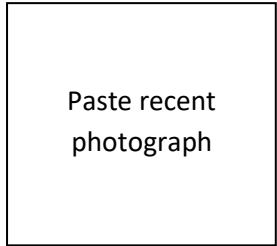


MENTORSHIP FORM

GOVERNMENT MEDICAL COLLEGE ,MIRAJ



DETAILS OF THE CANDIDATE

1. NAME: Mr/Ms.....
2. Roll No :
3. Name of batch :
4. Date of Birth :.....
5. Occupation of Father :
6. Occupation of Mother :
7. Whether father or mother alumina of GMC, Miraj :
8. Admission under All India Quota/ State Quota :
- I) If All India Quota Category under which admission taken:
Open/SC/ST/OBC/PH/GOI sponsored :
- II) If All India Quota Category under which admission taken:
Open/SC/ST/OBC/VJ/NT-1,2,3/SBC/Defence/MKB/PH/GOI
sponsored :
9. Year of Admission :.....
10. Contact number:.....
11. Permanent Address:
-
12. Name of Parent/Guardian with contact
number:.....

13. Local Address:.....

.....

14. Local Guardian if any with contact number:.....

15. Hobbies :

16. Medical history if any:

17. Other information by student if any :

(For office use only)

Name of Mentor : Dr.....

Department :

Post:.....