chandra Kalouni
 7. Profession of Mother: House - Wife
Father: X - Army man
 8. Mobile no of Mother: 7500003589
Father: 8650166972
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/ Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/ Yoga/ Sports/ Athletic/ None
2. Duration of Activity: < 20 Mins > 20 mins More
3. Frequency of Activity: Days/ Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/ No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco N/A

Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

Language problems

iii) Any problems prior to examination (e.g- excessive anxiety):

N/A

15. Extra-curricular Activities:

i) Achievements:

Have been completed Computer Course.

ii) Participation in Cultural Activity:

iii) Hobbies:

Reading / cleaning

iv) Participation in Social Activities:

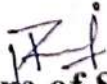
N/A

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

N/A


Signature of Student

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फोन: 05943-252244

Email ID: ggckkhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Shradha Rana
 2. Date of Birth: 20-04-2001
 3. Mobile No of Student: 7506484619
 4. Address (Residential): Sujaya Mahaliya Khatima
 5. Contact Details: 7506484619
 6. Name of Mother: Mrs. Lata Rana Father: Mr. Rajneesh Singh
 7. Profession of Mother: House Wife Father: farmer
 8. Mobile no of Mother: 8057182460 Father: 8057182460
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: Both
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins ✓
3. Frequency of Activity: Days/Week ✓
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No ✓
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco No

4. Academic:

i) Achievements:

N/A

ii) Academic Problems Experienced, if any-:

Book's Problem

iii) Any problems prior to examination (e.g- excessive anxiety):

N/A

15. Extra-curricular Activities:

i) Achievements:

Have been completed Computer course

ii) Participation in Cultural Activity:

iii) Hobbies: Dancing

iv) Participation in Social Activities: Teaching children

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems:

N/A

Shradha

Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Km Preeti Adhikari
2. Date of Birth: 05-11-2000
3. Mobile No of Student: 955-7968932
4. Address (Residential): Nadanna Chakarapur
5. Contact Details:
6. Name of Mother: Mrs Heera Devi Father: Mr. Kheem Singh
7. Profession of Mother: House Wife Father: Private Job
8. Mobile no of Mother: - Father: . 9997711637
9. Medical Problems if any: B.P Diabetes
10. Nutritional Habits Diet: Veg/Non-Veg: - Both
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins more
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco N/A

Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

Language Problem

iii) Any problems prior to examination (e.g- excessive anxiety):

N/A

15. Extra-curricular Activities:

i) Achievements:

~~to~~ Have been completed Computer Course.

ii) Participation in Cultural Activity:

iii) Hobbies:

Cooking

iv) Participation in Social Activities:

N/A

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems:

N/A

Preeti Adhikari
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gggckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: LATA UPRARI
 2. Date of Birth: 12/04/2001
 3. Mobile No of Student: 7668697952
 4. Address (Residential): ~~SHUWAN~~ UPRARI BHURA KISHNI
 5. Contact Details: 7668697952
 6. Name of Mother: PARVATT DEVI Father: BHUWAN UPRARI
 7. Profession of Mother: ~~7668697952~~ House wife Father: FARMER
 8. Mobile no of Mother: 7668697952 Father: 7668697952
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yogá/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco N/A

Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

Language Problem

iii) Any problems prior to examination (e.g- excessive anxiety):

N/A

15. Extra-curricular Activities:

i) Achievements:

Have been completed computer course

ii) Participation in Cultural Activity:

iii) Hobbies:

Cooking

iv) Participation in Social Activities:

No

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

No

Lata Upadhyay

Signature of Student

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खटीमा- 262308, जिला- उज्जैन सिंह नगर (ताराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

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Email ID: gpgeckhatima@gmail.com

Annexure I

Mentorship Programme Student Information Proforma

1. Name: Upasana Bhatt
2. Date of Birth: 25-02-2001
3. Mobile No of Student: 8272044283
4. Address (Residential): Ward No. 13 Near Railway Station Road Khatima
5. Contact Details:
6. Name of Mother: Tanuja Bhatt Father: Basant Ballabh Bhatt
7. Profession of Mother: Howe-Wife Father: Private Job
8. Mobile no of Mother: 9719819483 Father: 9719819483
9. Medical Problems if any:
10. Nutritional Habits Diet: Veg/ Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins More
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/ No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco N/A

Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

Language Problem

iii) Any problems prior to examination (e.g- excessive anxiety):

N/A

15. Extra-curricular Activities:

i) Achievements:

Have been Completed Computer Course.

ii) Participation in Cultural Activity:

iii) Hobbies:

Reading

iv) Participation in Social Activities:

N/A

16. Psychological Problems like anxiety depression or any family problems: Yes/No No

If Yes give details:

17. Any relationship problems:

N/A

Upasana Bhatt
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीगा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: POLITICAL SCIENCE

Name of Mentor: Dr. DHERAJ KUMAR CHANDOLA

Month/Year: 2021-22

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
<1>	18-01-21	Pooja Kakrani	21031048 0052	About Assignment	Guided Assignment		
<2>	27-01-21	Shradha Rana	21031048 0075	Book's issue	Provided		
<3>	08-04-22	Preeti Adhikari	21031048 0054	Language	Guided		
<4>	25/04/22	Lata Upmani	21031048 0039	Language	Guided		
<5>	05/02/22	Upasna Bhatt	21031048 0079	Language	Guided		

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

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फोन: 05943-252244

Email ID: gggckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMME
MEETING

Name of Department: POLITICAL SCIENCE

Date of Meeting:

Meeting Venue: DEPARTMENT OF POLITICAL SCIENCE

Meeting Agenda: COUNCILING & GUIDANCE

Members Present for Meeting and their Signature:

Minutes of Meeting: Facility Provided through Matsabba & Personal Meet.

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
18.01.21	Dr. A.K. Chandak Pooja Malotani	01	Language & Assignment	Guided
27-01-21	Dr. A.K. Chandak Shradha Rana	01	Book	Provided
08.04.22	Dr. A.K. Chandak Kanchi Adhikari	01	Language	Guided
25.04.22	Dr. A.K. Chandak Lake Upasna	01	Language	Guided
05.08.22	Dr. A.K. Chandak Upasna Bhatt	01	Language	Guided.



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ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Political Science

Name of Mentor: K.N. JOSHI

Month/Year: 2021-22

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
01		Himani Chand	P.S. BA-1	Integral Assi	Guidance	Chand	Joshi
02		Payal	P.S. BA2	Reg. Syllabus	sy. priori.	Chand	Joshi
03		Damini Gupta	P.S. BA3	Internal. Assis.	Guidance	Damini Gupta	Joshi
04		Muskan Chand	P.S. BA4	Reg. Syllabus	sy. priori.	Chand	Joshi
05		Payal Chand	P.S. BA5	Reg. Books	Prov. Books	Payal	Joshi

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gggckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMME MEETING

Name of Department: Political Science

Date of Meeting: 09/08/21, 30/08/21, 06/09/21, 04/10/21, 01/11/21

Meeting Venue: H.N.B. P.G. College Khatima (U.S. Nagar)

Meeting Agenda: Guidance provided to students for their future

Members Present for Meeting and their Signature: 03 [Signature]

Minutes of Meeting: Providing syllabus, guidance, coaching and counselling etc. provided to the students

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
09/08/2021	K.N. JOSHI	01 MUSKAN CHAND	Req. syllabus	Syllabus prov.
30/08/2021	K.N. JOSHI	01 PAYAL PATNI	Req. syllabus	Syllabus. Prov.
06/09/2021	K.N. JOSHI	01 PAYAL CHAND	Req. Books	Books. Prov.
04/10/2021	K.N. JOSHI	01 DAMINI GUPTA	Internal Ass.	Guidance
01/11/2021	K.N. JOSHI	01 HIMANI CHAND	Internal Ass.	Guidance.

[Signature]

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gngekhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: MUSKAN CHAND
 2. Date of Birth: 29/04/2004
 3. Mobile No of Student: 8218082003
 4. Address (Residential): Gauchay Patiya (Kutubi)
 5. Contact Details: 8218082003
 6. Name of Mother: Mrs Asha Devi
Father: Mr Jay Bahadur Chand
 7. Profession of Mother: House wife
Father: Farmer
 8. Mobile no of Mother: 8392872466
Father: 8954946488
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Both
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: Receiving awards in games, Diploma in Computer

ii) Academic Problems Experienced, if any-: TOPIC, Language,

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements: Receiving, Certificate and awards

ii) Participation in Cultural Activity: yes

iii) Hobbies: dancing, Art,

iv) Participation in Social Activities: yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO

Hand

Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Himani Chand
 2. Date of Birth: 06/02/2004
 3. Mobile No of Student: 8393093288
 4. Address (Residential):
 5. Contact Details:
 6. Name of Mother: Mrs. Chandra Devi Father: Mr. Dinesh Chand
 7. Profession of Mother: Housewife Father: Businessman
 8. Mobile no of Mother: 9837035446 Father: 9719409977
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

. Academic:

i) Achievements: Class 12th

ii) Academic Problems Experienced, if any-: Topic, language, nervousness

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity: Yes

iii) Hobbies: Dancing

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

Handwritten Signature
Signature of Student

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फोन: 05943-252244

Email ID: ggckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Damini Gupta.
 2. Date of Birth: 01 Jan. 2005
 3. Mobile No of Student: 6395524455 / 6397055010
 4. Address (Residential): Rajiv nagar Khatima (U.S. Nagar)
 5. Contact Details:
 6. Name of Mother: Mrs. Babli Gupta. Father: Mr. Dinesh Gupta.
 7. Profession of Mother: house wife. Father: Labour
 8. Mobile no of Mother: 6397055010 Father: 7351098217
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

. Academic:

i) Achievements: 12th - 81.4%
10th - 74.8%

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: Yes

iii) Hobbies: study ,

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: No

Signature of Student

Damini Gupta.

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Payal Patni
 2. Date of Birth: 14-03-2023
 3. Mobile No of Student: 9389277045
 4. Address (Residential): Khetal Sunda Kham (Khatima)
 5. Contact Details: 9389277045
 6. Name of Mother: ~~ms~~ Kamala Patni Father: Mr Pushkar Dutti Patni
 7. Profession of Mother: House wife Father: Shop Keeper
 8. Mobile no of Mother: 7302264775 Father: 9756538271
 9. Medical Problems if any:
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-: *Topic, Language*

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity: *Yes*

iii) Hobbies: *dancing, Art*

iv) Participation in Social Activities: *Yes*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

Payal

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Payal chand
2. Date of Birth: 20/11/2004
3. Mobile No of Student: 8267097075
4. Address (Residential):
5. Contact Details:
6. Name of Mother: Mrs. Savitri Devi Father: Mr. Bhupendra chand
7. Profession of Mother: Housewife Father: Businessman
8. Mobile no of Mother: 8267828144 Father: 7895651196
9. Medical Problems if any:
10. Nutritional Habits Diet: Veg/Non-Veg: Veg
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours 6-8 Hours
13. Addiction: Yes/No No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: class 12th

ii) Academic Problems Experienced, if any-: language, topic, Nervousness

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements: certificate and awards

ii) Participation in Cultural Activity: yes

iii) Hobbies: singing, study

iv) Participation in Social Activities: yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: No

Chand

Signature of Student

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Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: JAGRTI GUPTA
2. Date of Birth: 18-01-2000
3. Mobile No of Student: 9536858848
4. Address (Residential): STATION ROAD KHATIMA
5. Contact Details: 9536858848
6. Name of Mother: KANTI DEVI Father: RAKESH KUMAR GUPTA
7. Profession of Mother: HOUSEWIFE Father: BUSINESS
8. Mobile no of Mother: 8477895289 Father: 8477895289
9. Medical Problems if any: Nil
10. Nutritional Habits Diet: Veg/Non-Veg: Veg.
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None ✓
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours ✓
13. Addiction: Yes/No ✓
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: Nil

ii) Academic Problems Experienced, if any-: LACK OF CONCENTRATION ,

iii) Any problems prior to examination (e.g- excessive anxiety): Nil

15. Extra-curricular Activities:

i) Achievements: Nil

ii) Participation in Cultural Activity: Nil

iii) Hobbies: LISTENING SONGS , SOLVING PUZZLE.

iv) Participation in Social Activities: Nil

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: Nil

Jagriti Gupta
Signature of Student



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

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Annexure 1

Mentorship Programme Student Information Proforma

1. Name: NEHA UPADHYAY
 2. Date of Birth: 27-03-2000
 3. Mobile No of Student: 6398307878
 4. Address (Residential): NANAKMATTA
 5. Contact Details: 6398307878
 6. Name of Mother: PREMA UPADHYAY Father: DEVIDATT UPADHYAY
 7. Profession of Mother: HOUSEWIFE Father: FARMER
 8. Mobile no of Mother: 9012206297 Father: 9012206297
 9. Medical Problems if any: Nil
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg.
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: Nil

ii) Academic Problems Experienced, if any-: UNABLE TO MAKE CONCENTRATION DURING ONLINE CLASSES.

iii) Any problems prior to examination (e.g- excessive anxiety): Nil

15. Extra-curricular Activities:

i) Achievements: Nil

ii) Participation in Cultural Activity: Nil

iii) Hobbies: LISTENING SONGS, PLAYING BADMINTON

iv) Participation in Social Activities: Nil

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: Nil

Neha Upadhyay.
Signature of Student



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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: SAURABH BHATT
 2. Date of Birth: 10-05-1999
 3. Mobile No of Student: 8476867148
 4. Address (Residential): VILL- POLIGIANJ, MAJHOLA P.O- SARPUDA
 5. Contact Details: 9368849238
 6. Name of Mother: LEELA DEVI BHATT Father: BHAGIRATH BHATT
 7. Profession of Mother: HOMEMAKER Father: BUSINESSMAN
 8. Mobile no of Mother: 8057774657 Father: 9690275280
 9. Medical Problems if any: NA
 10. Nutritional Habits Diet: Veg/Non-Veg: Non-Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None Yoga
2. Duration of Activity: < 20 Mins > 20 mins > 20 mins
3. Frequency of Activity: Days/Week Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours 6-8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: NILL

ii) Academic Problems Experienced, if any-:

Not able to memorise things for a long time.

iii) Any problems prior to examination (e.g- excessive anxiety):

stress

15. Extra-curricular Activities:

i) Achievements: NILL

ii) Participation in Cultural Activity: NILL

iii) Hobbies: CALLIGRAPHY, LISTENING MUSIC

iv) Participation in Social Activities: NILL

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NA

Saurabh

Signature of Student



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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: NIDHI MURARI
2. Date of Birth: 07-09-2000
3. Mobile No of Student: 8273477784
4. Address (Residential): ADARSH COLONY, KHATIMA
5. Contact Details: 8273477784
6. Name of Mother: MEENA MURARI Father: BHUWAN CHANDRA MURARI
7. Profession of Mother: HOUSEWIFE Father: PRIVATE JOB
8. Mobile no of Mother: 8938817884 Father: 8938817884
9. Medical Problems if any: Nil
10. Nutritional Habits Diet: Veg/Non-Veg: Veg
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: *Nil*

ii) Academic Problems Experienced, if any-: *Query regarding career in physics*

iii) Any problems prior to examination (e.g- excessive anxiety): *Unable to memorize syllabus for long times*

15. Extra-curricular Activities:

i) Achievements: *Nil*

ii) Participation in Cultural Activity: *Nil*

iii) Hobbies: *Reading Books, listening music, Art and craft*

iv) Participation in Social Activities: *Nil*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: *Nil*

Nidhi

Signature of Student

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खटीमा- 282308, जिला- ऊरम सिंह नगर (उत्तराखण्ड)

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: MADHU YADAV
2. Date of Birth: 25-02-2000
3. Mobile No of Student: 8859204095
4. Address (Residential): Vill:- Mundeli Post:- Charubeta Khatima
5. Contact Details: 8859204095
6. Name of Mother: MRS. RAJPATI DEVI Father: Mr. RAMESH KUMAR
7. Profession of Mother: HOUSEWIFE Father: PRIVATE JOB
8. Mobile no of Mother: 9719504524 Father: 9719504524
9. Medical Problems if any: URINE INFECTION
10. Nutritional Habits Diet: Veg/Non-Veg: Veg
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None ✓
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours ✓
13. Addiction: Yes/No ✓
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: Nil

ii) Academic Problems Experienced, if any-: STRESS MANEAGEMENT

iii) Any problems prior to examination (e.g- excessive anxiety): Nil

15. Extra-curricular Activities:

i) Achievements: Nil

ii) Participation in Cultural Activity: Nil

iii) Hobbies: Reading Books, Listening music

iv) Participation in Social Activities: Nil

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: Nil


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: PHYSICS

Name of Mentor: DR. SANDHYA BHATT

Month/Year: Dec - Feb / 2021-2022

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1	09/12/21	JAGRITI GUPTA	200310710 008	LACK OF CONCENTRA -TION	COUNSELLING DONE & TIPS WERE GIVEN	Jagrati Gupta	
2	20/12/21	NEHA UPADHYAY	20031071 0012	UNABLE TO MAKE CONCEN TRATION DURING ONLINE CLASSES	STUDY TIPS WERE GIVEN FOR ONLINE CLASSES	Neha Upadhyay	
3	05/01/22	SAURABH BHATT	200310710 005	NOT ABLE TO MEMORISE THINGS FOR LONG TIME & STRESS PROBLEM	DONE COUNSELLI -NG FOR STRESS MANAGEMENT	Saurabh Bhatt	
4	21/01/22	NIDHI MURARI	200310710 013	QUERY REGARDING CAREER IN PHYSICS	DISCUSSED VARIOUS ASPECTS & AREAS OF PHYSICS	Nidhi	
5	17/02/22	MADHU YADAV	200310710 010	STRESS PROBLEM	STRESS MANAGEMENT COUNSELLING	Madhu	

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

भौतिक विज्ञान विभाग
सं. 05943-252244 स्नातकोत्तर महाविद्यालय
खटीमा (ऊधम सिंह नगर)

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूं विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMME MEETING

Name of Department: PHYSICS

Date of Meeting: 05/04/2022

Meeting Venue: DEPARTMENT OF PHYSICS

Meeting Agenda: TO RESOLVE THE PROBLEMS OF MENTEEES AND PROVIDE PROPER GUIDENCE

Members Present for Meeting and their Signature: 1) DR. PRAMOD KUMAR —
2) DR. ASHISH KUMAR

Minutes of Meeting: 1) MEETING WERE ORGANISED IN WHICH ALL THE MENTEE PARTICIPATED AND RAISED THEIR ISSUES. 2) ISSUES WERE RESOLVED BY THE MENTOR & MEMBERS PRESENT. 3) A CAREER COUNSELLING SESSION WAS ORGANISED ALSO.

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department: PHYSICS

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
05/04/2022	DR. SANDHYA BHATT	05	CONCENTRATION AND STRESS MANAGEMENT RELATED ISSUES	TIPS WERE GIVEN FOR STRESS MANAGEMENT THROUGH PROPER COUNSELLING.

गीता
खटीमा (ऊधम सिंह नगर)

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊथम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: ggckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Saurabh Thapa
2. Date of Birth: 15 Dec 2002
3. Mobile No of Student: 7417 37 00 99
4. Address (Residential): Nagla Tarevi Khatima (U.S. Nagar)
5. Contact Details: Same
6. Name of Mother: Pushpa Devi Father: Manohar Singh Thapa
7. Profession of Mother: house maker Father: Teacher
8. Mobile no of Mother: Father: 0950 35 14 13
9. Medical Problems if any: No
10. Nutritional Habits Diet: Veg/Non-Veg: Veg
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None[✓]
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours[✓]
13. Addiction: Yes/No[✓]

If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: No

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: No

iii) Hobbies: Music (singing)

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: No


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

राष्ट्रीया- 282308, जिला- उधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gggckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Anchal Singh Rathour.
 2. Date of Birth: 03/07/2002
 3. Mobile No of Student: 9129103285
 4. Address (Residential): Khetalsanda Kham Khatima, (U.S. Nagar)
 5. Contact Details: 9129103285.
 6. Name of Mother: Mrs. Manju Singh Rathour. Father: Mr. Rameshwar Singh Rathour
 7. Profession of Mother: Housewife Father: Business
 8. Mobile no of Mother: 8979309918 Father: 9759820745
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None ✓
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No ✓
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Jayd Bhatt
 2. Date of Birth: 31/Aug/2002
 3. Mobile No of Student: 9149050552
 4. Address (Residential): ward no. = 13 pilibhit Road & hatima
 5. Contact Details: 9149050552
 6. Name of Mother: Suman Bhatt
Father: Mr. Prakash chandra Bhatt
 7. Profession of Mother: House wife
Father: Business
 8. Mobile no of Mother: 9027920479
Father: 9897871086
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None ✓
2. Duration of Activity: < 20 Mins > 20 mins ✓
3. Frequency of Activity: Days/Week ✓
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No ✓
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: NO

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: NO

iii) Hobbies: music

iv) Participation in Social Activities: NO

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO

Saya Bhatt
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure I

Mentorship Programmme Student Information Proforma

1. Name: Nirmala Chand
 2. Date of Birth: 15-feb-2002
 3. Mobile No of Student: 8449676679
 4. Address (Residential): Khempur, Nanakmatta (U.S.Nagar)
 5. Contact Details: 8449676679
 6. Name of Mother: Mrs. Manju devi Father: Mr. Jagdish Chand
 7. Profession of Mother: Housewife Father: Army
 8. Mobile no of Mother: 8449676679 Father: 8449676679
 9. Medical Problems if any: .
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: *No*

ii) Academic Problems Experienced, if any-: *No*

iii) Any problems prior to examination (e.g- excessive anxiety): *No*

15. Extra-curricular Activities:

i) Achievements: *No*

ii) Participation in Cultural Activity: *No*

iii) Hobbies: *singing*

iv) Participation in Social Activities: *No*

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: *No*

Phanul

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gdgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Sneha Kandpal
 2. Date of Birth: 9 sep. 2003
 3. Mobile No of Student: 9368922218
 4. Address (Residential): Pakariya, Khatima (Udham Singh Nagar)
 5. Contact Details: 9368922218
 6. Name of Mother: Mrs. Manju Kandpal Father: Mr. Bhaskar Chandan Kandpal
 7. Profession of Mother: Housewife Father: Shopkeeper
 8. Mobile no of Mother: 9368922218 Father: 9368922218
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: NO

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: NO


iii) Hobbies: Singing

iv) Participation in Social Activities: NO

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊद्यम सिंह नगर (ज्वालाखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: PHYSICS

Name of Mentor: DR. SANDHYA BHATT

Month/Year: Dec - Feb/2021-2022

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
01	09/12/21	Saurabh Thaba	2003/20089	CAREER RELATED ISSUES	COUNSELLING DONE		
02	20/12/21	Anchal Singh Rathore	2003/20115	CONFUSED ABOUT CAREER CHOICES	GUIDED FOR VARIOUS CAREER OPTIONS		
03	05/01/22	Jaya Bhatt	2003/20149	CONFUSED ABOUT CAREER CHOICES	GUIDED FOR VARIOUS CAREER OPTIONS		
04	21/01/22	Nismala chand	2003/20212	CSIR NET RELATED QUERIES	TIPS FOR HOW TO CRACK CSIR NET		
05	17/02/22	Sneha Kandpal	2003/20260	QUERIES ABOUT SKILL ORIENTED COURSES	PROVIDED PROPER INFORMATION FOR SKILL COURSES		

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

भौतिक विज्ञान विभाग
हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय
खटीमा (ऊद्यम सिंह नगर)

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMME MEETING

Name of Department: PHYSICS

Date of Meeting: 04/04/2022

Meeting Venue: DEPARTMENT OF PHYSICS

Meeting Agenda: TO PROVIDE PROPER GUIDENCE RELATED TO VARIOUS CAREER OPPORTUNITIES

Members Present for Meeting and their Signature: 1) DR. PRAMOD KANDPAL
2) DR. ASHISH UPADHYAY

Minutes of Meeting: SUCCESSFUL MENTORSHIP PROGRAMME WAS ORGANISED IN WHICH VARIOUS CAREER RELATED ISSUES WERE RAISED AND RESOLVED.

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department: PHYSICS

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
04/04/2022	DR. SANDHYA BHATT	05	CAREER RELATED QUERIES	COUNSELLING DONE

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खटीमा (उद्यम सिंह नगर)

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उन्मथ सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: PHYSICS DEPARTMENT

Name of Mentor: PRAMOD KUMAR

Month/Year: Feb. - 2022

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1	13/02 2022	MEGHA PARGAI	2103107100 08	Worried about career.	Tips given	Meghapargai	Pramod
2.	13/02 2022	REKHA KUMARI	210310710 010	Having difficulty in choosing career	Counseling done	Rekha	Pramod
3.	13/02 2022	SONI KHOLIYA	210310710 012	No issue	—	Soni	Pramod
4	17/02 2022	RICHA UPRETI	2103107100 11	Concentration issue		Richa	Pramod
5.	17/02 2022	HEENA PANT	210310710 005	Worried about career.	counseling done.	Heena	Pramod

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

विभाग न
भौतिक विज्ञान विभाग
खटीमा-262308 स्नातकोत्तर महाविद्यालय
खटीमा (उन्मथ सिंह नगर)

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

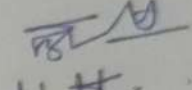
DEPARTMENTAL MENTORSHIP PROGRAMME MEETING

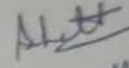
Name of Department: PHYSICS

Date of Meeting: 12/02/2024 & 17/02/2024

Meeting Venue: DEPARTMENT OF PHYSICS

Meeting Agenda: Personal Counselling of P.G. Students

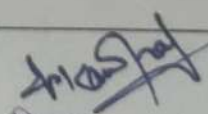
Members Present for Meeting and their Signature: Dr. Sandhya Shett 

Minutes of Meeting: Counselling of P.G. (M.Sc. - Sem 1) students were called under mentorship program. Dr. Anjana Shett 

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
12/02/2024	Pranod Kumar	03	Career related issues	Counselling done
17/02/2024	- do -	02	- do -	- do -


विभाग: भौतिक विज्ञान विभाग
उद्यम सिंह नगर, खटीमा (उत्तराखण्ड)

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊथम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: HEENA PANT
 2. Date of Birth: 10/12/1998
 3. Mobile No of Student: 7668555101
 4. Address (Residential): AADARSH COLONY, DEGREE COLLEGE ROAD.
 5. Contact Details:
 6. Name of Mother: BHAWANA PANT Father: MADAN MOHAN PANT
 7. Profession of Mother: HOUSEWIFE Father: BUSINESS MAN.
 8. Mobile no of Mother: Father: 9897086456
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/ Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/ Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/ No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: NO

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: NO

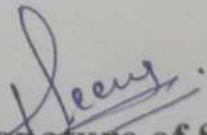
iii) Hobbies: TEACHING, READING...

iv) Participation in Social Activities: NSS - B

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उग्रम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Rekha Kumari
 2. Date of Birth: 28/03/2000
 3. Mobile No of Student: 9368261469
 4. Address (Residential): Bhudai, Tanakpur Road, Khatima
 5. Contact Details: 9368261469
 6. Name of Mother: Mrs. Shisijawati Devi Father: Mr. Prem Kumar
 7. Profession of Mother: Housewife Father: Farmer
 8. Mobile no of Mother: 9634356244 Father: 8954594307
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins > 20 mins
3. Frequency of Activity: Days/Week Days
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours 6-8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: —

ii) Academic Problems Experienced, if any-: *No*

iii) Any problems prior to examination (e.g- excessive anxiety): *No*

15. Extra-curricular Activities:

i) Achievements: —

ii) Participation in Cultural Activity: —

iii) Hobbies: *Dancing and Drawing*

iv) Participation in Social Activities: —

16. Psychological Problems like anxiety depression or any family problems: Yes/[✓]No

If Yes give details:

17. Any relationship problems: *No*

Rekha

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 282308, जिला- उद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gggckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: MEGHA PARGAI
2. Date of Birth: 09/DEC/1999
3. Mobile No of Student: 7302539198
4. Address (Residential): KURMANCHAL COLONY NEAR DEGREE COLLEGE, KHATI-MA.
5. Contact Details: 7302539198
6. Name of Mother: MRS. MEENA PARGAI. Father: MR. NARAYAN SINGH PARGAI.
7. Profession of Mother: HOUSEWIFE Father: ARMY RETIRE
8. Mobile no of Mother: 8958435931 Father: 8433031501
9. Medical Problems if any: NO
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: No

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: No

iii) Hobbies: Reading, Painting.

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No

Megha Rajai
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊथम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Soni Kholiya
 2. Date of Birth: 09/01/2000
 3. Mobile No of Student: 6399780349
 4. Address (Residential): Lohiyahed Road, Khatima
 5. Contact Details: 6399780349
 6. Name of Mother: Mrs. Rekha Kholiya Father: Mr. Pushkar Singh Kholiya
 7. Profession of Mother: Housewife Father: Ex- Army Officer
 8. Mobile no of Mother: 8057173232 Father: 8630688110
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: —

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: —

ii) Participation in Cultural Activity: —

iii) Hobbies: Reading Books.

iv) Participation in Social Activities: —

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO

Soni

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Richa Upreti
 2. Date of Birth: 06/04/2001
 3. Mobile No of Student: 9084296516
 4. Address (Residential): Opposite Post Office, Barbasa
 5. Contact Details: 9084296516
 6. Name of Mother: Mrs. Neema Upreti
Father: Mr. chandra shekher Upreti
 7. Profession of Mother: Housewife
Father: Businessman
 8. Mobile no of Mother: 9719217122
Father: 9045740190
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/ Non-Veg
 11. Physical Activity: 1. Types of Exercise: Gym/ Yoga/ Sports/ Athletic/ None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/ Week
 12. Sleep Pattern: < 6 Hours/ 6-8 Hours/ > 8 Hours
 13. Addiction: Yes/ No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: —

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: —

ii) Participation in Cultural Activity: —

iii) Hobbies: *Dancing and Singing*

iv) Participation in Social Activities: —

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO

Richa

Signature of Student



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgeckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Chemistry

Name of Mentor: Dr. Jyoti Agarwal

Month/Year: Dec. 2022

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1.	06/01/23	Karan Saxena	220310660003	About Exam Pattern	Prov. Prev. Years Papers	Karan Saxena	Jyoti
2.	01/12/22	Harshit Sharma	220310660002	Principles Problem	Issued my own Books	Harshit	Jyoti
3.	22/12/22	Rishi Joshi	220310660005	Competitive exam study material	Prov. such things	Rishi Joshi	Jyoti
4.	21/01/23	Anamika Upadhi	220310660008	Syllabus Problem	Prov. syllabus as per as KV	Anamika	Jyoti
5.	04/02/23	ToojA Agarwal	220310660013	Health Problem	Gave guidance	ToojA	Jyoti
6.	23/02/23	Aarti Kumar	220310660007	Exam Pattern	Prov. such things	Aarti	Jyoti
7.	04/03/23	Vivek Kumar	220310660006	Syllabus Problem	as per as KV	Vivek	Jyoti

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

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Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: Chemistry

Date of Meeting: Dec. 2022

Meeting Venue: H.N.D. Govt PG College, Khatima

Meeting Agenda: Interaction with students for guidance.

Members Present for Meeting and their Signature: Dr. Jyoti Agarwal (Jyoti)

Minutes of Meeting:

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
4/12/2022	Dr. Jyoti Agarwal	Harshit Sharma	Financial Prob.	Issued my own books.
22/12/2022	Dr. Jyoti Agarwal	Preethi Joshi	Competitive exam study material	Provided such thing.
06/01/2023	Dr. Jyoti Agarwal	Karan Saxena	Exam Pattern	Prov. Previous years papers
21/01/2023	Dr. Jyoti Agarwal	Anamika Upreti	Syllabus Problem	Prov. syllabus as per as KU
03/02/2023	Dr. Jyoti Agarwal	Pooja Agarwal	Health Problem	gave guidance
23/02/2023	Dr. Jyoti Agarwal	Aashi Kashyap	Exam Pattern	Provided prev. years papers
04/03/2023	Dr. Jyoti Agarwal	Vivek Kumar	Syllabus Prob.	syllabus as per as KU.

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com











ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Chemistry

Name of Mentor: Dr. Jyoti Agarwal

Month/Year: April 2021

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1.	30/04/21	Himani Chand	2103120113	• Not thinking Health issues	Give moti- vation &		
2.	11/05/21	Manisha Pokhariya	2103120150	• Financial Problem & syllabus	Prov. my own Books		
3.	05/04/21	Rohit Khandelwal	2103120062	• Economic Disciplines Exam Pattern	Prov. such things.		
4.	14/06/21	Nisha Gangwar	2103120164	• Books problem	Prov. my own Books		
5.	25/06/21	Chahat Shukla	2103120021	• Financial Problem	Prov. Books & guidance		

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: Chemistry

Date of Meeting: April 2021

Meeting Venue: H.N.B. Govt PG College, Khatima

Meeting Agenda: Interaction with students for guidance and solving the problems.

Members Present for Meeting and their Signature: Dr. Jyoti Agarwal (Jyoti)

Minutes of Meeting:

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
05/04/2021	Dr. Jyoti Agarwal	Rohit Kandpal	Exam Pattern & time period	From Previous Years Paper
30/04/2021	Dr. Jyoti Agarwal	Himani Chandra	Financial Prob.	Provided my own books.
11/05/2021	Dr. Jyoti Agarwal	Manisha Pokhoriya	Syllabus Problem	Prov. syllabus as per KU &
14/06/2021	Dr. Jyoti Agarwal	Nisha Gangwar	Books Problem	gave guidance
25/06/2021	Dr. Jyoti Agarwal	Chahal Shukla	Financial Prob.	Prov. books & gave guidance

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: *Chohat Shukla*
 2. Date of Birth: *02/12/2002*
 3. Mobile No of Student: *7455973026*
 4. Address (Residential): *Rajaeu Nagan khatima*
 5. Contact Details: *9837464821*
 6. Name of Mother: *Usha Shukla* Father: *Ramakant Shukla*
 7. Profession of Mother: *House wife* Father: *Contractor*
 8. Mobile no of Mother: *9634074821* Father: *9837464821*
 9. Medical Problems if any: *No*
 10. Nutritional Habits Diet: *Veg/Non-Veg:*
 11. Physical Activity: 1. Types of Exercise: *Gym/Yoga/Sports/Athletic/None*
2. Duration of Activity: *< 20 Mins > 20 mins*
3. Frequency of Activity: *Days/Week*
 12. Sleep Pattern: *< 6 Hours/6-8 Hours/ > 8 Hours*
 13. Addiction: *Yes/No*
- If Yes then type of Addiction: *Smoking/Drinking/Chewing Tobacco*

14. Academic:

i) Achievements: Receiving computer diploma, have karate district gold certificate

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: Received gold medal in district karate championship

ii) Participation in Cultural Activity: Dance

iii) Hobbies: Cricket

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No



Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Nisha Gangwan
2. Date of Birth: 01/07/2004
3. Mobile No of Student: 7668423281
4. Address (Residential): Sitarganj (U.S. Nagar)
5. Contact Details:
6. Name of Mother: Munni Devi
Father: Balak Ram Gangwan
7. Profession of Mother: House wife
Father: Driving
8. Mobile no of Mother: 9528158317
Father: 7055458305
9. Medical Problems if any: No
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: Receiving awards in games, Diploma in Computer

ii) Academic Problems Experienced, if any-: Negligence

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements: Receiving Certificate & awards

ii) Participation in Cultural Activity: Yes

iii) Hobbies: Daisy Writing,

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO

Signature of Student

Lisha
13/03/2023

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Manisha Pokhariya
 2. Date of Birth: 05/09/03
 3. Mobile No of Student: 8979540070
 4. Address (Residential): Tigari, Khatima
 5. Contact Details:
 6. Name of Mother: Pushpa Pokhariya Father: Bhupendra Singh Pokhariya
 7. Profession of Mother: Housewife Father: LIC Agent
 8. Mobile no of Mother: Father: 9412905610
 9. Medical Problems if any: None
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: *Diploma in computer*

ii) Academic Problems Experienced, if any-: *None*

iii) Any problems prior to examination (e.g- excessive anxiety): *Nervousness*

15. Extra-curricular Activities:

i) Achievements: *Participated in Inter-school sports programme*

ii) Participation in Cultural Activity: *Yes*

iii) Hobbies: *Reading, Writing, journaling*

iv) Participation in Social Activities: *Yes*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO

Manish

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Himani Chand
 2. Date of Birth: 05/12/2002
 3. Mobile No of Student: 8650392382
 4. Address (Residential): Tigri, Khatima
 5. Contact Details:
 6. Name of Mother: Rekha chand Father: Rajendra chand
 7. Profession of Mother: House wife Father: Army
 8. Mobile no of Mother: 8979816144 Father: 8979816144
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: Diploma in computer

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: ~~received~~ Participation in state level dance.

ii) Participation in Cultural Activity: Yes

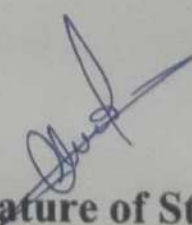
iii) Hobbies: Cooking, Reading books

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: No


Signature of Student

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Rohit Kamdpal
 2. Date of Birth: 14-03-2003
 3. Mobile No of Student: 7983870927
 4. Address (Residential): Ward No.-9, Amoun Khatima
 5. Contact Details: Rohitktrm2019@gmail.com
 6. Name of Mother: Madhu Devi Father: Mr. Dimesh Chandra Kamdpal
 7. Profession of Mother: Housewife Father: Worker
 8. Mobile no of Mother: 9568024658 Father: 9568024658
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/ Yoga/ Sports/ Athletic/ None
2. Duration of Activity: < 20 Mins > 20 mins < 20 Mins
3. Frequency of Activity: Days/Week Days
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours 6-8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: 10+2, Receiving diploma in computer

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): Nervousness

15. Extra-curricular Activities:

i) Achievements: Receiving certificate

ii) Participation in Cultural Activity: Poetry,

iii) Hobbies: Playing games, Reading books,

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No



Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Anamika Upadeti
 2. Date of Birth: 04/05/2002
 3. Mobile No of Student: 8126312294
 4. Address (Residential): Rajeev Nagar Khatima
 5. Contact Details:
 6. Name of Mother: Deepa Upadeti Father: Bhuwan Chandra Upadeti
 7. Profession of Mother: Housewife Father: Bank agent
 8. Mobile no of Mother: 9557897090 Father: 9719474097
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity: *Yes*

iii) Hobbies: *Studying*

iv) Participation in Social Activities: *Yes*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: *No*

Signature of Student

Anamika

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: KARAN SAXENA
2. Date of Birth: 17-06-2001
3. Mobile No of Student: 7534919758
4. Address (Residential): Vishuposhi Colony Tanakpur (Champawat)
5. Contact Details:
6. Name of Mother: TARA DEVI Father: Prem Chand
7. Profession of Mother: Father:
8. Mobile no of Mother: 7534919758 Father:
9. Medical Problems if any:
10. Nutritional Habits Diet: Veg/ Non-Veg: Veg
11. Physical Activity: 1. Types of Exercise: Gym/ Yoga/ Sports/ Athletic/ None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/ Week
12. Sleep Pattern: < 6 Hours/ 6-8 Hours/ > 8 Hours
13. Addiction: Yes/ No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

Yes

iii) Hobbies:

Running / workout

iv) Participation in Social Activities:

Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

No -

Signature of Student

Karan
Saxena

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgeckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Bireek Joshi
 2. Date of Birth: 05/08/2002
 3. Mobile No of Student: 7465085733
 4. Address (Residential): Khatima
 5. Contact Details:
 6. Name of Mother: Tara Joshi Father: Ganesh Datt Joshi
 7. Profession of Mother: House wife Father: Private Job
 8. Mobile no of Mother: 9456109376 Father: 7500634682
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: Diploma in Computer

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity: NO

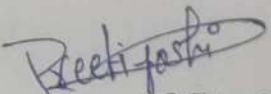
iii) Hobbies: Reading Novels / Books

iv) Participation in Social Activities: YES

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO


Signature of Student



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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: *Harshit Sharma*
2. Date of Birth: *26/01/2001*
3. Mobile No of Student: *8218488378*
4. Address (Residential): *Ward no-9, Hatikhara, Sitarganj (Udham Singh Nagar)*
Uttarakhand
5. Contact Details:
6. Name of Mother: *Mrs. Sankh Kumari* Father: *Mr. Sanjay Kumar*
7. Profession of Mother: *House-keeper* Father: *Astrologer*
8. Mobile no of Mother: *8279795457* Father: *7505506809*
9. Medical Problems if any:
10. Nutritional Habits Diet: Veg/ Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/ Yoga/ Sports/ Athletic/ None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/ Week
12. Sleep Pattern: < 6 Hours/ 6-8 Hours/ > 8 Hours
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements: *Received certificates & Awards*

ii) Participation in Cultural Activity: *Yes*

iii) Hobbies: *Playing flute & football*

iv) Participation in Social Activities: *Yes*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: *No*

Harshit
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: ppgekhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Pooja Agarwal
 2. Date of Birth: 18-12-2001
 3. Mobile No of Student: 6398885145
 4. Address (Residential): Near of TNB Bank Khatima.
 5. Contact Details:
 6. Name of Mother: Mrs. Umila Agarwal Father: Farniwar Agarwal
 7. Profession of Mother: housewife Father: Business man
 8. Mobile no of Mother: 7037174223 Father: 7037174223
 9. Medical Problems if any:
 10. Nutritional Habits Diet: Veg/Non-Veg: - Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco No

14. Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: *studying* .

iv) Participation in Social Activities: *yes*

16. Psychological Problems like anxiety depression or any family problems: Yes/No *No*

If Yes give details:

17. Any relationship problems: No

Falke
Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Aarti Kashyap
 2. Date of Birth: 11-03-1999
 3. Mobile No of Student: 8650831634
 4. Address (Residential): Near yog Vighan Ashram Khatima
 5. Contact Details:
 6. Name of Mother: Lukmi devi Father: Dinesh Kumar Kashyap
 7. Profession of Mother: House wife Father: Business man
 8. Mobile no of Mother: 6397793004 Father: 8650304178
 9. Medical Problems if any:
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco No

4. Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: *Reading, Singing*

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

Aarti Kashyap
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: *Virek Kumar*
 2. Date of Birth: *20-4-2001*
 3. Mobile No of Student: *9528020622*
 4. Address (Residential): *Gandhi-nagar (Banusa) Khatima*
 5. Contact Details:
 6. Name of Mother: *Mrs. Lalita Devi* Father: *Mr. Ramnath*
 7. Profession of Mother: *House wife* Father: *Farmer*
 8. Mobile no of Mother: *9012916250* Father: *9012916250*
 9. Medical Problems if any: *No*
 10. Nutritional Habits Diet: *Veg/Non-Veg:*
 11. Physical Activity: 1. Types of Exercise: *Gym/Yoga/Sports/Athletic/None*
2. Duration of Activity: *< 20 Mins > 20 mins*
3. Frequency of Activity: *Days/Week*
 12. Sleep Pattern: *< 6 Hours/6-8 Hours/ > 8 Hours*
 13. Addiction: *Yes/No*
- If Yes then type of Addiction: *Smoking/Drinking/Chewing Tobacco*

Academic:

Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: *Playing Cricket & Kabaddi*

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems:

Rivet
Signature of Student



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

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ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: Chemistry

Date of Meeting: 05/01/22 & 12/01/22

Meeting Venue: Dept. of Chemistry

Meeting Agenda: Personal counselling of P.G. students

Members Present for Meeting and their Signature: Dr. Pramod Kumar [Signature]
Dr. Anjana Bhatt [Signature]

Minutes of Meeting: 1. Meeting was organized in which all the mentee participated and
arised their problems
2. problem resolution by mentor and member present

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
05/01/22	Dr. Ashish Kumar	03	career/stress related issue	counselling done
12/01/22	Dr. Ashish Kumar	03	career/memord related issue	counselling provided

[Signature]
विशेषाचार्य
रसायन विज्ञान विभाग
#0n080रा0स्नातकोत्तर महाविद्यालय
खटीमा (ऊधम सिंह नगर)

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Chemistry

Name of Mentor: Dr. Ashish Kumar

Month/Year: Jan-2022

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1.	5/1/22	Ritik Bisht	21031066 0003	concentration problem	Tips given		
2.	5/1/22	Haroon Bhatt	2103106600 02	worried about career	counseling done		
3.	5/1/22	Arachana Mauriya	21031066 0008	stress issue	Tips given		
4.	10/1/22	Aaryo Bhatt	21031066 0009	No issue	—		
5.	12/1/22	Ankita Rana	21031066 0005	about career	Counseling done		
6.	10/1/22	Amishka Rana	21031066 0006	difficulty in mentoring	Tips given		

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

रसायन विज्ञान विभाग
हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय
खटीमा (ऊधम सिंह नगर)

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: KIRK BISHT
 2. Date of Birth: 02 September 2000
 3. Mobile No of Student: 7409507161
 4. Address (Residential): Poonagiri Vihar, Tanakpur, Champawat (262309)
 5. Contact Details: hrithikbisht.975@gmail.com
 6. Name of Mother: Geetanjali Bisht Father: S C Bisht
 7. Profession of Mother: Housemaker Father: Tutor
 8. Mobile no of Mother: 8534024211 Father: 9897965634
 9. Medical Problems if any: None
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: N/A

ii) Academic Problems Experienced, if any-: Lack of study material due to poor financial condition.

iii) Any problems prior to examination (e.g- excessive anxiety): long journey to college is bit tiring.

15. Extra-curricular Activities:

i) Achievements: Represented the college in Intercollege Debate Competition at Vasudev Law College, Haldwani.
First Prize in speech competition and debate competitions in college.

ii) Participation in Cultural Activity: No.

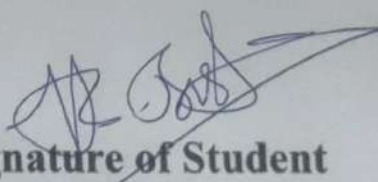
iii) Hobbies: Listening to Music, Reading, Watching Sitcoms, long walks.

iv) Participation in Social Activities: Awareness programmes regarding elections and environment protection.

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gngckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: HARIOM BHATT
 2. Date of Birth: 03/08/2001
 3. Mobile No of Student: 6397523465
 4. Address (Residential): BRAHAM COLONY, NAUGAWATHAGU, Khatima
 5. Contact Details: bhatt hariom 53@gmail.com (6397523465)
 6. Name of Mother: LAXMI BHATT Father: JAI PRAKASH BHATT
 7. Profession of Mother: Housemaker Father: Pharmacist
 8. Mobile no of Mother: 6397523465 Father: 9568533273
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None Badminton
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No ✓
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: B.ed entrance cleared

ii) Academic Problems Experienced, if any-:

We need a library & we need good study environment

iii) Any problems prior to examination (e.g- excessive anxiety):

Competitive exams and Academic exams की proper study में Time management की समस्या

15. Extra-curricular Activities:

i) Achievements: NSS at B.Sc. level

ii) Participation in Cultural Activity: Participation in Drama, Debate

iii) Hobbies: Travelling, music listening - Badminton, Talking with friends, cooking, Food eating

iv) Participation in Social Activities: NSS, Awareness program, Drama

16. Psychological Problems like anxiety depression or any family problems: Yes/No NO

If Yes give details:

17. Any relationship problems:

NO

Hariom Bhatt

Signature of Student

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फोन: 05943-252244

Email ID: gpgeckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Anjana Maurya
 2. Date of Birth: 15/01/2001
 3. Mobile No of Student: 8077070005
 4. Address (Residential): Village-Bani Anjaneya, Post-Jarabari, Teh. Khatima, U.S. Nagar
Uttarakhand
 5. Contact Details: anjanamaurya27707@gmail.com
 6. Name of Mother: Mrs. Kanti devi Father: Mr. Ramcharan Maurya
 7. Profession of Mother: Housewife Father: Shopkeeper
 8. Mobile no of Mother: 9675357779 Father:
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg.
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: NO

ii) Academic Problems Experienced, if any-: Books Issued by financial issues.

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: competition in school level

ii) Participation in Cultural Activity: debate,

iii) Hobbies: Reading books, Teaching, cooking, listening music, eating

iv) Participation in Social Activities: 15 August, awareness program

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details: NO

17. Any relationship problems: NO

Archana Maurya
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमार्यु विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: ARZOO BHATT
 2. Date of Birth: 09 Apr 2001
 3. Mobile No of Student: 7895005485
 4. Address (Residential): Adarsh Colony, Khatima
 5. Contact Details: arzoobhatt9999@gmail.com
 6. Name of Mother: Mrs. SAVITRI BHATT Father: Mr. DINESH BHATT
 7. Profession of Mother: Housemaker Father: Ex-army person
 8. Mobile no of Mother: 9634653102 Father: 6397972361
 9. Medical Problems if any: None
 10. Nutritional Habits Diet: Veg/Non-Veg: Non-veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours 6-8 hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: No

ii) Academic Problems Experienced, if any-: Lack of study material due to financial conditions.

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: Participation in skit ✓

iii) Hobbies: listening to music

iv) Participation in Social Activities: Awareness program

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: No

Arzya
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: ggckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: AnKita Bora
2. Date of Birth: 21-04-2001
3. Mobile No of Student: 6397267384
4. Address (Residential): Van Nigam Colony, Tanakpur
5. Contact Details: ankita4212001@gmail.com
6. Name of Mother: Suman Bora Father: Ramesh Singh Bora
7. Profession of Mother: Housewife Father: Govt. Employee
8. Mobile no of Mother: 9458303475 Father: 9456704605
9. Medical Problems if any:
10. Nutritional Habits Diet: Veg/ Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/ 6-8 Hours/ > 8 Hours
13. Addiction: Yes/ No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: NO

ii) Academic Problems Experienced, if any-: ISSUE of BOOKS due to Financial problem

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: NO

iii) Hobbies: Sketching, Reading

iv) Participation in Social Activities: Awareness programme

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO

Ankita
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊथम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Anushka Rana
 2. Date of Birth: 20-05-2001
 3. Mobile No of Student: 7252028265
 4. Address (Residential): Nausan Patiya
 5. Contact Details: anushkaranakhatim@2001@
 6. Name of Mother: Imlesh Devi Father: Balveer Singh Rana
 7. Profession of Mother: House wife Father: Farmer
 8. Mobile no of Mother: 7252028265 Father:
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None ✓
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No ✓
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: No

ii) Academic Problems Experienced, if any-: कैसे ही कमी के कारण किताब का अभाव

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: No.

ii) Participation in Cultural Activity: No.

iii) Hobbies: Reading Book .

iv) Participation in Social Activities: ~~No~~ . overness program

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems:

Anushka
Signature of Student



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3


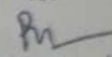
DEPARTMENTAL MENTORSHIP PROGRAMME MEETING

Name of Department: CHEMISTRY

Date of Meeting: 08/04/2022

Meeting Venue: Department of chemistry

Meeting Agenda: - solved the mentees problems and proper guidance


Members Present for Meeting and their Signature: 1) Dr. Sandhya Bhatt - 
2) Dr. R. S. Negi - 

Minutes of Meeting: 1. Meeting were organised in which all the mentee participated and
arised their problems
2. problems were resolve by mentor & member present

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department: chemistry

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
08/04/22	Dr. Ashish Kermal	05	Concentration & stress related issues	Tips were given for stress release P proper counseling


विभागाध्यक्ष
रसायन विज्ञान विभाग
#0न0ब0रा0स्नातकोत्तर महाविद्यालय
खटीमा (ऊधम सिंह नगर)

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

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ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Chemistry

Name of Mentor: Dr. ASHISH KUMAR

Month/Year: Dec - Feb / 2021-22

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1.	08/12/21	Priyanshu Yadav	2214620030	Query regarding career in chem.	Discuss as various aspirations	Priyanshu	
2.	21/12/21	Saivod & Tanzeel Fatima Zaidi	2203120291	Lack of confidence	counseling done	Saivod	
3.	04/01/22	Soni Mahara	22146200 52	stress prof. chem.	stress management counseling	Soni	
4.	20/01/22	Sugan S. Sarna	2214620089	notable memories thing for long time	counseling done	Sugan	
5.	29/02/22	Himanshu Bhatt	22031200 42	unable to make concentration	counseling done	Himanshu	
6.							
7.							

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

विभागाध्यक्ष
रसायन विज्ञान विभाग
होन०ब०रा०स्नातकोत्तर महाविद्यालय
खटीमा (ऊधम सिंह नगर)

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Priyanshu Yadav
 2. Date of Birth: 16-12-2003
 3. Mobile No of Student: 6397987894
 4. Address (Residential): Meena Bazar Banbasa
 5. Contact Details: priyanshubanbasa@gmail.com
 6. Name of Mother: Sheela Devi Father: Ravindra Kumar
 7. Profession of Mother: Housewife Father: Job in Private Sector
 8. Mobile no of Mother: 9084044167 Father: 8979378748
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements: First Prize in Speech Competition

ii) Participation in Cultural Activity:

iii) Hobbies: Dancing,

iv) Participation in Social Activities:

participate in NSS Camp, जमाति रांगे अभियान

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

Brijansher Yadav
Signature of Student



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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Saiyada Janzeel Fatima Zaidi
2. Date of Birth: 21/08/2004
3. Mobile No of Student: 6395119907
4. Address (Residential): Old tehsil forest office Khatima
5. Contact Details: 5410786123@gmail.com
6. Name of Mother: Shama Parvin Father: Syed Zahid ul Hasan Zaidi
7. Profession of Mother: House wife Father: Forest officer.
8. Mobile no of Mother: 9837457080 Father: 9411217786
9. Medical Problems if any: None
10. Nutritional Habits Diet: Veg/Non-Veg: Non-vegetarian
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None ✓
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours ✓
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies:

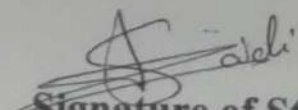
Singing

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:


Signature of Student

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Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Sowi maharaj
 2. Date of Birth: 26/6-2004
 3. Mobile No of Student: 8126414797
 4. Address (Residential): Thail (Pithwagarah)
 5. Contact Details: Sowimaharaj1999@gmail.com
 6. Name of Mother: godawan maharaj Father: Tilok Singh maharaj
 7. Profession of Mother: housewife Father:
 8. Mobile no of Mother: 7535096496 Father: 7535096496
 9. Medical Problems if any: yes
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None None
2. Duration of Activity: < 20 Mins > 20 mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours 6-8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: , *eating* , *Reading* .

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

Signature of Student

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फोन: 05943-252244

Email ID: gpgekhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: SAGAR SINGH RANA
 2. Date of Birth: 09/01/2004
 3. Mobile No of Student: 9837403564
 4. Address (Residential): Bigsaba, Khatima, U.S. Nagar
 5. Contact Details: Sagar.singh.20121@gmail.com
 6. Name of Mother: SHIVRATRI DEVI Father:
 7. Profession of Mother: HOUSE WIFE Father:
 8. Mobile no of Mother: 9627362824 Father:
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Non-Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: *Running*

iv) Participation in Social Activities:

Participate in NSS Camp. नामात्मि गरी अधिपान

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

Signature of Student

Sagar K.

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फोन: 05943-252244

Email ID: gpgekhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Himanshu Bhatt
 2. Date of Birth: 10/9/2004
 3. Mobile No of Student: 7298626888
 4. Address (Residential): Bhood moholiya Kherhima
 5. Contact Details: bhathhimanshu789@gmail.com
 6. Name of Mother: Mrs Tanuja Bhatt Father: Manoj Kumar Bhatt
 7. Profession of Mother: Housewife Father: Business man
 8. Mobile no of Mother: 7409255147 Father: 9897367192
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week-
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: Study, Playing.

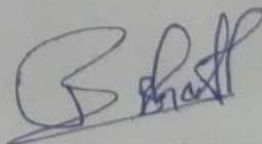
iv) Participation in Social Activities:

Participation in NSS camp.

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:



Signature of Student



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ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: ENGLISH

Date of Meeting: 25/08/21, 22/09/21, 18/10/21, 20/01/22, 09/02/22

Meeting Venue: ENGLISH DEPARTMENT, ROOM NUMBER 05

Meeting Agenda: GIVING GUIDANCE TO STUDENTS FOR THEIR FUTURE AND
RESOLVING THEIR ISSUES

Members Present for Meeting and their Signature: 05 MEMBERS WERE PRESENT
R. Gupta, A. Bhasi Litu Singh, Popnam Aryal, Ravi Kesthori

Minutes of Meeting: SYLLABUS, GUIDANCE, COACHING and COUNSELLING PROVIDED
TO THE STUDENTS

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in
below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
25/08/2021	PINKY BHATT	Suman Rawat	Wanted to know how to deal with anxiety during Exam	Intermet her about Meditation
22/09/2021	PINKY BHATT	Vidisha Joshi	Needed Guidance for UGC NET	Syllabus Provided, Classes Taken
18/10/2021	PINKY BHATT	Jaya	Concern regarding CTET	Coaching provided on college level
20/01/2022	PINKY BHATT	Muskan	Needed Guidance for Govt. Job	Guidance Provided
09/02/2022	PINKY BHATT	Amit Chand	Assistance Regarding his Political Career	Counselling Provided

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: ENGLISH

Name of Mentor: PINKY BHATT

Month/Year: 2021-22

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1.	25/8/21	Suman Rawat	04	Wanted to know how to deal with anxiety during Exam	Meditation		
2.	22/9/21	Vidisha Joshi	09	Guidance for UGC NET	Syllabus Provided		
3.	18/10/21	Jaya	15	Concern Regarding CTET	Coaching Provided		
4.	20/01/22	Muskan	18	Needed Guidance for Govt. Job	Guidance Provided		
5.	09/02/22	Amit Chand	25	Assistance Regar. his Political Career	Counselling Provided		

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Suman Ranjat
 2. Date of Birth: 10 - december - 2000
 3. Mobile No of Student: 9368947193
 4. Address (Residential): Chakbarpur, Khatima
 5. Contact Details:
 6. Name of Mother: Pushpa Ranjat Father: Kalyan Singh Ranjat
 7. Profession of Mother: housewife Father: Retired army person
 8. Mobile no of Mother: 7818062919 Father: 9612660931
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week Days
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours 6-8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: —

ii) Academic Problems Experienced, if any:- —

iii) Any problems prior to examination (e.g- excessive anxiety): —

15. Extra-curricular Activities:

i) Achievements:

Represented the school in REGIONAL LEVEL in Social Science Exhibition
Represented the school in REGIONAL LEVEL SPORTS MEET in Badminton

ii) Participation in Cultural Activity:

Participated in dance, singing, Parades, Exhibitions in school.

iii) Hobbies:

Playing Badminton and volleyball
Watching Japanese anime


iv) Participation in Social Activities:

Vedanta Mahotsav (Acharya Prashant ^{Advait} foundation)

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: No


Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: *Vidisha Joshi*
 2. Date of Birth: *03-09-2000*
 3. Mobile No of Student: *8218522805*
 4. Address (Residential): *Murari Niwas, Degree College Road, Khatima*
 5. Contact Details: *-*
 6. Name of Mother: *Kamla Joshi* Father: *Anuj Joshi*
 7. Profession of Mother: *Housewife* Father: *Principal*
 8. Mobile no of Mother: *9997382728* Father: *9927177080*
 9. Medical Problems if any: *-*
 10. Nutritional Habits Diet: Veg/Non-Veg: *Non-Veg*
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: *< 20 Mins > 20 mins*
3. Frequency of Activity: *Days/Week*
 12. Sleep Pattern: *< 6 Hours/6-8 Hours/ > 8 Hours*
 13. Addiction: Yes/*No*
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

- Achievements: . Qualified CTKT in 2022.
• Certificate course in Spanish Language.
- ii) Academic Problems Experienced, if any-: No, I did not face any problems in academics.
- iii) Any problems prior to examination (e.g- excessive anxiety): -

15. Extra-curricular Activities:

- i) Achievements: Classical dance performance welcoming the Chief Minister of Uttarakhand
- ii) Participation in Cultural Activity: Regular participation in singing and dancing activities
- iii) Hobbies: Dancing, singing, sketching, learning new languages.
- iv) Participation in Social Activities: Planted saplings during Harela.

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: -

17. Any relationship problems: -

Vidusha Joshi

Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Amit chandel.
 2. Date of Birth: 15/12/2000
 3. Mobile No of Student: 8077926412.
 4. Address (Residential): Shripur Bichwa khatima (U.S. Nagar)
 5. Contact Details: amitchandrajwar110@gmail.com.
 6. Name of Mother: Recha chandel Father: Bhims chandel.
 7. Profession of Mother: House wife Father: Army.
 8. Mobile no of Mother: 9536590978. Father:
 9. Medical Problems if any: No.
 10. Nutritional Habits Diet: Veg/Non-Veg: Non-Veg.
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins N/A
3. Frequency of Activity: Days/Week N/A.
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco N/A.

Academic:

Achievements: College Representative

ii) Academic Problems Experienced, if any-: N/A.

iii) Any problems prior to examination (e.g- excessive anxiety): N/A.

15. Extra-curricular Activities:

i) Achievements: N/A.

ii) Participation in Cultural Activity: N/A.

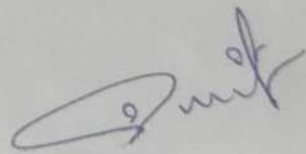
iii) Hobbies: Politics/Comp.

iv) Participation in Social Activities: All Social Activities related to Indian Govt.

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No.



Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: JAYA
 2. Date of Birth: 30.10.2000
 3. Mobile No of Student: 9368973382
 4. Address (Residential): VILLAGE FAGPURE P.O. CHANDANI DISTT. CHAMPAWAT
 5. Contact Details:
 6. Name of Mother: MRS. KIRAN DEVI Father: MR. VINOD KALA
 7. Profession of Mother: HOUSE WIFE Father: REPORTER
 8. Mobile no of Mother: 8449959377 Father: 9456139276
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements: NO

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: NO

ii) Participation in Cultural Activity: NO

iii) Hobbies: PLAYING VOLLEYBALL ,
SINGING , PHOTOGRAPHY , DRAWING

iv) Participation in Social Activities: NO

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO

Signature of Student

Jaya

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूं विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: MUSKAN
2. Date of Birth: 14-4-2001
3. Mobile No of Student: 8218625044
4. Address (Residential): BHOOR MOHALIYA KHATIMA (U.S.N)
5. Contact Details:
6. Name of Mother: AFSANA Father: Mr HANIF
7. Profession of Mother: HOUSE WIFE Father: VIDEO GRAPHER
8. Mobile no of Mother: - Father: 7505234588
9. Medical Problems if any: -
10. Nutritional Habits Diet: Veg/ Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/ 6-8 Hours/ > 8 Hours
13. Addiction: Yes/ No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements:

ii) Academic Problems Experienced, if any-: NIL

iii) Any problems prior to examination (e.g- excessive anxiety):
Nervousness

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: READING / PAINTING

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No No

If Yes give details:

17. Any relationship problems:

Signature of Student

Mustan Sidiq

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ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: ENGLISH

Name of Mentor: DR. ROMA GUHA

Month/Year: 2020-2021

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1.	30/10/20	Archana	01	Guidance for UGC NET	Coaching Provided	Archana	R. Guha
2.	27/11/20	Soniya	06	Guidance for UGC NET	Coaching Provided	Soniya	R. Guha
3.	24/12/20	Apoorva	09	Guidance for UGC NET	Coaching Provided	Apoorva	R. Guha
4.	29/01/21	Jatin Kapi	18	Wanted Guidance for Govt. Job	Counselling Provided	J. Kapi	R. Guha
5.	25/02/21	Deepak	24	Concerned Regarding Govt. Job	Counselling Provided	D. Khatim	R. Guha

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

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ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: ENGLISH

Date of Meeting: 30/10/2020, 27/11/2020, 26/12/2020, 29/01/2021, 25/02/2021

Meeting Venue: ENGLISH DEPARTMENT, ROOM NUMBER 05

Meeting Agenda: GIVING GUIDANCE TO STUDENTS FOR THEIR FUTURE AND RESOLVING
THEIR ISSUES

Members Present for Meeting and their Signature: FIVE MEMBERS WERE PRESENT
Archana, Apoorva, Soniya, Jankapri, Deepak Mundaly.

Minutes of Meeting: Coaching and Counselling Provided to students regarding
their concerns

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in
below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
30/10/2020	DR. ROMA GUHA	ARCHANA	Guidance for UGC NET	Coaching Provided
27/11/2020	DR. ROMA GUHA	SONIYA	Guidance for UGC NET	Coaching Provided
26/12/2020	DR. ROMA GUHA	APPOORVA	Guidance for UGC NET	Coaching Provided
29/01/2021	DR. ROMA GUHA	JATIN KARRI	Wanted Guidance for Govt. Job	Counselling Provided
25/02/2021	DR. ROMA GUHA	DEERAK	Concerned regarding Govt. Job	Counselling Provided

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Email ID: ggckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Deepak Singh
 2. Date of Birth: 15/sep/2000
 3. Mobile No of Student: 8006120700
 4. Address (Residential): Gohar Pattiya P/O Bigrodagh Khatima
 5. Contact Details: 8006120700 dPK @ gmail-com
 6. Name of Mother: Mrs Hira devi Father: Mr Ganesh Singh
 7. Profession of Mother: House wife Father: government worker
 8. Mobile no of Mother: 9012962242 Father: 9827052552
 9. Medical Problems if any: N/A
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco N/A

Academic:

Achievements: N/A

ii) Academic Problems Experienced, if any-: Lack of books / Inexperienced staff

iii) Any problems prior to examination (e.g- excessive anxiety): N/A

15. Extra-curricular Activities:

i) Achievements: National in Volleyball

ii) Participation in Cultural Activity: N/A

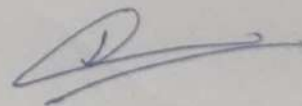
iii) Hobbies: playing volleyball

iv) Participation in Social Activities: All g. activities

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: Nill



Signature of Student

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Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: JATIN KAPRI
 2. Date of Birth: 23-05-2000
 3. Mobile No of Student: 6398115084
 4. Address (Residential): Karmanchal Colony, Ward No.18, Khatima, U.S.Nagar
 5. Contact Details:
 6. Name of Mother: Mrs. RAMA KAPRI Father: Mr. MADHAWA NAND KAPRI
 7. Profession of Mother: HOUSEWIFE Father: EX-SERVICEMEN (Indian Army)
 8. Mobile no of Mother: 9927337155 Father: 9927337155
 9. Medical Problems if any: —
 10. Nutritional Habits Diet: Veg/Non-Veg: Non-veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety): Sometimes nervousness happens when its not prepared properly.

15. Extra-curricular Activities:

i) Achievements: Have represented school and college in sports events.

ii) Participation in Cultural Activity: Represented school in cultural programs, performing the cultural dance and singing events.

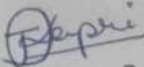
iii) Hobbies: Dancing, singing, gardening

iv) Participation in Social Activities: I try to give my best whenever required to participate at any social activity.

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: Not yet.


Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Apoorva Bisht
 2. Date of Birth: 13-07-2000
 3. Mobile No of Student: 8433040981
 4. Address (Residential): Degru College Road, Khetima (U.S. Nagar)
 5. Contact Details: apoorva.bisht13@gmail.com
 6. Name of Mother: Vinla Bisht Father: Chand Singh Bisht
 7. Profession of Mother: Housewife Father: -
 8. Mobile no of Mother: 9368412325 Father: -
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements:

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

- i) Achievements: Received 2nd Prize in Singing Competition organized by Bhauat Vikas Parishad Certificate of Participation in Inter-School Debate Competition
- ii) Participation in Cultural Activity: During School, participated in several activities like Group Discussions, Debates, Public Speaking, etc. Singing Competitions, etc.
- iii) Hobbies: Singing, Playing Badminton, Playing Harmonium.

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO

Bjishit
Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: *Soniya Goswami*
 2. Date of Birth: *16-11-1999*
 3. Mobile No of Student: *8171475488*
 4. Address (Residential): *Bagiyaghat, Kanjabaugh road Khatima*
 5. Contact Details: *Soniya.goswami499@gmail.com*
 6. Name of Mother: *Kamlesh Goswami* Father: *Ganesh Giri*
 7. Profession of Mother: *House wife* Father: *Businessman*
 8. Mobile no of Mother: *8057662868* Father: *9719288640*
 9. Medical Problems if any: *No*
 10. Nutritional Habits Diet: *Veg/Non-Veg:*
 11. Physical Activity: 1. Types of Exercise: *Gym/Yoga/Sports/Athletic/None*
2. Duration of Activity: *< 20 Mins > 20 mins*
3. Frequency of Activity: *Days/Week*
 12. Sleep Pattern: *< 6 Hours/6-8 Hours/> 8 Hours*
 13. Addiction: *Yes/No*
- If Yes then type of Addiction: *Smoking/Drinking/Chewing Tobacco*

Academic:

Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements: 1st prize in relay race in annual sports,
1st prize on long jump.

ii) Participation in Cultural Activity: During school participate in
various activities like debate, speech, dancing,
singing, sports, public speaking etc.

iii) Hobbies:
Badminton, Dancing, Novel reading etc.

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: No

Santya Prashu.

Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Archana
 2. Date of Birth: 28/08/2000
 3. Mobile No of Student: 7017369638
 4. Address (Residential): Vill - Alavirdi P. Office - Naugwanath, ths → Khatima
 5. Contact Details:
 6. Name of Mother: Geeta Devi Father: Rajeev Singh
 7. Profession of Mother: House Wife Father: Teacher
 8. Mobile no of Mother: 8475951321 Father: 9758134487
 9. Medical Problems if any:
 10. Nutritional Habits Diet: Veg/Non-Veg: ✓
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None ✓
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No ✓
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: Gardening , Dancing

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: No

Archana
Signature of Student

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: BHAWANA PANT
2. Date of Birth: 20-06-1999
3. Mobile No of Student: 7900846560
4. Address (Residential): MUNDELI POST OFFICE CHARUBETA KHATIMA
5. Contact Details: 7900846560
6. Name of Mother: DEEPA PANT Father: GOPAL DATT PANT
7. Profession of Mother: HOUSE WIFE Father: DRIVER
8. Mobile no of Mother: 9639864054 Father: 9639864054
9. Medical Problems if any: NO
10. Nutritional Habits Diet: Veg/Non-Veg: Non-veg
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None Yoga
2. Duration of Activity: < 20 Mins > 20 mins < 20 mins
3. Frequency of Activity: Days/Week DAYS
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours < 6 HOURS
13. Addiction: Yes/No NO

If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: *first position in block level Kho Kho*

ii) Academic Problems Experienced, if any-: *NO*

iii) Any problems prior to examination (e.g- excessive anxiety): *NO*

15. Extra-curricular Activities:

i) Achievements: *first position in adventure sports*

ii) Participation in Cultural Activity: *festival*

iii) Hobbies: *Reading, cooking*

iv) Participation in Social Activities: *cooking group*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: *NO*

17. Any relationship problems: NO

Bhawana Pant
Signature of Student



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Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: PRATIBHA JHA
 2. Date of Birth: 10. September 1999
 3. Mobile No of Student: 7895933232
 4. Address (Residential): MAIN MARKET BHAJAMPUR, BAMBASA, 262310
CHAMPAWAT (U.K.)
 5. Contact Details:
 6. Name of Mother: Mrs. SUCHITA JHA Father: Lt. Mr. VIBHUTI NATH JHA
 7. Profession of Mother: House Wife Father: -
 8. Mobile no of Mother: 7830753695 Father: -
 9. Medical Problems if any: - (No)
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg.
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: TOP IN CLASS TENTH, IN OUR AREA OF ALL GOV. SCHOOLS OF U.K. BOARD.

ii) Academic Problems Experienced, if any-: I FACED MANY PROBLEMS TO LIBRARY RELATED IN MY BACHELOR'S BUT AT PRESENT TIME ALL OVER EXPERIENCE OF OUR COLLEGE RELATED ACTIVITIES IS FINE NOT SO GOOD.

iii) Any problems prior to examination (e.g- excessive anxiety): EXCESSIVE ANXIETY,

15. Extra-curricular Activities:

i) Achievements: —

ii) Participation in Cultural Activity: —

iii) Hobbies: READING, PLAYING THE PIANO, PHOTOGRAPHY, DRAWING, LISTENING TO MUSIC, CREATIVE WRITING - G (Poetry)

iv) Participation in Social Activities: —

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: ANXIETY AND FAMILY PROBLEMS BECAUSE OF FINANCIAL CRISIS.

17. Any relationship problems: —

Pratikha Jha
Signature of Student



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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: - KM YASHODA
2. Date of Birth: - 27-09-2000
3. Mobile No of Student: 7017954188.
4. Address (Residential): Sisohra, Sitaragahj, district- Udhm Singh Nagar Uttarakhand.
5. Contact Details: Sisohra, Sitaragahj, district- Udhm Singh Nagar Uttarakhand.
6. Name of Mother: Mrs. Sunita Devi Father: Mr. Pishipal Singh
7. Profession of Mother: Housewife Father: - Farmer
8. Mobile no of Mother: 9568907879 Father: 9568907879
9. Medical Problems if any: No
10. Nutritional Habits Diet: Veg/Non-Veg: - Veg
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None - None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: - No

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: No

iii) Hobbies: - Lawyer. (Advocate)

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

yashoda

Signature of Student



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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: TAUFEEK AHMAD
2. Date of Birth: 18-07-2000
3. Mobile No of Student: 7455989986
4. Address (Residential): WARD No.3 ISLAM NAGAR KHATIMA U.S. NAGAR
5. Contact Details:
6. Name of Mother: ANVARI BEGUM Father: LAEEK AHMAD
7. Profession of Mother: HOUSEWIFE Father: LABOUR
8. Mobile no of Mother: Father:
9. Medical Problems if any: Yes, Eyes problem
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements:

ii) Academic Problems Experienced, if any-:

iii) Any problems prior to examination (e.g- excessive anxiety):

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: *Listening to music*

iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: *Livelihood concerns
and I depressed*

17. Any relationship problems:

Jayveek
Signature of Student



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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Karan Kumar.
2. Date of Birth: 15/7/2001.
3. Mobile No of Student: 6397737377.
4. Address (Residential): Shiv Colony Khatima.
5. Contact Details:
6. Name of Mother: Laxmi Shou. Father: Durga Charan.
7. Profession of Mother: House wife. Father: Farmer.
8. Mobile no of Mother: Father: 735157519
9. Medical Problems if any: No.
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/ Yoga/ Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/ Week
12. Sleep Pattern: < 6 Hours/ 6-8 Hours/ > 8 Hours
13. Addiction: Yes/ No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

4. Academic:

i) Achievements: — No

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: No Participation.

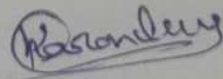
iii) Hobbies: Study Books, Social Media.

iv) Participation in Social Activities: No Participation in Social Activities

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No.


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (न्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gggckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Department of History

Name of Mentor: Dr. K. K. Mishra

Month/Year: 2021-22

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1	10/07/2021	BHAWANA PANT	2103104600 49	Time management	counselling	Bhawana Pant	(K)
2	12/08/2021	PRATIBHA JHA	21031046 0066	Depression	"	Pratikha	(K)
3	15/09/2021	YASHODA	2103104600 55	Eating Disorders	"	Yashoda	(K)
4	18/10/2021	TAUFEER AHMAD	21031046 0025	Personal relationships	"	Taufeer	(K)
5	21/03/2022	KARAN KUMAR	210310 460007	Bullying	"	Karan	(K)

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.



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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: Department of History

Date of Meeting: 10 July, 2021

Meeting Venue: Department of History

Meeting Agenda: Issues of Students

Members Present for Meeting and their Signature:

Minutes of Meeting: to assist the student in planning for educational and vocational choices

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
10/07/2021	Dr. K.K. Mishra	05	students basic issues.	counselling.



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(सम्बन्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgekhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: SHIVAM GUPTA
2. Date of Birth: 03-07-2000
3. Mobile No of Student: 8865993357
4. Address (Residential): Lohiya hood Road Khatima
5. Contact Details: ~~+~~ 8865993357 Durga tent House
6. Name of Mother: Mrs. Lt Vimla Gupta Father: Mr. Lt Jai Prakash Gupta
7. Profession of Mother: ——— Father: Tent House
8. Mobile no of Mother: 8279353897 Father: 9634059982
9. Medical Problems if any: ———
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco ———

14. Academic:

i) Achievements: —

ii) Academic Problems Experienced, if any-: *Lack of Concentration*

iii) Any problems prior to examination (e.g- excessive anxiety): *Problem of For getting*

15. Extra-curricular Activities:

i) Achievements: —

ii) Participation in Cultural Activity: *Debate*

iii) Hobbies: *Singhing*

iv) Participation in Social Activities: *Collective marriage*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: *No*

Shivam
Signature of Student



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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Pooja
 2. Date of Birth: 29-09-1994
 3. Mobile No of Student: 7351248906
 4. Address (Residential): Vill + P.O. - Chakrapur, Khatima (U.S. Nagar)
 5. Contact Details: —
 6. Name of Mother: Lila Devi Father: Pooran Ram
 7. Profession of Mother: House wife Father: Farmer.
 8. Mobile no of Mother: -9761043513 Father: - 9761043513
 9. Medical Problems if any:
 10. Nutritional Habits Diet: Veg/Non-Veg: ✓
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No ✓
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco —

14. Academic:

i) Achievements: —

ii) Academic Problems Experienced, if any-: Problem in reading English

iii) Any problems prior to examination (e.g- excessive anxiety): lack of confidence

15. Extra-curricular Activities:

i) Achievements: —

ii) Participation in Cultural Activity:

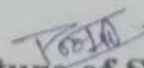
iii) Hobbies: - Dancing

iv) Participation in Social Activities: —

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: SONAM
2. Date of Birth: 11-3-1996
3. Mobile No of Student: 7830770934
4. Address (Residential): खटीमा ऊद्यम सिंह नगर भद्र मैदानियाँ उत्तराखण्ड
5. Contact Details: 7830770934
6. Name of Mother: सरिता वी Father: अमीर अहमद
7. Profession of Mother: टाऊस वार्षिक Father: मजदूर
8. Mobile no of Mother: , — Father: 7830770934
9. Medical Problems if any:
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No—
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco —

14. Academic:

i) Achievements: —

ii) Academic Problems Experienced, if any-: अंग्रेजी ना पढ़ पाया

iii) Any problems prior to examination (e.g- excessive anxiety): परीक्षा से पहले थकपन हुआ था ऐसा

15. Extra-curricular Activities:

i) Achievements: —

ii) Participation in Cultural Activity:

iii) Hobbies: गान सुनना

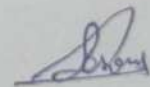
iv) Participation in Social Activities: —

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems:

NO



Signature of Student



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमार्यु विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgekhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: शालिनी
 2. Date of Birth: ३/४/२०००
 3. Mobile No of Student: 8954814299
 4. Address (Residential): मजोला नी-१२१ (पीलीभीत) (उत्तर प्रदेश)
 5. Contact Details:
 6. Name of Mother: म-जु देवी Father: धर्म-रं कुमार
 7. Profession of Mother: गृहणी Father: कृषि
 8. Mobile no of Mother: 8954814299 Father: 8954814299
 9. Medical Problems if any: NONE
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco ×

14. Academic:

i) Achievements: —

ii) Academic Problems Experienced, if any-: कक्षा में प्रश्न पढ़ने में आत्म विश्वास-हीनता

iii) Any problems prior to examination (e.g- excessive anxiety): परीक्षा में झुल जाने की अवस्था

15. Extra-curricular Activities:

i) Achievements: —

ii) Participation in Cultural Activity: 24/3/25 में प्रतिभागा

iii) Hobbies: 51-25 92-15

iv) Participation in Social Activities: —

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems:

नहीं

Signature of Student

Shalini

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgeckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: AFTAB
2. Date of Birth: 08/03/1996
3. Mobile No of Student: 7500400508
4. Address (Residential): ~~at~~ KHATIMA Islam Nagar Boudhary (U.S. Nagar)
5. Contact Details: —
6. Name of Mother: Gupajsha
Father: ^{Late-} Rajeev Ahmad
7. Profession of Mother: House wife
Father: Chemist
8. Mobile no of Mother: 8439723811
Father:
9. Medical Problems if any:
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: <20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco —

Academic:

Achievements: —

- ii) Academic Problems Experienced, if any-: ~~IRREGULAR~~ TO ATTEND CLASSES
due to family responsibility
- iii) Any problems prior to examination (e.g- excessive anxiety): = NO proper sleep

15. Extra-curricular Activities:

i) Achievements: —

ii) Participation in Cultural Activity: —

iii) Hobbies: Active in social media

iv) Participation in Social Activities: social work

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO



Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Department of History

Name of Mentor: Dr. Prashant Joshi

Month/Year: July 2021-22

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1	25/07/21	SHIVAM GUPTA	200310460133	Time management	counseling	Shivam	Prashant Joshi
2	28/08/21	Pooja	200310460181	Depression	"	Pooja	Prashant Joshi
3	05/09/21	SONAM	200310460075	Eating Disorders	"	Sonam	Prashant Joshi
4	10/01/21	Shalini	200310460074	Personal relationship	"	Shalini	Prashant Joshi
5	05/01/22	AFTAB	200310460002	Bullying	"	Aftab	Prashant Joshi
6	05/03/22	Rahul	220310460014	Time management	"	Rahul	Prashant Joshi
7	08/04/22	Prashant Joshi	220310460009	Eating Disorders	"	Prashant Joshi	Prashant Joshi

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

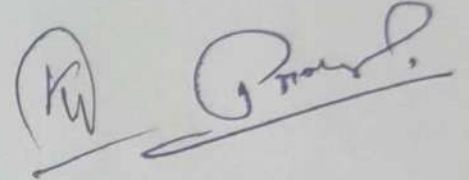
Name of Department: Department of History

Date of Meeting: 25/07/2021

Meeting Venue: Department of History, P.G. Block

Meeting Agenda: Issues of Student

Members Present for Meeting and their Signature:



Minutes of Meeting:

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
25/07/2021	Dr. Prashant Joshi	05	student basic issues	Counselling



Department of History

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: ggckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: VIJLA JOSHI
 2. Date of Birth: 13/11/2000
 3. Mobile No of Student: 7055068031
 4. Address (Residential): Charubela Pahadi colony Khatima
 5. Contact Details: M.No- 7055068031 Email- vandana705506@gmail.com
 6. Name of Mother: GITA JOSHI Father: Late Mr Chandra Sekhar Joshi
 7. Profession of Mother: Housewife Father: —
 8. Mobile no of Mother: 8954058172 Father: —
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco —

14. Academic:

i) Achievements: NIPUN Certificate, Samagam, Adventure

ii) Academic Problems Experienced, if any-: Part time job के साथ निर्धारित तरीके से कर पाता

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: Rover Rangers, Uttarakashi Samagam Camp, Darjeeling Adventure Camp, Online NIPUN camp

ii) Participation in Cultural Activity: Dibal

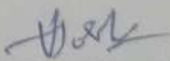
iii) Hobbies: Cooking,

iv) Participation in Social Activities: Awareness Programs

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: — no


Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Aastha Karnatak
 2. Date of Birth: 06/03/1999
 3. Mobile No of Student: 9528966068
 4. Address (Residential): Adarsh Colony Degree College Road Khatima
(Uddham Singh Nagar)
 5. Contact Details:
 6. Name of Mother: Mrs. Hema Karnatak Father: Mr. Sudhir Karnatak
 7. Profession of Mother: Housewife Father: Shopkeeper
 8. Mobile no of Mother: — Father: 9557949605
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Both
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins / 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco —

14. Academic:

i) Achievements: *Computer Diploma*

ii) Academic Problems Experienced, if any-: *—*

iii) Any problems prior to examination (e.g- excessive anxiety): *Nervousness*

15. Extra-curricular Activities:

i) Achievements: *—*

ii) Participation in Cultural Activity: *Dance*

iii) Hobbies: *Singing, Dancing*

iv) Participation in Social Activities: *Helping poor peoples.*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: *No*

Paatha

Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: *Neha Rana*
2. Date of Birth: *01/01/2003*
3. Mobile No of Student: *6398002316*
4. Address (Residential): *Duipur Bichwa, Khatima*
5. Contact Details: *6398002316*
6. Name of Mother: *Mrs. Lalita* Father: *Mr. Hari Singh*
7. Profession of Mother: *House wife* Father: *Farmer*
8. Mobile no of Mother: *~~9143150~~* Father: *8954152097*
9. Medical Problems if any: *—*
10. Nutritional Habits Diet: *Veg/Non-Veg*
11. Physical Activity: 1. Types of Exercise: *Gym/Yoga/Sports/Athletic/None*
2. Duration of Activity: *< 20 Mins > 20 mins*
3. Frequency of Activity: *Days/Week*
12. Sleep Pattern: *< 6 Hours/6-8 Hours/ > 8 Hours*
13. Addiction: *Yes/No* ✓
If Yes then type of Addiction: *Smoking/Drinking/Chewing Tobacco* *—*

14. Academic:

i) Achievements: _____

ii) Academic Problems Experienced, if any-: _____

iii) Any problems prior to examination (e.g- excessive anxiety): *Stress*

15. Extra-curricular Activities:

i) Achievements: *State level shot put (gold), Half marathon (participate), Karate (orange belt), district level long jump (gold), National Kho-Kho (gold participate)*

ii) Participation in Cultural Activity: *Debate competitions, academic rangoli competition*

iii) Hobbies: *Athletics*

iv) Participation in Social Activities: *against child abortions and alcoholic problem in society*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: *no*

Dehq
Signature of Student

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खटीमा- 262308, जिला- ऊथम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूं विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: NAVAL KARNATAK
2. Date of Birth: 10/04/2002
3. Mobile No of Student: 7300581704
4. Address (Residential): PACHPAKARIYA BANBASA UZHAMPAWAT
UTTARAKHAND
5. Contact Details: —
6. Name of Mother: BHAWANA KARNATAK Father: NAVEEN CHANDRA KARNATAK
7. Profession of Mother: HAI गृहणी Father: milkman
8. Mobile no of Mother: 7300581704 Father: 7351162463
9. Medical Problems if any: —
10. Nutritional Habits Diet: Veg/ Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/ Sports/ Athletic/ None
2. Duration of Activity: < 20 Mins 20 mins
3. Frequency of Activity: Days/ Week
12. Sleep Pattern: < 6 Hours/ 6-8 Hours/ > 8 Hours
13. Addiction: Yes/ No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco —

14. Academic:

i) Achievements: COMPUTER DIPLOMA - DC SA

ii) Academic Problems Experienced, if any-: TIREDNESS

iii) Any problems prior to examination (e.g- excessive anxiety): ANXIETY

15. Extra-curricular Activities:

i) Achievements: _____

ii) Participation in Cultural Activity: ROVER AND RABBIT

iii) Hobbies: STUDY

iv) Participation in Social Activities: _____

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO

Nkashafak
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- उद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Rahul Kandpal
 2. Date of Birth: 29/06/2001
 3. Mobile No of Student: 7017809022
 4. Address (Residential): Adarsh colony Bhoad Maholiya Khatima U-S Nagar
 5. Contact Details: —
 6. Name of Mother: Kamla Kandpal Father: Krishna Kandpal
 7. Profession of Mother: Housewife Father: Farmer
 8. Mobile no of Mother: 7895431875 Father: 9690717446
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: VEG
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None GYM
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco —

14. Academic:

i) Achievements: Various certificate in sports at different levels

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): Nervousness

15. Extra-curricular Activities:

i) Achievements: Sports certificates

ii) Participation in Cultural Activity: —

iii) Hobbies: Travelling

iv) Participation in Social Activities: Charity

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: no

Rahul

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Department of History

Name of Mentor: Dr. Prashant Joshi

Month/Year: July 2021-22

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1	25/07/21	SHIVAM GUPTA	200310460133	Time management	counseling	Shivam	Prashant
2	28/08/21	Pooja	2003104601 81	Depression	"	Pooja	Prashant
3	05/09/21	SONAM	20031046 0075	Eating Disorders	"	Sonam	Prashant
4	10/10/21	AFTAB	200310460002	Personal relationships	"	Shalini	Prashant
5	06/01/22	Shalini	20031046 0074	Bullying	"	Shalini	Prashant
6	05/03/22	Rahul	22031046 0014	Time management	"	Rahul	Prashant
7	08/04/22	Navakamal	22031046 0009	Eating Disorders	"	Navakamal	Prashant

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: ggckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMME MEETING

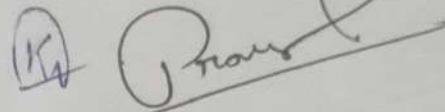
Name of Department: Department of History

Date of Meeting: 28/07/2021

Meeting Venue: Department of History, PG Block

Meeting Agenda: ISSUES of Student

Members Present for Meeting and their Signature:



Minutes of Meeting: To establish a feeling of mutual understanding between student and

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in teacher below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
28/07/2021	Dep. Prashant Joshi	05	student basic issues	counselling.



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: / Chahat Shukla
 2. Date of Birth: 02/12/2002
 3. Mobile No of Student: 7455973026
 4. Address (Residential): Rajeev Nagar Khatima
 5. Contact Details:
 6. Name of Mother: Usha shukla Father: Rama Kanth Shukla
 7. Profession of Mother: House wife Father: Contractor
 8. Mobile no of Mother: Father:
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg Non-Veg
 11. Physical Activity: 1. Types of Exercise: Gym Yoga Sports Athletic None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: Diploma in computer

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: District level certificate in karate

ii) Participation in Cultural Activity: Dance

iii) Hobbies: playing cricket

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No



Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Himani Chand
2. Date of Birth: 05/12/2002
3. Mobile No of Student: 8850392382
4. Address (Residential): Tigri, Khatima
5. Contact Details: Himanichand144@gmail.com
6. Name of Mother: Rekha Chand Father: Rajendra Chand
7. Profession of Mother: Housewife Father: Army
8. Mobile no of Mother: 8979816144 Father: 8979816144
9. Medical Problems if any: No
10. Nutritional Habits Diet: Veg/Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No ✓
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: Diploma in Computer

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: ~~S~~ Participation in state level dance

ii) Participation in Cultural Activity: Yes

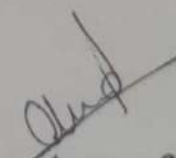
iii) Hobbies: cooking, Reading book

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: No,


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

स्ट्रीटिंग- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Rohit Kamdpal
 2. Date of Birth: 31-03-2003
 3. Mobile No of Student: 7983870927
 4. Address (Residential): Ward No-9 Amoun Khatima
 5. Contact Details: Rohitktm2019@gmail.com
 6. Name of Mother: Madhu Devi
Father: Mr. Dinesh Chandra Kamdpal
 7. Profession of Mother: Housewife
Father: Worker
 8. Mobile no of Mother: 9568024658
Father: 9568024658
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: 10+2, Receiving certificate in Computer

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: Receiving certificates

ii) Participation in Cultural Activity: Poetry

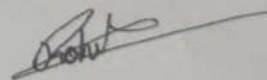
iii) Hobbies: Playing games,

iv) Participation in Social Activities: Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No



Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gngckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Manisha Pokhariya
 2. Date of Birth: 05/09/2003
 3. Mobile No of Student: 8979540070
 4. Address (Residential): Tigari, Khatima, U.S. Nagar
 5. Contact Details: manishapokhariya45@gmail.com
 6. Name of Mother: Pushpa Pokhariya Father: Bhupendra Singh Pokhariya
 7. Profession of Mother: Housewife Father: LIC Agent
 8. Mobile no of Mother: Father: 9412905610
 9. Medical Problems if any: None
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: *Diploma in Computers*

ii) Academic Problems Experienced, if any-: *NO*

iii) Any problems prior to examination (e.g- excessive anxiety): *Nervousness*

15. Extra-curricular Activities:

i) Achievements: *Received certificates*

ii) Participation in Cultural Activity: *Yes*

iii) Hobbies: *Reading, Writing, Journaling*

iv) Participation in Social Activities: *Yes*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: *NO*

17. Any relationship problems: *NO*

Mamisho

Signature of Student

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Swraj Dungsakoti
 2. Date of Birth: 06-10-2003
 3. Mobile No of Student: 6397844837
 4. Address (Residential): Nagla, Nanakmatta
 5. Contact Details: Swraj dungsakoti 123@gmail.com
 6. Name of Mother: Shobha Devi
Father: Poojan chandra Dungsakoti
 7. Profession of Mother: House wife
Father: Government Serviece
 8. Mobile no of Mother: 7819909245
Father: 8923015717
 9. Medical Problems if any:
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: N.S.S 'B' & N.S.S 'C' certificate

ii) Academic Problems Experienced, if any-: NO

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: Participation in speech in ~~District~~ ^{School} level

ii) Participation in Cultural Activity: Yes

iii) Hobbies: Cooking, Reading, writing, playing

iv) Participation in Social Activities: ~~Yes~~ Yes

16. Psychological Problems like anxiety depression or any family problems: Yes/No ✓

If Yes give details:

17. Any relationship problems: NO

Swraj

Signature of Student

हेमवती बन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायुं विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Zoology

Name of Mentor: Dr. Anuharika Chauhan

Month/Year: January / 2022

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1.	18/01/22	Manisha Pokhariya	2103120150	Economical issue	Tipu ghar	Manisha	Anuharika
2.	18/01/22	Himani Chand	2103120113	Health issues	Councilly dan	Himani	Anuharika
3.	20/01/22	Rohit Kandpal	2103120062	Economical issue	—	Rohit	Anuharika
4.	20/01/22	Suraj Dugrakoti	2103120068	Health issues	Councilly dan	Suraj	Anuharika
5.	01/04/22	Chahat Shukla	2103120021	Health issues	Councilly dan	Chahat	Anuharika

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: ppgekhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMME MEETING

Name of Department: Zoology

Date of Meeting: 18/01/22

Meeting Venue: Department of Zoology

Meeting Agenda: Removal counselling of U.C. students

Members Present for Meeting and their Signature: Dr. Anubhika Chauhan
(B.Sc II students)

Minutes of Meeting: for mentor programme Dr. Anjora Blath

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
18/01/22	Dr. Anubhika Chauhan	Manisha 05 Pokhariya	Economic issues	Counselling done
18/01/22	Dr. Anubhika	Himani 05 Chand	Health issues	do
18/01/22	Dr. Anubhika	Rohit kandpal 05	- -	do
18/01/22	Dr. Anubhika	Suraj Dungrakoti 05	Health Issues	do
18/01/22	Dr. Anubhika	05	Health issues	do

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(सम्बद्ध कुमार्ग विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: ANJALI RAFAL
2. Date of Birth: 06 - 08 - 1998
3. Mobile No of Student: 7409641150
4. Address (Residential): KUTRA, BIGRABAG, KHATIMA
5. Contact Details: ANJALIRAFAL98@GMAIL.COM
6. Name of Mother: MEENA DEVI Father: NARENDRA RAFAL
7. Profession of Mother: HOUSEWIFE Father: FARMER
8. Mobile no of Mother: 8755527322 Father:
9. Medical Problems if any: No
10. Nutritional Habits Diet: Veg/Non-Veg: VEG
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours
13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco X

Academic:

i) Achievements: COMPUTER.

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: COMPUTER

ii) Participation in Cultural Activity: YES

iii) Hobbies: YOGA

iv) Participation in Social Activities: YES

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No

Anjali Rafal
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Arvind Kumar
 2. Date of Birth: 25/01/2000
 3. Mobile No of Student: 9528855179
 4. Address (Residential): Baggha (54) Khatima
 5. Contact Details: 9528855179
 6. Name of Mother: Durgawati devi Father: Aragi Prasad
 7. Profession of Mother: House wife Father: Farmer
 8. Mobile no of Mother: 7533878051 Father: 6397087640
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg:
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco NO

Academic:

Achievements: P.G. diploma yoga

ii) Academic Problems Experienced, if any-: X

iii) Any problems prior to examination (e.g- excessive anxiety): X

15. Extra-curricular Activities:

i) Achievements: P.G. diploma in yoga

ii) Participation in Cultural Activity: X

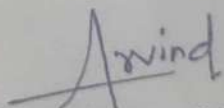
iii) Hobbies: Reading Book

iv) Participation in Social Activities: member of NSUI

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: X


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊरम सिंह नगर (उत्तराखण्ड)

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Jyoti Kalauri
 2. Date of Birth: 07 - 06 - 2000
 3. Mobile No of Student: 8433414066
 4. Address (Residential): Dewosi
 5. Contact Details: 8433414066
 6. Name of Mother: Hema Kalauri
 7. Profession of Mother: Housewife
 8. Mobile no of Mother: 8433414066
 9. Medical Problems if any: NO.
 10. Nutritional Habits Diet: Veg/Non-Veg: Veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours 6-8 Hours
 13. Addiction: Yes/No NO
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: Graduation completed

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: No

iii) Hobbies: Acting, Reading.

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No No

If Yes give details:

17. Any relationship problems: No

Jyoti
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमार्थु विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Bhanika Tiwari
2. Date of Birth: 15-May-2000
3. Mobile No of Student: 9528595266
4. Address (Residential): Kanjabagh, Khatima
5. Contact Details: 9528595266
6. Name of Mother: Bhasi tiwari Father: Prakash Chandra Tiwari
7. Profession of Mother: Housewife Father: Agriculture
8. Mobile no of Mother: 6396103165 Father:
9. Medical Problems if any: NO
10. Nutritional Habits Diet: Veg/Non-Veg: Veg
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: **NO**

ii) Academic Problems Experienced, if any-: **NO**

iii) Any problems prior to examination (e.g- excessive anxiety): **NO**

15. Extra-curricular Activities:

i) Achievements:

ii) Participation in Cultural Activity:

iii) Hobbies: **Study**

iv) Participation in Social Activities: **Volunteers**

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO

Bhonorika Tiwari
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: ggckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Vaisbali shah.
 2. Date of Birth: 12 march 2000.
 3. Mobile No of Student: 6398623718.
 4. Address (Residential): Kanjabaugh khatima (U.S Nagar)
 5. Contact Details: 6398623718
 6. Name of Mother: Greta Devi
 7. Profession of Mother: Housewife.
 8. Mobile no of Mother: 6398623718
 9. Medical Problems if any: NO.
 10. Nutritional Habits Diet: Veg/Non-Veg: Vegetarian.
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No NO.
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

Academic:

i) Achievements: Graduation completed.

ii) Academic Problems Experienced, if any-: NO.

iii) Any problems prior to examination (e.g- excessive anxiety): NO.

15. Extra-curricular Activities:

i) Achievements: None.

ii) Participation in Cultural Activity: N/A

iii) Hobbies: Dancing, Reading books.

iv) Participation in Social Activities: N/A .

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details: NO.

17. Any relationship problems: NO.

Vaishali
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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फोन: 05943-252244

Email ID: ppgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: ZOOLOGY DEPARTMENT

Name of Mentor: Dr. ANUHARIKA CHAUHAN

Month/Year: Nov 2022

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1	17/10/22	ANJALI RAFAL	20031073002	HEALTH ISSUES	Advice Provided	Anjali Rafal	A Chauhan
2	17/10/22	Arvind Kumar	20031073003	ECONOMICAL ISSUES	Books Provided	Arvind Kumar	A Chauhan
3-	17/10/22	Vaishali Shah.	—07	Regarding BOOKS	BOOKS Provided	Vaishali Shah	A Chauhan
4-	19/10/22	Syoti Kalloni	—08	Regarding syllabus	syllabus Provided	Syoti Kalloni	A Chauhan
5-	19/10/22	Bhumi Ka Tiwari	—9	Regarding Exams.	Problem Solved	Bhumi Ka Tiwari	A Chauhan

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

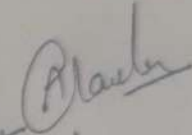
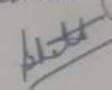
DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

Name of Department: ZOOLOGY

Date of Meeting: 17/05/22 & 19/05/22

Meeting Venue: KHATJMA


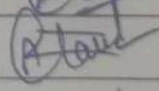
Meeting Agenda: Personal Counselling of P.G. Students

Members Present for Meeting and their Signature: Dr. Anurika Chauhan 
Dr. Anjana Bhatt 

Minutes of Meeting: Counselling of P.G. (M.Sc. II)

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
17/5/22	Dr. ANUHARIKA CHAUHAN	05 ANJALI RAJAL	HEALTH ISSUES	 Counselling
17/5/22	Dr. Anurika Chauhan	05 ARVIND KUMAR	ECONOMICAL ISSUES	 "
17/5/22	Dr. Anurika Chauhan	05	B. "	— do —
19/5/22	Dr. Anurika Chauhan	05	"	— do —
19/5/22	Dr. Anurika Chauhan	05	Conce related issue	— do —



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायू विश्वविद्यालय)

फोन: 05943-252244

Email ID: gngckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: *Fareen*
 2. Date of Birth: *04 March 2002*
 3. Mobile No of Student: *9568535751*
 4. Address (Residential): *ward No. 2, Sidkul Chauraha, Sitarganj*
 5. Contact Details:
 6. Name of Mother: *Maima* Father: *Mr. Irshad Ahmad.*
 7. Profession of Mother: *House wife* Father: *Sh. b.*
 8. Mobile no of Mother: *NA* Father: *9897489033*
 9. Medical Problems if any: *Stone problem*
 10. Nutritional Habits Diet: Veg/Non-Veg: *Both*
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None *None*
2. Duration of Activity: *< 20 Mins > 20 mins*
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: *< 6 Hours/6-8 Hours/ > 8 Hours* *8 Hours*
 13. Addiction: Yes/No *NO*
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

- i) Achievements: *School lepper, cultural program, Speach, Drawing*
- ii) Academic Problems Experienced, if any-: *career problem*
- iii) Any problems prior to examination (e.g- excessive anxiety): *NO*

15. Extra-curricular Activities:

- i) Achievements:
- ii) Participation in Cultural Activity: *- yes*
- iii) Hobbies: *Singing, Drawing*
- iv) Participation in Social Activities:

16. Psychological Problems like anxiety depression or any family problems: Yes/No *No*
If Yes give details:

17. Any relationship problems: *NO*

Fareeh

Signature of Student



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(सम्बद्ध कुमायू विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Sharda
 2. Date of Birth: 06-06-99
 3. Mobile No of Student: 7895082974
 4. Address (Residential): Chakkarpur, Khatima
 5. Contact Details:
 6. Name of Mother: Smt. Heera Devi Father: Mr. Jai Kishan
 7. Profession of Mother: House wife Father: Army Ret.
 8. Mobile no of Mother: Father: 9536415461
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Both
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None Yoga.
2. Duration of Activity: < 20 Mins > 20 mins > 20 mins.
3. Frequency of Activity: Days/Week week.
 12. Sleep Pattern: < 6 Hours/6-8 Hours/> 8 Hours 6-8 Hours.
 13. Addiction: Yes/No No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: Gold Medal.

ii) Academic Problems Experienced, if any: No

iii) Any problems prior to examination (e.g. excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: No

ii) Participation in Cultural Activity: No

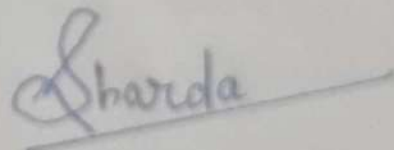
iii) Hobbies: playing badminton, reading.

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No No

If Yes give details:

17. Any relationship problems: No



Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊथम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: *Chitra Tangariya*
 2. Date of Birth: *08-03-2002*
 3. Mobile No of Student: *8266027959*
 4. Address (Residential): *Shiv colony Khatima.*
 5. Contact Details:
 6. Name of Mother: *Khashti Devi* Father: *Sri Dev Singh*
 7. Profession of Mother: *House wife* Father: *Teacher*
 8. Mobile no of Mother: Father: *941137643*
 9. Medical Problems if any: *No*
 10. Nutritional Habits Diet: Veg/Non-Veg: *Veg.*
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None *Yoga*
2. Duration of Activity: < 20 Mins > 20 mins *30 mins.*
3. Frequency of Activity: Days/Week *Days*
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours *6-8 hours*
 13. Addiction: Yes/No *No*
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: *BSc*

ii) Academic Problems Experienced, if any-: *NO*

iii) Any problems prior to examination (e.g- excessive anxiety): *NO*

15. Extra-curricular Activities:

i) Achievements: *Dancing*

ii) Participation in Cultural Activity: *NO*

iii) Hobbies: *Reading books.*

iv) Participation in Social Activities: *NO*

16. Psychological Problems like anxiety depression or any family problems: Yes/No *NO*

If Yes give details:

17. Any relationship problems: *NO*

Chitra

Signature of Student

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खटीमा- 262308, जिला- ऊद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Neha Adhikari
2. Date of Birth: 20-06-2002
3. Mobile No of Student: 8218640771
4. Address (Residential): Hill view colony, Bhood Mahaleya khatima.
5. Contact Details:
6. Name of Mother: Mis Deepa Adhikari Father: Sri Nandan Singh Adhikari
7. Profession of Mother: House wife Father: Shopkeeper
8. Mobile no of Mother: Father: 8958302932
9. Medical Problems if any: No
10. Nutritional Habits Diet: Veg/Non-Veg: Both
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None Yoga
2. Duration of Activity: < 20 Mins > 20 mins >20mins
3. Frequency of Activity: Days/Week Days.
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours 6-8 Hours
13. Addiction: Yes/No No

If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: ~~to~~ Inspire award

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): No

15. Extra-curricular Activities:

i) Achievements: In Yoga

ii) Participation in Cultural Activity: Yes

iii) Hobbies: Song, Painting

iv) Participation in Social Activities: No

16. Psychological Problems like anxiety depression or any family problems: Yes/No No

If Yes give details:

17. Any relationship problems: No

Neha Adhikari

Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊद्यम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gngckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Himani Joshi
 2. Date of Birth: 20-07-2002.
 3. Mobile No of Student: 9027123291
 4. Address (Residential): VLL- Gudmi Garigoth Chandani, Champawat
 5. Contact Details:
 6. Name of Mother: ~~Smt.~~ Sunita Devi Father: Sri Dinesh Chandra Joshi
 7. Profession of Mother: House wife Father: Teacher
 8. Mobile no of Mother: Father: 9410173465
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: Non veg / Veg (Both)
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours 6 Hours
 13. Addiction: Yes/No NO
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: *Inspira Award (In 12th class)*

ii) Academic Problems Experienced, if any-: *No*

iii) Any problems prior to examination (e.g- excessive anxiety): *No*

15. Extra-curricular Activities:

i) Achievements: *No*

ii) Participation in Cultural Activity: *No*

iii) Hobbies: *Painting, reading.*

iv) Participation in Social Activities: *No*

16. Psychological Problems like anxiety depression or any family problems: Yes/No *No*

If Yes give details:

17. Any relationship problems: *No.*

Himani
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 2

MENTOR- MENTEE MEETING RECORD


Department: ZOOLOGY.

Name of Mentor: Dr. R.S. Negi

Month/Year: Jan. 2022.

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1	5-1-22	Fareen		Career problem	Counselling done	Fareen	R.S.
2	5-1-22	Sharda		Difficulty in memorization	Tips given	Sharda	R.S.
3	5-1-22	Neha Adhikari		No issue	—	Neha Adhikari	R.S.
4	12-1-22	Chitra Tangariya		stress issue	Tips given	Chitra	R.S.
5	12-1-22	Himani Joshi		Career problem	Counselling done	Himani	R.S.
6	.						

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.


डा० R.S. Negi
एस०/असि० प्रोफेसर... ZOOLOGY.
एच.एन.बी. राजकीय स्ना० महाविद्यालय
खटीमा (ऊधम सिंह नगर)

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME
MEETING

Name of Department: ZOOLOGY

Date of Meeting: 05-01-2022 & 12-01-2022.

Meeting Venue: Deptt of Zoology

Meeting Agenda: Personal Counselling of P.G. students

Members Present for Meeting and their Signature: Dr. Ansharika (Signature)

Minutes of Meeting: Meeting organized. Dr. Ashish Kumar (Signature)

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
05-01-2022	Dr. R.S. Negi	03	Career / Memo raised.	Counselling done.
12-01-2022	Dr. R.S. Negi	02	Stress / Career.	Counselling done

डा० R.S. Negi
एसो० / असि० प्रोफेसर, ZOOLOGY
एच.एन.बी. राजकीय स्नातकोत्तर महाविद्यालय
खटीमा (ऊधम सिंह नगर)



हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

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(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: VIMLA JOSHI
 2. Date of Birth: 13/11/2000
 3. Mobile No of Student: 7055068031
 4. Address (Residential): Chowabeta Pahadi colony khatima
 5. Contact Details: m.no- 7055068031 Email- vandana205506@gmail.com
 6. Name of Mother: GITA JOSHI Father: Late Mr Chandra Sekhar Joshi
 7. Profession of Mother: Housewife Father: -
 8. Mobile no of Mother: 8954058172 Father: -
 9. Medical Problems if any: NO
 10. Nutritional Habits Diet: Veg/Non-Veg: veg
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco

14. Academic:

i) Achievements: NIPUN Certificates, Samagam, Adventure

ii) Academic Problems Experienced, if any-: part time job के साथ निरमित दोहरा दोहरा दोहरा

iii) Any problems prior to examination (e.g- excessive anxiety): NO

15. Extra-curricular Activities:

i) Achievements: Rover Rangers, uttarakashi samagam camp, Darjeeling Adventure camp, online NIPUN camp

ii) Participation in Cultural Activity: Dibal

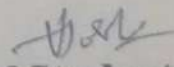
iii) Hobbies: Cooking,

iv) Participation in Social Activities: Awareness Programs

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: — no


Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 282308, जिला- उदय सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programmme Student Information Proforma

1. Name: Aastha Karnatak
 2. Date of Birth: 06/03/1999
 3. Mobile No of Student: 9528966068
 4. Address (Residential): Adarsh Colony Degree College Road Khatima
(Uddham Singh Nagar)
 5. Contact Details:
 6. Name of Mother: Mrs. Hema Karnatak Father: Mr. Sudhir Karnatak
 7. Profession of Mother: Housewife Father: Shopkeeper
 8. Mobile no of Mother: — Father: 9557949605
 9. Medical Problems if any: No
 10. Nutritional Habits Diet: Veg/Non-Veg: Both
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: < 20 Mins / 20 mins
3. Frequency of Activity: Days/Week
 12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
 13. Addiction: Yes/No
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco —

14. Academic:

i) Achievements: *Computer Diploma*

ii) Academic Problems Experienced, if any-: *—*

iii) Any problems prior to examination (e.g- excessive anxiety): *Nervousness*

15. Extra-curricular Activities:

i) Achievements: *—*

ii) Participation in Cultural Activity: *Dance*

iii) Hobbies: *Singing, Dancing*

iv) Participation in Social Activities: *Helping poor peoples.*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: *No*

Asitha

Signature of Student

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खटीमा- 262308, जिला- उद्यम सिंह नगर (नन्दाखण्ड)

(सम्बद्ध कुमार्ग विश्वविद्यालय)

फोन: 05943-252244

Email ID: gngckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: *Neha Rana*
 2. Date of Birth: *01/01/2003*
 3. Mobile No of Student: *6398002316*
 4. Address (Residential): *Duipur Bichwa, Khatima*
 5. Contact Details: *6398002316*
 6. Name of Mother: *Mrs. Lalita* Father: *Mr. Hari Singh*
 7. Profession of Mother: *House wife* Father: *Farmer*
 8. Mobile no of Mother: *9143150* Father: *8954152097*
 9. Medical Problems if any: *—*
 10. Nutritional Habits Diet: Veg/Non-Veg: *—*
 11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None
2. Duration of Activity: *< 20 Mins > 20 mins*
3. Frequency of Activity: *Days/Week*
 12. Sleep Pattern: *< 6 Hours/6-8 Hours/ > 8 Hours*
 13. Addiction: Yes/No *—*
- If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco *—*

4. Academic:

i) Achievements: _____

ii) Academic Problems Experienced, if any-: _____

iii) Any problems prior to examination (e.g- excessive anxiety): *Stress*

15. Extra-curricular Activities:

i) Achievements: *State level shot put (gold), Half marathon (participate) Karate (orange belt), district level long jump (gold), National kho-kho (gold participate)*

ii) Participation in Cultural Activity: *Debate competitions, academic rangoli competition*

iii) Hobbies: *Athletics*

iv) Participation in Social Activities: *against child abortions and alcoholic problem in society*

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: *no*

Dehq
Signature of Student

हेमवती नन्दन बहुगुणा राजकीय स्नातकोत्तर महाविद्यालय

खटीमा- 262308, जिला- ऊधम सिंह नगर (उत्तराखण्ड)

(सम्बद्ध कुमायूँ विश्वविद्यालय)

फोन: 05943-252244

Email ID: gngckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: NAVAL KARNATAK
2. Date of Birth: 10/04/2002
3. Mobile No of Student: 7300581704
4. Address (Residential): PACHPAKARIYA BANBASA UZHAMPAWAT
UTTARAKHAND
5. Contact Details: —
6. Name of Mother: BHAWANA KARNATAK Father: NAVEEN CHAUDRA KARNATAK
7. Profession of Mother: होम गृहणी Father: Milkman
8. Mobile no of Mother: 7300581704 Father: 7351162463
9. Medical Problems if any: —
10. Nutritional Habits Diet: Veg/ Non-Veg:
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/ Sports/ Athletic/ None
2. Duration of Activity: < 20 Mins / 20 mins
3. Frequency of Activity: Days/ Week
12. Sleep Pattern: < 6 Hours / 6-8 Hours / > 8 Hours
13. Addiction: Yes/ No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco —

Academic:

i) Achievements: COMPUTER DIPLOMA - DC SA

ii) Academic Problems Experienced, if any-: TIREDNESS

iii) Any problems prior to examination (e.g- excessive anxiety): ANXIETY

15. Extra-curricular Activities:

i) Achievements: _____

ii) Participation in Cultural Activity: ROVER AND RANGER

iii) Hobbies: STUDY

iv) Participation in Social Activities: _____

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: NO

Nkazhat
Signature of Student

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फोन: 05943-252244

Email ID: gpgckhatima@gmail.com

Annexure 1

Mentorship Programme Student Information Proforma

1. Name: Rahul Kandhal
2. Date of Birth: 29/06/2001
3. Mobile No of Student: 7017809022
4. Address (Residential): Adarsh colony Bhood Mahodiga Khatima U.S Nagar
5. Contact Details: —
6. Name of Mother: Kamla Kandhal Father: Krishna Kandhal
7. Profession of Mother: Housewife Father: Farmer
8. Mobile no of Mother: 7895431875 Father: 9690717446
9. Medical Problems if any: No
10. Nutritional Habits Diet: Veg/Non-Veg: VEG
11. Physical Activity: 1. Types of Exercise: Gym/Yoga/Sports/Athletic/None GYM
2. Duration of Activity: < 20 Mins > 20 mins
3. Frequency of Activity: Days/Week
12. Sleep Pattern: < 6 Hours/6-8 Hours/ > 8 Hours
13. Addiction: Yes/ No
If Yes then type of Addiction: Smoking/Drinking/Chewing Tobacco —

14. Academic:

i) Achievements: Various Certificate in Sports at Different Levels

ii) Academic Problems Experienced, if any-: No

iii) Any problems prior to examination (e.g- excessive anxiety): Nervousness

15. Extra-curricular Activities:

i) Achievements: Sports Certificates

ii) Participation in Cultural Activity: —

iii) Hobbies: Travelling

iv) Participation in Social Activities: Charity

16. Psychological Problems like anxiety depression or any family problems: Yes/No

If Yes give details:

17. Any relationship problems: No

Rahul

Signature of Student

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ANNEXURE 2

MENTOR- MENTEE MEETING RECORD

Department: Department of History

Name of Mentor: Dr. Prashant Joshi

Month/Year: July 2021-22

S. No.	Date	Mentee Name	Batch/ Roll No.	Topics: Achievement/ Issues	Action Taken	Sign of Mentee	Sign of Mentor
1	25/07/21	SHIVAM GUPTA	200310460133	Time management	counseling	Shivam	[Signature]
2	28/08/21	Pooja	200310460181	Depression	"	Pooja	[Signature]
3	05/09/21	SONAM	200310460075	Eating Disorders	"	Sonam	[Signature]
4	10/10/21	AFTAB	200310460002	Personal relationships	"	Shalini	[Signature]
5	06/01/22	Shalini	200310460074	Bullying	"	Aftab	[Signature]
6	05/03/22	Rahul	220310460014	Time management	"	Rahul	[Signature]
7	08/04/22	Navalkarnatak	220310460009	Eating Disorders	"	Navalkarnatak	[Signature]

- Each Mentor to meet mentee once in a month
- Topics of discussion, action taken to be written separately in details and record maintained.

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फोन: 05943-252244

Email ID: ppgckhatima@gmail.com

ANNEXURE 3

DEPARTMENTAL MENTORSHIP PROGRAMMME MEETING

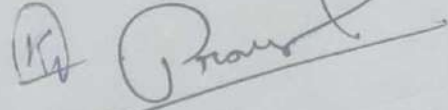
Name of Department: Department of History

Date of Meeting: 28/07/2021

Meeting Venue: Department of History, PG Block

Meeting Agenda: ISSUES of Student

Members Present for Meeting and their Signature:



Minutes of Meeting: To establish a feeling of mutual understanding between student and

Summary/Issues rose by Mentee and Resolved by Mentor in last 3 months (Please fill in teacher below format)

Department:

Date/Month	Name of Mentor	Number of Mentee	Issue Raised	Action Taken
28/07/2021	Dr. Prashant Joshi	05	student	counselling
			basic issues	