



## MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

**Grade 'A' Accredited by NAAC**

Sector-01, Kamothe, Navi Mumbai - 410 209

E-mail : [registrar@mgmuhs.com](mailto:registrar@mgmuhs.com) | Website : [www.mgmuhs.com](http://www.mgmuhs.com)

### Mentorship Record Format

Course	Campus
1. 1 <sup>st</sup> MBBS: Anatomy	Navi Mumbai
2. 1 <sup>st</sup> MBBS: Physiology	Navi Mumbai
3. 1 <sup>st</sup> MBBS: Biochemistry	Navi Mumbai
4. II <sup>nd</sup> MBBS	Navi Mumbai
5. III <sup>rd</sup> MBBS	Navi Mumbai
6. New Bombay College of Nursing	Navi Mumbai
7. MGM School of Physiotherapy	Navi Mumbai
8. School of Biomedical Sciences	Navi Mumbai
9. University department of Prosthetics and Orthotics	Navi Mumbai
10. MGM Medical College	Aurangabad
11. MGM's School of Physiotherapy	Aurangabad

**Dr. Rajesh B. Goel**

Registrar

MGM Institute of Health Sciences  
(Deemed University u/s 3 of UGC Act, 1956)  
Navi Mumbai- 410 209

**DEPARTMENT OF ANATOMY**  
**MGM MEDICAL COLLEGE, KAMOTHE, NAVI MUMBAI**

**I MBBS ANATOMY PROGRESS CARD**  
**ACADEMIC YEAR 2018-19**

**Students Entries**

Full Name \_\_\_\_\_ Batch- \_\_\_\_\_ Roll No. \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Admission- Merit/NRI \_\_\_\_\_  
Nationality \_\_\_\_\_ State \_\_\_\_\_ Mother Tongue \_\_\_\_\_  
Religion \_\_\_\_\_ Category \_\_\_\_\_  
Address (Present) \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_ Landline No. \_\_\_\_\_  
Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Office Address \_\_\_\_\_  
Permanent Residential Address \_\_\_\_\_

Mobile No. Father's \_\_\_\_\_ Email ID \_\_\_\_\_ Landline No. \_\_\_\_\_  
Mother's \_\_\_\_\_ Email ID \_\_\_\_\_ Landline No. \_\_\_\_\_

**Marks**

<b>M.G.M. CET</b>	<b>Total</b>	<b>Rank</b>	<b>P</b> /	<b>C</b> /	<b>B</b> /	<b>PCB</b> %
<b>M.H. CET</b>	<b>Total</b>	<b>State Rank</b>	<b>P</b> /	<b>C</b> /	<b>B</b> /	<b>PCB</b> %
<b>Any other CET</b>	<b>Total</b>	<b>Rank</b>	<b>P</b> /	<b>C</b> /	<b>B</b> /	<b>PCB</b> %
<b>H.S.C. (10+2)</b>	<b>Total</b>	<b>P</b> /	<b>C</b> /	<b>B</b> /	<b>E</b> /	<b>PCBE</b> %

H.S.C. College Name \_\_\_\_\_ Place \_\_\_\_\_

Student's Signature \_\_\_\_\_  
Date - \_\_\_\_\_

  
**Dr. Rajesh B. Goel**  
Registrar  
MGM Institute of Health Sciences  
(Deemed University) Navi Mumbai-411 209

**DEPARTMENT OF ANATOMY**  
**MGM MEDICAL COLLEGE, KAMOTHE, NAVI MUMBAI**

**1<sup>st</sup> MBBS 2018-19**

Name of Student \_\_\_\_\_

Roll No. \_\_\_\_\_ Student's Sign \_\_\_\_\_

Name of Teacher \_\_\_\_\_ Teacher's Sign \_\_\_\_\_

**Total Attendance Record**

Subject	Theory		Practical	
Ana.	/	%	/	%
Phy.	/	%	/	%
Bio.	/	%	/	%


**Total Performance Record**

Subject	Terminal Exam		Preliminary Exam	
	Theory	Practical	Theory	Practical
Ana.	/	/	/	/
Phy.	/	/	/	/
Bio.	/	/	/	/

**Internal Assessment**

Subject	Theory Internal Assessment	Practical Internal Assessment	Total
Ana.	/ 20	/ 20	/ 40
Phy.	/ 20	/ 20	/ 40
Bio.	/ 20	/ 20	/ 40

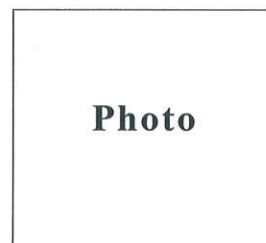
**Dr. Anjali Sabnis**  
Professor & HOD  
Dept. of Anatomy

  
**Dr. Rajesh B. Goel**  
Registrar  
MGM Institute of Health Sciences  
(Deemed University u/s 3 of UGC Act, 1956)  
Navi Mumbai- 410 209

## PROFORMA FOR MENTORSHIP PROGRAMME

Ist-MBBS (Batch August \_\_\_\_\_ – January \_\_\_\_\_)

**ROLL NO:**



<b>Name Of Student :</b>	
<b>Name Of Mentor:</b>	
<b>Year &amp;Batch:</b>	
<b>Mobile No. :</b> <b>Email ID of Student :</b>	
<b>Residence Status :</b>	<b>Day Scholar / Hostelite</b>
<b>Student Local Address:</b>	
<b>Local Guardian Address:</b> <b>Contact No:</b> <b>Email ID :</b>	
<b>Address of Parent, Mobile No. &amp; Email ID :</b>	

  
**Dr. Rajesh B. Goel**  
**Registrar**  
**MGM Institute of Health Sciences**  
**(Deemed University u/s 3 of UGC Act, 1956)**  
**Navi Mumbai- 410 209**

DEPARTMENT OF PHYSIOLOGY									
MGM MEDICAL COLLEGE, KAMOTHE, NAVI MUMBAI									
MENTOR SYSTEM MEETINGS -									
S.N.	R.N.	NAME	STUDENT'S SIGNATURE WITH DATES OF MEETINGS						
		DATE →	DATES OF MEETINGS						
1									
2									
3									
4									
5									
6									
7									
8									
MENTOR'S SIGN & DATE →									

  
**Dr. Rajesh B. Goel**  
 Registrar  
 MGM Institute of Health Sciences  
 (Recognized by U/s 3 of UGC Act, 1956)



DEPARTMENT OF PHYSIOLOGY									
MGM MEDICAL COLLEGE, KAMOTHE, NAVI MUMBAI									
FIRST-MBBS PHYSIOLOGY 2018-19									
MENTOR SYSTEM MEETING									
TEACHER -									
R. N.		Student's Name	RANE ATHARVA PRAVIN						Hostelite Yes o / No o - If Yes - Room No. _____
S. N.	Dates of Meetings	Any Problem/ Difficult/ Ragging	Hostel Infrastructu re	Food Mess/Cante en	Teaching Attending Understandi ng	Study Performance Anat/Physio/ Bio	Student' s Sign. with Date	Teacher 's Sign. with Date	Compliance
1									
2									
3									
4									
5									

  
**Dr. Rajesh B. Goel**  
 Registrar  
 MGM Institute of Health Sciences  
 (Deemed University u/s 3 of UGC Act, 1956)  
 Navi Mumbai- 410 209

**PROFORMA FOR MENTORSHIP PROGRAMME**  
**MGM Medical College, Navi Mumbai**

**II-MBBS (Batch August \_\_\_\_\_ – January \_\_\_\_\_)**

**ROLL NO:**

**Photo**

<b>Name Of Student :</b>	
<b>Name Of Mentor:</b>	
<b>Year &amp; Batch:</b>	
<b>Mobile No. :</b> <b>Email ID of Student :</b>	
<b>Residence Status :</b>	<b>Day Scholar / Hostelite</b>
<b>Student Local Address:</b>	
<b>Local Guardian Address:</b> <b>Contact No:</b> <b>Email ID :</b>	
<b>Address of Parent, Mobile No. &amp; Email ID :</b>	

  
**Dr. Rajesh B. Goel**  
**Registrar**  
**MGM Institute of Health Sciences**  
**(Deemed University u/s 3 of UGC Act, 1956)**  
**Navi Mumbai- 410 209**





DEPARTMENT OF PATHOLOGY / MICROBIOLOGY / PAHRMACOLOGY / F M T									
II – MBBS (BATCH _____ – _____)									
MENTOR SYSTEM MEETING									
NAME OF THE TEACHER :									
		Students Name				Hostelite : Yes / No If YES Room No. _____			
S.No.	Dates of meeting	Any problem/Difficulty/Ragging	Hostel Infrastructure	Food – Mess / Canteen	Teaching Attending understanding	Study Performance	Students sign with date	Teachers Sign with dates	Compliance
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

  
**Dr. Rajesh B. Goel**  
 Registrar  
 MGM Institute of Health Sciences  
 (Deemed University u/s 3 of UGC Act, 1956)  
 Navi Mumbai- 410 209


**PROFORMA FOR MENTORSHIP PROGRAMME**  
**MGM Medical College, Navi Mumbai**

**III-MBBS (Batch August \_\_\_\_\_ – January \_\_\_\_\_)**

**ROLL NO:**


**Photo**

<b>Name Of Student :</b>	
<b>Name Of Mentor:</b>	
<b>Year &amp;Batch:</b>	
<b>Mobile No. :</b> <b>Email ID of Student :</b>	
<b>Residence Status :</b>	<b>Day Scholar / Hostelite</b>
<b>Student Local Address:</b>	
<b>Local Guardian Address:</b> <b>Contact No:</b> <b>Email ID :</b>	
<b>Address of Parent, Mobile No. &amp; Email ID :</b>	

  
**Dr. Rajesh B. Goel**  
**Registrar**  
**MGM Institute of Health Sciences**  
**(Deemed University u/s 3 of UGC Act, 1956)**  
**Navi Mumbai- 410 209**



IIIrd – MBBS (BATCH _____ – _____)									
MENTOR SYSTEM MEETING									
NAME OF THE TEACHER :									
		Students Name				Hostelite : Yes / No If YES Room No. _____			
S.No.	Dates of meeting	Any problem/Difficulty/Ragging	Hostel Infrastructure	Food – Mess / Canteen	Teaching Attending understanding	Study Performance	Students sign with date	Teachers Sign with dates	Compliance
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

  
**Dr. Rajesh B. Goel**  
 Registrar  
**MGM Institute of Health Sciences**  
 (Deemed University u/s 3 of UGC Act, 1956)  
 Navi Mumbai- 410 209





MAHATMA GANDHI MISSION MEDICAL COLLEGE & HOSPITAL, AURANGABAD

Monthly Reporting Card - Mentor

Doc. No

FM/MGM/IQAC/020

Issue No

01

Rev. No.

00

Date

20/01/2019

Name of Mentor: XXXXXXXX

Department: XXXX

Academic Year: XXXX

Mentee Details:

Sr No	Roll No	Name of Mentee	Mobile No.
1			
2			
3			
4			
5			
6			

Mentee No	Particulars	July	August	September	October	November	December	January	February	March	April	May	June
1	Sign Mentee												
	Sign Mentor												
	Date of Meeting												
2	Sign Mentee												
	Sign Mentor												
	Date of Meeting												
3	Sign Mentee												
	Sign Mentor												
	Date of Meeting												
4	Sign Mentee												
	Sign Mentor												
	Date of Meeting												

Dr. Rajesh B. Goel

Registrar

MGM Institute of Health Sciences  
(Deemed University u/s 3 of UGC Act, 1956)





MAHATMA GANDHI MISSION MEDICAL COLLEGE & HOSPITAL, AURANGABAD

Monthly Reporting Card - Mentor

Doc. No FM/MGM/IQAC/020  
Issue No 01  
Rev. No. 00  
Date 20/01/2019

Mentee No	Particulars	July	August	September	October	November	December	January	February	March	April	May	June
5	Sign Mentee												
	Sign Mentor												
	Date of Meeting												
6	Sign Mentee												
	Sign Mentor												
	Date of Meeting												

- The mentor will put his initials in the above box next to Mentee no and the mentee will sign in the box below after each meeting.
- Mentor – Mentee meetings will be held on the 1<sup>st</sup> or 3<sup>rd</sup> Saturdays of every month from 1 pm to 2 pm.
- The above given dates and time are suggestive. If not possible the meeting can take place at a mutually convenient date and within college time.
- Meeting should be preferably held in the respective depts of the mentors and in the college campus.
- In the row of Dt (dates) please write down the date in which the mentoring meeting was taken.
- The sixth point in mentee number column is kept for any additional mentor mentee meeting if required.
- The suggested issues to be discussed during the meeting are:
  1. Academic Progress
  2. Communication Skills
  3. Life Skills
  4. Inter Personal Issues
  5. Development of Personality
  6. Any other Issues
- Please write "NR" – Not Reported if the mentee has not reported in spite of calling him/ her.
- Submit the card by the 7<sup>th</sup> of every month to IQAC. .

  
Dr. Rajesh B. Goel  
Registrar

**MGM INSTITUTE OF HEALTH SCIENCES**

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

**MGM NEW BOMBAY COLLEGE OF NURSING**5<sup>th</sup> Floor, MGM Educational Campus, Plot No. 1 & 2, Sector-1  
Kamothe, Navi Mumbai - 410 209.

Date:

Time:

Details of Mentee

---

---

---

Details of Mentor

---

---

---

Agenda of Meeting:

---

---

---

---

---

Resolution:

---

---

---

---

---

Duration of Meeting:

Next Meeting Date:

Time:

Signature of Mentee

Signature of Mentor

**Dr. Rajesh B. Gode**  
RegistrarMGM Institute of Health Sciences  
(Deemed University u/s 3 of UGC Act, 1956)  
Navi Mumbai- 410 209





# MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

## MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai – 410209

### MENTORSHIP FORM

Name of Mentor	:		Name of Student	:	
Designation	:		Academic Year	:	
Contact No.	:		Contact No.	:	
Email ID	:		Email ID	:	
Date of Meeting :					
Issues Discussed :					
Suggestions and Remarks by the Mentor :					
Date of the next Meeting:					
Sign of the Student:			Sign of the Mentor:		

Sector 1, Kamothe, Navi Mumbai ,

Tel.:022 65143108,

E-mail: [mgmschoolofphysiotherapy@gmail.com](mailto:mgmschoolofphysiotherapy@gmail.com)

  
**Dr. Rajesh B. Goel**  
Registrar  
MGM Institute of Health Sciences  
(Deemed University u/s 3 of UGC Act, 1956)  
Navi Mumbai-410 209



# MGM's Institute of Physiotherapy

MGM Campus, N-6 CIDCO, Aurangabad-431001

## Mentor Form

Name of Student:- \_\_\_\_\_

Student Roll Number:- \_\_\_\_\_ Date of Birth:- \_\_\_\_\_

Age:- \_\_\_\_\_ Blood Group:- \_\_\_\_\_

Contact Number (Local):- \_\_\_\_\_ Mobile Number:- \_\_\_\_\_

Students Residential Address (Local):- \_\_\_\_\_

City:- \_\_\_\_\_ Pin Code :- \_\_\_\_\_

State:- \_\_\_\_\_ Country:- \_\_\_\_\_

If residing out side Campus in rented house.

Owner's Name:- \_\_\_\_\_

Owner's Address:- \_\_\_\_\_

Owner's Contact Numbers:- \_\_\_\_\_

Fathers Name:- \_\_\_\_\_

Father's Occupation:- \_\_\_\_\_

Father's Mobile Number:- \_\_\_\_\_ Father's Email :- \_\_\_\_\_

Residential Address (Permanent):- \_\_\_\_\_

City:- \_\_\_\_\_ Pin Code:- \_\_\_\_\_

State:- \_\_\_\_\_ Country:- \_\_\_\_\_

Phone Numbers:- \_\_\_\_\_ Emergency Contact Person:- \_\_\_\_\_

Dr. Rajesh B. Goel  
Registrar

MGM Institute of Health Sciences  
(Deemed University u/s 3 of UGC Act, 1956)  
Navi Mumbai- 410 209

Emergency Contact Person's Phone Numbers:- \_\_\_\_\_

Significant Medical History:- \_\_\_\_\_

Signature of Student:- \_\_\_\_\_

### Visit – I

Date & Time:- \_\_\_\_\_

Any Problem Complained:- \_\_\_\_\_

Signature of Student:- \_\_\_\_\_ Sign of Mentor:- \_\_\_\_\_

### Visit –II

Date & Time:- \_\_\_\_\_

Any Problem Complained:- \_\_\_\_\_

Signature of Student:- \_\_\_\_\_ Sign of Mentor:- \_\_\_\_\_

### Visit III

Date & Time:- \_\_\_\_\_

Any Problem Complained:- \_\_\_\_\_

Signature of Student:- \_\_\_\_\_ Sign of Mentor:- \_\_\_\_\_

### Visit IV

Date & Time:- \_\_\_\_\_

Any Problem Complained:- \_\_\_\_\_

Signature of Student:- \_\_\_\_\_ Sign of Mentor:- \_\_\_\_\_

### Visit V

Date & Time:- \_\_\_\_\_

Any Problem Complained:- \_\_\_\_\_

Signature of Student:- \_\_\_\_\_ Sign of Mentor:- \_\_\_\_\_



**Dr. Rajesh B. Goel**  
Registrar

**MGM Institute of Health Sciences**  
(Deemed University u/s 3 of UGC Act, 1956)  
Navi Mumbai- 410 209



### Visit VI

Date & Time:- \_\_\_\_\_

Any Problem Complained:- \_\_\_\_\_

Signature of Student:- \_\_\_\_\_ Sign of Mentor:- \_\_\_\_\_

### Visit VII

Date & Time:- \_\_\_\_\_

Any Problem Complained:- \_\_\_\_\_

Signature of Student:- \_\_\_\_\_ Sign of Mentor:- \_\_\_\_\_

### Visit VIII

Date & Time:- \_\_\_\_\_

Any Problem Complained:- \_\_\_\_\_

Signature of Student:- \_\_\_\_\_ Sign of Mentor:- \_\_\_\_\_

### Visit IX

Date & Time:- \_\_\_\_\_

Any Problem Complained:- \_\_\_\_\_

Signature of Student:- \_\_\_\_\_ Sign of Mentor:- \_\_\_\_\_

### Visit X

Date & Time:- \_\_\_\_\_

Any Problem Complained:- \_\_\_\_\_

Signature of Student:- \_\_\_\_\_ Sign of Mentor:- \_\_\_\_\_

**Sign of Mentor**



**Dr. Rajesh B. Goel**  
**Registrar**  
**MGM Institute of Health Sciences**  
(Deemed University u/s 3 of UGC Act, 1956)  
Navi Mumbai- 410 209



## MGM's School of Physiotherapy

N-6 CIDCO, Aurangabad-431003

Name of student:

Roll No:

ACADEMIC PERFORMANCE											Non academic problems	Strategy adopted	date and sign of student
First year	Anatomy		Physiology		Biochemistry		Fundamentals of KS and KT		Fundamentals of Electrotherapy				
	T	P	T	P	T	-	T	P	T	P			
Terminal													
Prelim													

### Strategy Codes:

- 1=Counseling
- 2=Special coaching classes
- 3=Practice assignments

Name of Mentor

Signature of Mentor

**Dr. Rajesh B. Goel**  
Registrar  
MGM Institute of Health Sciences  
(Deemed University u/s J of UG Act, 1956)  
Navi Mumbai- 410 299