



TAGORE MEDICAL COLLEGE & HOSPITAL

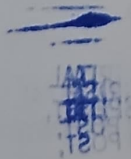
Rathinamangalam, Melakkottaiyur Post, Chennai - 600127.

Phone : 044-30101111, Fax : 044-222 5555, Email: tagoremch@gmail.com



(Affiliated to the Tamil Nadu Dr.MGR Medical University & Recognized by the Ministry of Health & Family welfare. Govt. of India New Delhi)

MENTOR- MENTEE LOG BOOK



1
T. KODAT
HOSPITAL

[Signature]
DEAN

TAGORE MEDICAL COLLEGE & HOSPITAL 1
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. MANIKANDAN	PROFESSOR	PHYSIOLOGY	87544 761 25	→
II MBBS	Dr. THAMARAI SELVI		PATHOLOGY		—
III MBBS PART I					
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: NAFEEESAH FATHIMA S

Gender: FEMALE

D.O.B & Age: 21/09/2003; 19

Aadhar Number: 364497999081

Blood Group: O +ve

Batch/Year of joining TMCH: 2021

Father's Name: SHABEER AHAMED M

Occupation:

Mobile Number:

Mother's Name: FARZANA FATHIMA M

Occupation: HEAD OF DEPARTMENT, BIOMEDICAL

Mobile Number: 9994561690




TAGORE MEDICAL
RATHINAMAM
Che.
HOSPITAL
RUR POST,

Family Income/ Annum: ₹ 40,000

Siblings: -

Education: -

Occupation: -

Permanent Residential Address: G1, I Block, VANDALUR PARK RESIDENCY,
GST ROAD, URAPAKKAM, CHENGALPATTU - 603210

Present Address: G1, I Block, VANDALUR PARK RESIDENCY, GST ROAD, URAPAKKAM - 603210

Phone No: -

Mobile: 7358293119

E.Mail: nafeesfarzana06@gmail.com

Accommodation:

Hostel/Day Scholar

Mode of Transport:

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others

Any Medications/ known allergies: NIL

School Last Studied: SRIMATHI SUNDARAVALLI MEMORIAL SCHOOL

Marks Obtained In Percentage:

Hsc: 94.8%

X Std: 96%

Language Medium:

Hsc: ENGLISH

X Std: ENGLISH

Future goals: MEDICAL PROFESSIONAL

Academic Interests: CARDIOLOGY

Extra-Curricular Talent/ Interests/Hobbies: DANCE, DRAWING

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Chennai-600 127.

I MBBS MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study		✓	
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status		✓	
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
18/4/22	Preparation for tests	Use of standard books	1/5/2022	B. R. Jothi	M
16/6/22	Unit wise preparation	Use books like gangoo	23/6/2022	B. R. Jothi	M
16/8/22	Exam Pattern	Time management	Improved	B. R. Jothi	M
21/9/22	Performance	Practice a lot all definitions, mechanisms	5/10/2022	B. R. Jothi	M
12/10/22	Preparation for model exam	Manage time, revise all chapters	30/10/2022	B. R. Jothi	M
23/11/22	University exam preparation	Revise all important previous years questions	27/1/2023	B. R. Jothi	M

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Chennai-600 127.

Name and Signature of the Mentor:

[Signature]

I MBBS - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
12/8/2022	Internal Assessment Marks and Attendance	Dr. Jaganathan
8/11/2022	Internal Assessment Marks and Attendance	Dr. Jaganathan

Name and Signature of the Mentor:

Dr. Manikandan

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Chennai-600 127.

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Phone : 044-30101111, Fax : 044-222 5555, Email: tagoremch@gmail.com



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MENTOR- MENTEE LOG BOOK


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RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	DR. SUBAMALINI	AP	PHYSIOLOGY	9841903485	-
II MBBS	DR. THAMARASELVI		PATHOLOGY		-
III MBBS PART I					
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: PRIYADARSHINI. A

Gender: FEMALE

D.O.B & Age: 05.07.2003 & 20

Aadhar Number: 518908549507

Blood Group: B -ve

Batch/Year of joining TMCH: 2021

Father's Name: ANAND. MV

Occupation: Programme Manager

Mobile Number: 9600344933

Mother's Name: DR. N. SIVAKAMABUNDARI

Occupation: Assistant professor - selection grade.

Mobile Number: 9600159292




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Chennai-600 127.

Family Income/ Annum: ₹25,00,000

Siblings: BROTHER

Education: 10th Std

Occupation: STUDENT

Permanent Residential Address: NO.16, ACHUTHAN NAGAR,
3rd CROSS STREET, EKKATUTHANGAL, CHENNAI - 32.

Present Address: TOWER 8, 8D, VIJAYSHANTHI APARTMENT (BOULEVARD), KANDIGAI,
MELAKOTTAIYUR, CH - 600 048

Phone No: -

Mobile: 7358 731493

E.Mail: priyadarshiniianand
573 @ gmail . com .

Accommodation:

Hostel/Day Scholar

Mode of Transport:

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others

Any Medications/ known allergies: NO

School Last Studied: VELAMMAL VIDYALAYA - VIRAGINDOR

Marks Obtained In Percentage:

Hsc: 91.60%.

X Std: 86.0%

Language Medium:

Hsc: ENGLISH

X Std: ENGLISH

Future goals: MEDICAL PROFESSIONAL

Academic Interests: PEDIATRICS

Extra-Curricular Talent/ Interests/Hobbies: SINGING



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RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

I MBBS MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings		✓	
Performance in study			✓
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status		✓	
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
18/4/22	Preparation for tests	Use of standard books	1/5/22	Priyadashini A	✓
16/6/22	Inter view preparation	Use books like ganog	23/6/22	Priyadashini A	✓
16/8/22	Exam Pattern	Time management	Improved	Priyadashini A	✓
21/9/22	Performance	Practice a lot all definitions mechanisms	5/10/22	Priyadashini A	✓
12/10/22	Preparation for model exam	Manage time, revise all chapters	30/10/22	Priyadashini A	✓
23/11/22	University exam preparation	Revise all important previous year questions	27/1/23	Priyadashini A	✓

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Name and Signature of the Mentor:

Dr. S. Subarnalini

I MBBS - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
12/08/22	Internal assessment and attendance	
8/11/22	Internal assessment and attendance	

Name and Signature of the Mentor:



Dr. S. Subamalini


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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. Vani	Professor	Anatomy		
II MBBS			Anatomy		
III MBBS PART I					
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: Akshaya nivasini J.S.

Gender: female

D.O.B & Age: 16.10.2002, 21.

Aadhar Number: 2530 6799 2755

Blood Group: 'A' positive

Batch/Year of joining TMCH: 2021

Father's Name: Sathiyanaayanan.V

Occupation: Teacher

Mobile Number: 9486016665

Mother's Name: Jeevitha.S

Occupation: Homemaker

Mobile Number: 8248150242



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Family Income/ Annum:

Siblings: —

Education: —

Occupation: —

Permanent Residential Address:

Nampalli (Po), Hanur (Tc), Dharmapuri (Dt), 636 906

Present Address: Nampalli (Po), Hanur (Tc), Dharmapuri (Dt), 636 906

Phone No: 9361393092 Mobile: 9361393092

E-Mail: nivasini2002@gmail.com

Accommodation:

✓ Hostel/Day Scholar

Mode of Transport:

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others

Any Medications/ known allergies: Nil

School Last Studied: RV. Hr. Sec. School. Nampalli

Marks Obtained In Percentage:

Hsc: 85.1

X Std:

95.2

Language Medium: English

Hsc: English

X Std: English

Future goals: Want to take Radiology in superspecialisation

Academic Interests:

Extra-Curricular Talent/ Interests/Hobbies: Reading Books, painting

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I MBBS MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study		✓	
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status		✓	
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
18.4.22	Preparation for tests	Use of Standard Books	1.5.2022	Atsaya	Van
16.6.22	Unit wise preparation	Use of Books like Ganang	23.6.2022	Atsaya	Van
16.8.22	Exam pattern	Time management	Improved	Atsaya	Van
27.9.22	Performance	Practise a lot all definition, mechanism	5.10.2022	Atsaya	Van
12.10.22	Preparation for model Exam	Manage time, revise all chapters	30.10.2022	Atsaya	Van
23.11.22	University Exam Preparation	Revise all important Previous year's Questions	27.1.2023	Atsaya	Van

Name and Signature of the Mentor:

Dr. Vani

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I MBBS - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
12-8-22	Discussion regarding internal Assessment marks	
2.11.22	Internal assessment marks & attendance	

Name and Signature of the Mentor: 


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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	ASHNINI DEVI	AP	ANATOMY		
II MBBS					
III MBBS PART I					
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: J. JHANSI RANI

Gender: FEMALE

D.O.B & Age: 26/06/2002 & 21

Aadhar Number:

Blood Group: O +ve

Batch/Year of joining TMCH: 2021 - 2022

Father's Name: A. JAYAMURUGAN

Occupation: TEACHER (AHM)

Mobile Number: 9597349349

Mother's Name: V. PUNIDHAVATHI

Occupation: TEACHER

Mobile Number: 8870039576



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Chennai-600 127.

Family Income/ Annum: 7 Lakhs

Siblings: ONE - BROTHER

Education: BA.LLB (Hons)

Occupation: STUDENT

Permanent Residential Address: NO. 6, M.K. Nagar, 2nd street,
Pallipettai Road, Acharapakkam.

Present Address: NO. 6, M.K. Nagar, 2nd street, Pallipettai Road, Acharapakkam.

Phone No: 9080213393

Mobile: 8870039576

E.Mail: jhansi26062002@gmail.com

Accommodation:

Hostel/Day Scholar

Mode of Transport:

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others NIL

Any Medications/ known allergies: NIL

School Last Studied: LALAJI MEMORIAL OMEGA INTERNATIONAL SCHOOL

Marks Obtained In Percentage:

Hsc:

X Std:

Language Medium: ENGLISH

Hsc:

X Std:

Future goals:

Academic Interests: SURGERY

Extra-Curricular Talent/ Interests/Hobbies:


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I MBBS MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			
Performance in study			✓
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

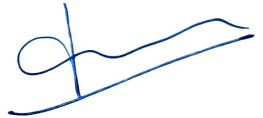
Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
18/4/22	Test preparation	standard books	2/5/22	<i>[Signature]</i>	<i>[Signature]</i>
16/6/22	AAAD	GK pal .book .	28/6/22	<i>[Signature]</i>	<i>[Signature]</i>
16/8/22	Exam pattern	Time management	Improved .	<i>[Signature]</i>	<i>[Signature]</i>
21/9/22	Performance	Practise	5/10/22 .	<i>[Signature]</i>	<i>[Signature]</i>
12/10/22	Model exam preparation	Time management	Improved	<i>[Signature]</i>	<i>[Signature]</i>
23/11/22	university exam preparation .	Revision	27/1/22	<i>[Signature]</i>	<i>[Signature]</i>

Name and Signature of the Mentor:

B. Ashwinidurai
[Signature]

TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

I MBBS - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
12/8/22	Internal Assessment marks & attendance	
8/11/22	Internal Assessment marks & attendance.	

Name and Signature of the Mentor:

B. Ashwinidevi




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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change mentor name
I MBBS	Dr. Savetha		Anatomy		-
II MBBS	Dr. Sangeetha		Pathology	91 88381 68707	-
III MBBS PART I					
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: K. GURUCHARAN

Gender: MALE

D.O.B & Age: 16-10-2003 / 19

Aadhar Number: 88293372 2557

Blood Group: B positive

Batch/Year of joining TMCH: 2021

Father's Name: S. KALYANAKUMAR

Occupation: ENGINEERING

Mobile Number: 9500110056

Mother's Name: C. MANGALESWARI

Occupation: HOUSEWIFE

Mobile Number: 9449039980



[Signature]
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RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

Family Income/ Annum: 1,80,000 - / Rs

Siblings: BROTHER

Education: FINAL YEAR

Occupation: -

Permanent Residential Address:

2/80B CHETTY STREET, PARAKKAI, KANNIYAKUMARI, TAMIL NADU

PINCODE - 629601

Present Address: H.M HOMES, BALAMBIGAI NAGAR, RAMAPURAM, CHENNAI PINCODE - 600089

Phone No: 9344957931

Mobile: -

E.Mail: guhuchanan162003@gmail.com

Accommodation:

Hostel/Day Scholar - DAY SCHOLAR

Mode of Transport:

Self/College Bus - COLLEGE BUS / Route no - 7

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others

Any Medications/ known allergies: -

School Last Studied: AMRITA VIDYALAYAM NESAPAKKAM CHENNAI

Marks Obtained In Percentage:

Hsc: 98.1

X Std: 96.1

Language Medium:

Hsc: ENGLISH

X Std: ENGLISH

Future goals: TO BECOME A RESPONSIBLE DOCTOR

Academic Interests: MEDICINE

Extra-Curricular Talent/ Interests/Hobbies:

READING BOOKS

LISTENING TO MUSIC

BADMINTON



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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

I MBBS MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study		✓	
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status		✓	
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
10/4/2022	Preparation for tests	Use of standard books	01/05/2022	Buruchanan	Sail
16/6/2022	Unit wise preparation	Use books like standard ones	23/06/2022	Buruchanan	Sh
16/8/2022	Exam pattern	Time management	Improved	Buruchanan	Sh
21/9/2022	Performance	Practice a lot	5/10/2022	Buruchanan	Sh
12/10/2022	Preparation for model exam	Manage time, revise all chapters	30/10/2022	Buruchanan	Sh
23/11/2022	University exam preparation	Revise all important previous year questions	27/11/2022	Buruchanan	Sh

Name and Signature of the Mentor:

Sh
(Dr. Suresh)

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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

I MBBS - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
12 th August 2022	INTERNAL ASSESSMENT AND ATTENDANCE DISCUSSION	C. Mangaleswari.
08/11/2022	Internal Assessment and attendance discussion	C. Mangaleswari

Name and Signature of the Mentor: *Sah*
(Dr. Saravitha)

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MENTOR- MENTEE LOG BOOK


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Chennai-600 127.

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. DHIVYA	ASSISTANT PROFESSOR	BIOCHEMISTRY	90031 18113	No
II MBBS	Dr. MAHENDRAN	ASSISTANT PROFESSOR	FORENSIC MEDICINE	97894 00121	No
III MBBS PART I	Dr. A. VIKRAM	ASSISTANT PROFESSOR	COMMUNITY MEDICINE	8220468193	No
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: SHIVA VILASINI. V

Gender: FEMALE

D.O.B & Age: 19.07.2001 ; 22 years

Aadhar Number:

Blood Group: O POSITIVE

Batch/Year of joining TMCH: 2020

Father's Name: VELMURUGAN. M

Occupation: METRO WATER CONTRACTOR

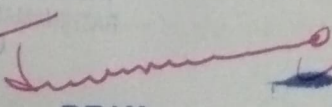
Mobile Number: 9791005576

Mother's Name: SWARNA. S. P

Occupation: TEACHER

Mobile Number: 9444463361




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 TAGORE MEDICAL COLLEGE HOSPITAL
 RATHINAMANGALAM
 Chennai

Family Income/ Annum: Rs. 4,00,000/-

Siblings: YOUNGER BROTHER Education: XI std.

Occupation: -

Permanent Residential Address: 3/109, MGR street.

BALAVINAYAGAR NAGAR, CHENNAI - 600 107

Present Address: 3/109, MGR street, BALAVINAYAGAR NAGAR, CH - 600 107

Phone No: - Mobile: 9677213729

E.Mail: shivavilasiniyibish@gmail.com

Accommodation: Hostel/Day Scholar

Mode of Transport: Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others -

Any Medications/ known allergies:

NIL

School Last Studied: CHETTINAD VIDYASHRAM

Marks Obtained In Percentage: Hsc: 459/500 91% X Std: 98%.

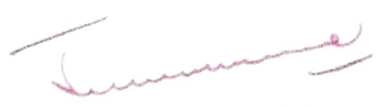
Language Medium: ENGLISH Hsc: ENGLISH X Std: ENGLISH

Future goals: TO BECOME A SURGEON

Academic Interests: PAPER PRESENTATION, QUIZ.

Extra-Curricular Talent/ Interests/Hobbies:

SINGING



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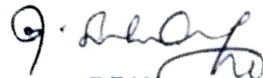
II MBBS - MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study			✓
Participation in extra-curricular activities Physical health status Mental health		✓	
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

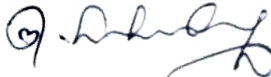
Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
24/6/22	Sports competition discussed	25/6/22, Intra college run	26/6/22	V. Shiva Vilasini	G. Mahendran
29/7/22	Internal marks discussed	29/7/22, Improved	29/7/22	V. Shiva Vilasini	G. Mahendran
3/8/22	Record and observation discussed	3/8/22, Action taken	4/8/22	V. Shiva Vilasini	G. Mahendran
10/9/22	Internal practicals discussed	10/9/22, Improved	10/9/22	V. Shiva Vilasini	G. Mahendran
24/10/22	CME discussed	24/10/22, Improved	24/10/22	V. Shiva Vilasini	G. Mahendran
23/11/22	Cultural discussion	23/11/22, Improved	24/11/22	V. Shiva Vilasini	G. Mahendran

Name and Signature of the Mentor: MAHENDRAN. M 

DEAN

II MBBS - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
12/8/22	Internal Assessment marks and extracurricular involvement were discussed.	M. Velayutham
10/10/22	University exam and improvements to be done was discussed.	M. Velayutham

Name and Signature of the Mentor: MAHENDRAN. M 



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MENTOR- MENTEE LOG BOOK

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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. PREETHI	CHENNAI	ANATOMY	9952907904	NO
II MBBS	Dr. R. SANGEETHA	CHENNAI	PATHOLOGY	8838161707	NO
III MBBS PART I	Dr. RAMESH HARITHARAJA	ADYAR	CM.	9884194358	NO
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: B. AMARNATH BALU

Gender: MALE

D.O.B & Age: 14.01.2002 & 21

Aadhar Number:

Blood Group: B + Ve

Batch/Year of joining TMCH: 2020.

Father's Name: S. BALAMURUGIAN

Occupation: BANK OFFICER.

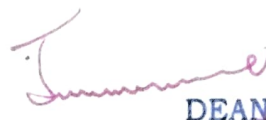
Mobile Number: 9942006440.

Mother's Name: D. UMAMAHESWARI.

Occupation: PROFESSOR (ENGINEERING)

Mobile Number: 9942653478.




DEAN

TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST, 6
Chennai-600 127.

Family Income/ Annum: 3,00,000

Siblings: YOUNGER SISTER

Permanent Residential Address: NO : 39, ASHOK NAGAR, THIRUVATHIGAI, PANRUTI, 607106. CUDDALORE

Education: COLLEGE

Occupation: -

Present Address: NO : 39, ASHOK NAGAR, THIRUVATHIGAI, PANRUTI, CUDDALORE, 607106.

Phone No: -

Mobile: 6384192444

E.Mail: amarkalu2002@gmail.com

Accommodation:

Hostel/Day Scholar

Mode of Transport:

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others

Any Medications/ known allergies: -

School Last Studied: JOHN DEWEY MAT. HIGHER SECONDARY SCHOOL PANRUTI

Marks Obtained In Percentage:

Hsc: 430/600

X Std: 482/500.

Language Medium:

Hsc: English

X Std: English.

Future goals: NEUROBURGEON

Academic Interests: QUIZ

Extra-Curricular Talent/ Interests/Hobbies: CRICKET, DANCE, ATHLETICS

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Assessment by the mentor			
Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study			✓
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken					
Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
24/6/22.	Sports Competitor discussed.	25/6/22 / Total effort.	26/6/22.	B. Amayath Balu	✓
29/7/22	Internal marks discussed	29/7/22 / Improved	29/7/22	B. Amayath Balu	✓
3/8/22	Record and observation discussed	4/8/22 / Action taken	4/8/22	B. Amayath Balu	✓
10/9/22	Internal practical discussed	10/9/22 / Improved	10/9/22	B. Amayath Balu	✓
24/10/22	CME discussed	24/10/22 / Improved	24/10/22	B. Amayath Balu	✓
23/11/22	Cultural discussion	23/11/22 / Improved	24/11/22	B. Amayath Balu	✓

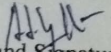
Name and Signature of the Mentor:

(Dr. B. S. Sangeetha)

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RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

II MBBS - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
12/8/22	Internal Assessment marks & Extracurricular Activities discussed.	S. Balas
10/10/22	University Exam and improvements to be done was discussed.	S. Balas


 Name and Signature of the Mentor:

[Dr. B. V. Sarguthi]

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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor
I MBBS	Dr. preethi	AP	Anatomy		
II MBBS	Dr. Narasimhan	AP	Forensic Medicine		
III MBBS PART I					
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: R.S. SUCHANTHIKA

Gender: FEMALE

D.O.B & Age: 04.06.2002 & 21 YEARS

Aadhar Number: 4272 1719 4728

Blood Group: 'O' POSITIVE

Batch/Year of joining TMCH: 2020 BATCH

Father's Name: R. SANKAR

Occupation: SUB INSPECTOR OF POLICE [TAMILNADU]

Mobile Number: 9976299900

Mother's Name: P. VASANTHA

Occupation: TEACHER

Mobile Number: 9942155292



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Family Income/ Annum: 14 lacs

Siblings: BROTHER

Education: ENGINEER
[B-E]

Occupation: ASSISTANT
DIRECTOR

Permanent Residential Address: D-187, HOUSING UNIT, KOLLAMPALAYAM,
ERODE-2

Present Address: D-187, HOUSING UNIT, KOLLAMPALAYAM, ERODE-2

Phone No: 6383278728 Mobile: 6383278728

E.Mail: Suchanthika123
@gmail.com

Accommodation: Hostel/~~Day Scholar~~

Mode of Transport: Self/College Bus —

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others —

Any Medications/ known allergies: —

School Last Studied: BHARATHI VIDYA BHAVAN

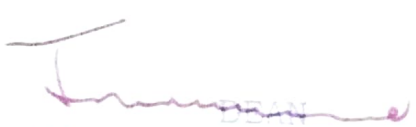
Marks Obtained In Percentage: Hsc: 83.5 X Std: 96.2

Language Medium: Hsc: ENGLISH X Std: ENGLISH

Future goals: PAEDIATRICIAN

Academic Interests: SEMINAR, QUIZ.

Extra-Curricular Talent/ Interests/Hobbies: DANCING, DRAWING, SHUTTLE


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II MBBS - MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study			✓
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
24/6/22	Sports competition discussed	25/6/22, intra college event	26/6/22	RS-hat	Nalana
29/7/22	Internal marks discussed	29/7/22, Improved	29/7/22	RS-hat	Nalana
3/8/22	Record observation discussed	3/8/22, Action taken	4/8/22	RS-hat	Nalana
10/9/22	Internal Practical discussed	10/9/22 Improved	10/9/22	RS-hat	Nalana
24/10/22	CME discussed	24/10/22 Improved	24/10/22	RS-hat	Nalana
23/11/22	Cultural discussion	23/11/22 Improved	24/11/22	RS-hat -	Nalana

Name and Signature of the Mentor:

Nalana

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II MBBS - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
12/8/22	Internal assessment marks & extra curricular involvement were discussed	Nasa
10/10/22	University exam & improvements to be done was discussed	Nasa

Dr. Nakarammam.
Name and Signature of the Mentor:

Nasa

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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	<i>A. Kasthuri</i>	<i>Asst Prof</i>	<i>Biochemistry</i>		
II MBBS	<i>Dr. P. S. Sathya</i>	<i>Asst Prof</i>	<i>Microbiology</i>		
III MBBS PART I					
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: *K. Kavi Bharathi*

Gender: *Female*

D.O.B & Age: *24.06.2001 & 22*

Aadhar Number: *9322 8754 6131*

Blood Group: *O+ve*

Batch/Year of joining TMCH: *2020*

Father's Name: *P. Kannan*

Occupation: *Doctor*

Mobile Number: *9487141298*

Mother's Name: *K. Kalaiselvi*

Occupation: *Housewife*

Mobile Number: *9486112711*



Family Income/ Annum: 12 lakhs/yr.

Siblings: K. Bharathan

Education: MBBS

Occupation: Student

Permanent Residential Address:

NO. 12, Bharathi Eye & Skin care centre,
Annagramam, Indhiranagar, near Neyveli arch, Neyveli
Cuddalore - 607308.

Present Address:

NO. 12, Bharathi Eye & Skin care centre, Annagramam, Indhiranagar,
near Neyveli arch, Cuddalore - 607308.

Phone No:

8610037293

Mobile:

E-Mail: bharathi24india01@gmail.com

Accommodation:

Hostel/Day Scholar

Mode of Transport:

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others -

Any Medications/ known allergies: -

School Last Studied: Jawahar Matriculation Higher Secondary School
Block -17, Neyveli - 607803.

Marks Obtained In Percentage:

Hsc: 81.41

X Std: 95.4

Language Medium: English

Hsc: English

X Std: English

Future goals: Getting a good PG in Government college.

Academic Interests:

Extra-Curricular Talent/ Interests/Hobbies: -

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II MBBS - MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study			✓
Participation in extra-curricular activities Physical health status Mental health		✓	
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
24/6/22	Sports competition discussed	25/6/22 Intra college event	26/6/22	K. Kavi Bharathi	E. P.
29/7/22	Internal marks discussed	29/7/22 Improved	29/7/22	K. Kavi Bharathi	E. P.
3/8/22	Record & observation discussed	3/8/22 Action taken	4/8/22	K. Kavi Bharathi	E. P.
10/9/22	Internal Practicals discussed	10/9/22 Improved	10/9/22	K. Kavi Bharathi	E. P.
24/10/22	CME discussed	24/10/22 Improved	24/10/22	K. Kavi Bharathi	E. P.
23/11/22	Cultural discussion	23/11/22 Improved	24/11/22	K. Kavi Bharathi	E. P.

Name and Signature of the Mentor:

Dr. Purna Lakshmi
E. P.

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II MBBS - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
12/8/22	Internal assessment marks & extra curricular involvement were discussed.	Car Bheeth
10/10/22	University exam & improvements to be done was discussed.	Car Bheeth

Name and Signature of the Mentor:



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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. Malligai	Professor & HOD	Biochemistry		
II MBBS	Dr. Sony Paul	AP	Microbiology		
III MBBS PART I					
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: MADHUMITA . R

Gender: FEMALE

D.O.B & Age: 09.08.2002 , 21

Aadhar Number: 4665 8526 0794

Blood Group: O-POSITIVE

Batch/Year of joining TMCH: 2020

Father's Name: G. RAVI

Occupation: MANAGER (IN CPCL)

Mobile Number: 9444087731

Mother's Name: R. LAKSHMI

Occupation: HOUSE WIFE

Mobile Number: 9566183247




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TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

Education:
Occupation:
Residential Address: PLDT NO 45, 8th STREET, SRI PADMAVATHI NAGAR EXTN,
KATHIRVEDU
CHENNAI-99
Present Address: PLDT NO 45, 8th STREET, SRI PADMAVATHI NAGAR EXTN, KATHIRVEDU
CHENNAI-99
Phone No: 9791323827 Mobile: 9791323827
E-Mail: madhumita19802@gmail.com
Accommodation: Hostel/Day Scholar ✓
Mode of Transport: Self/College Bus ✓
Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others -
Any Medications/ known allergies: -

School Last Studied: VELAMMAL MATRIC HIGHER SECONDARY SCHOOL

Marks Obtained In Percentage: Hsc: 82 / X Std: 96.2

Language Medium: Hsc: ENGLISH X Std: ENGLISH

Future goals: GENERAL MEDICINE

Academic Interests: PAPER PRESENTATION

Extra-Curricular Talent/ Interests/Hobbies: BATMITTON
CALLIGRAPHY

Family Income/ Annum:

Siblings:

Education:

Occupation:

Permanent Residential Address: PLDT NO 45, 8th STREET, SRI PADMAVATHI NAGAR EXTN,
KATHIRVEDU
CHENNAI-99

Present Address: PLDT NO 45, 8th STREET, SRI PADMAVATHI NAGAR EXTN, KATHIRVEDU
CHENNAI-99

Phone No: 9791323827 Mobile: 9791323827

E.Mail: madhumita9802@gmail.com

Accommodation:

Hostel/Day Scholar ✓

Mode of Transport:

Self/College Bus ✓

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others -

Any Medications/ known allergies: -

School Last Studied: VELAMMAL MATRIC HIGHER SECONDARY SCHOOL

Marks Obtained In Percentage:

Hsc: 82 /

X Std: 96.2

Language Medium:

Hsc: ENGLISH

X Std: ENGLISH

Future goals: GENERAL MEDICINE

Academic Interests: PAPER PRESENTATION

Extra-Curricular Talent/ Interests/Hobbies: BATHTMITDM
CALLIGRAPHY

II MBBS - MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study			✓
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
24/6/22	Sports competition discussed	25/6/22, Intercollege event	26/6/22	R. Mathurita	PongPaul
29/7/22	Internal marks discussed	29/7/22, Improved	29/7/22	R. Mathurita	PongPaul
3/8/22	Record + observation discussed	3/8/22, Action taken	4/8/22	R. Mathurita	PongPaul
10/9/22	Internal-practicals discussed	10/9/22, Improved	10/9/22	R. Mathurita	PongPaul
24/10/22	CME discussed	24/10/22, Improved	24/10/22	R. Mathurita	PongPaul
23/11/22	Cultural discussion	23/11/22, Improved	24/11/22	R. Mathurita	PongPaul

Name and Signature of the Mentor: *Dr. Sany Paul*
PongPaul

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II MBBS - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
12/8/22	Internal assessment mark + extra-curricular involvement were discussed	<i>[Signature]</i>
10/10/22	University exam + improvements to be done was discussed.	<i>[Signature]</i>

Dr. Sony Paul .
 Name and Signature of the Mentor: *[Signature]*


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MENTOR- MENTEE LOG BOOK

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Chennai-600 127.

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. VASANTHI	MBBS	BIOCHEMISTRY		
II MBBS	Dr. PREMALATHA	MBBS, MD	MICROBIOLOGY		
III MBBS PART I	Dr. POORNIMA	MBBS, MD	ENT		
III MBBS PART II	Dr. MITHUN CHANDER	MBBS, MD	MEDICINE		

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: JOEL STUVERT . R.N

Gender: MALE

D.O.B & Age: 26/02/2000 / 23

Aadhar Number: 2636 8602 9001

Blood Group: B +ve



Batch/Year of joining TMCH: 2019 batch / 5th August 2019

Father's Name: RAVIT

Occupation: TNER

Mobile Number:

Mother's Name: NIRMALA.C

Occupation: TEACHER

Mobile Number: 9598533286

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Chennai-600 127.

Family Income/ Annum:

Siblings:

Permanent Residential Address:

Education:

Occupation:

Present Address:

Phone No: 8903612148

Mobile:

E-Mail: joelstuvverrt@gmail.com

Accommodation:

✓
Hostel/Day Scholar

Mode of Transport:

✓
Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others

Any Medications/ known allergies:

School Last Studied:

Alphonsa Matriculation Higher Secondary School, Nagercoil.

Marks Obtained In Percentage:

Hsc:

X Std:

Language Medium: ENGLISH

Hsc:

X Std:

Future goals:

Academic Interests:

Extra-Curricular Talent/ Interests/Hobbies:



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Chennai-600 127.

III MBBS PART I - MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study			✓
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues Identified	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
4/9/22	2A marks	Improvement required	16/9/22	P. Pooj	Dr. P.
15/10/22	Feeling tired and sleepy	Take breaks whenever required	16/10/22	P. Pooj	Dr. P.
22/11/22	Peer pressure + stress	Meditation + calm down exercises	29/11/22	P. Pooj	Dr. P.
10/12/22	Exam tension	Prepare well ahead of exams	27/12/22	P. Pooj	Dr. P.

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Name and Signature of the Mentor: Dr. POORNIMA.

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III MBBS PART I - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
4/9/22	8A marks were discussed. Encouraged to participate in extra curricular activities.	
5/1/22	8A marks were discussed. Advice to improve the scores.	

Name and Signature of the Mentor:

Dr. POORNIMA.




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MENTOR- MENTEE LOG BOOK


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Chennai-600 127.

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. VASANTHI	MBBS	BIOCHEMISTRY		
II MBBS	Dr. RAJESH	MBBS MD	PATHOLOGY		
III MBBS PART I	Dr. POORNIMA	MBBS MD	ENT		
III MBBS PART II	Dr. MITHUN CHANDER	MBBS MD	GENERAL MEDICINE		

2. b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: KAREN SYLVIA.R

Gender: FEMALE

D.O.B & Age: 28/06/2001 (22 years)

Aadhar Number:

Blood Group: B +ve

Batch/Year of joining TMCH: 2019

Father's Name: Dr. S. RAJESH SATHYA

Occupation: DOCTOR

Mobile Number: 9442383347

Mother's Name: Dr. C. CHRISTABEL REENA

Occupation: DOCTOR

Mobile Number: 9443791640




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 Chennai-600 127.

Family Income/ Annum:

Siblings: KEVIN SAMUEL R Education: XII

Occupation: STUDENT

Permanent Residential Address: 357 N/2, New No: 894, GREEN STREET,
KP ROAD, NAGERCOIL - 629001

Present Address: 357 N/2, New No: 894, GREEN STREET,
KP ROAD, NAGERCOIL - 629001

Phone No: 04652 278732 Mobile: 9677794135

E.Mail: princesskate73@gmail.com

Accommodation: ☒ Hostel/Day Scholar

Mode of Transport: ☒ Self/College Bus

Personal History- ☒ Asthma / Seizures/ Diabetes/Hypertension/Others

Any Medications/ known allergies: ALLERGIC TO SALBUTAMOL AND
TERBUTALINE

School Last Studied:

Marks Obtained In Percentage: Hsc: X Std:

Language Medium: Hsc: X Std:

Future goals:

Academic Interests:

Extra-Curricular Talent/ Interests/Hobbies:


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Chennai-600 127.

III MBBS PART I - MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study			✓
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues Identified	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
4/9/22	1A marks were dismissed	Improvement required	10/9/22	Kanishk	Ri
15/10/22	One premium and stress	Avoid unnecessary conversations	16/11/22	Kanishk	Ri
22/11/22	Tired and sleepy	Exercise regularly	29/11/22	Kanishk	Ri
10/12/22	Anxious about exams	Prepare well and revise many times	27/12/22	Kanishk	Ri

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Chennai-600 127.

Name and Signature of the Mentor: Dr. Poorvima
Ri

III MBBS PART I - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
4/9/22	Internal assessment marks were discussed.	<u>Prithabell</u>
5/1/23	Internal assessment marks were discussed.	<u>Prithabell</u>

Name and Signature of the Mentor: Dr. Poornima

Prithabell
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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. Subramani	Asso Prof	Physio		
II MBBS	Dr. Suresh	Asso Prof	Pathology		
III MBBS PART I	Dr. Deepak Anirudh	Asst Prof	CM		
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: DIVYA DARSHINI . S

Gender: FEMALE

D.O.B & Age: 03.09.2000 A 23

Aadhar Number: 9123 2118 2296

Blood Group: O Positive

Batch/Year of joining TMCH: 2019 .

Father's Name: SANKARAN . K

Occupation: Cameraman, Door Darshan .

Mobile Number: 9840101798

Mother's Name: GOWRI . S

Occupation: Homemaker

Mobile Number: 9841984673 .



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Family Income/ Annum:

Siblings: 2 1. DIVYESH
2. LOKESH

Education: 1. B.Sc, Nautical Science
2. B.Arch,
Project Management.

Occupation: 1. Business
2. Project Manager

Permanent Residential Address:

1/9 A VEMBULI NAICKER 1ST CROSS ST, VANAGARAM, CH-95.

Present Address: 1/9 A Vembuli Naicker 1ST Cross St, Vanagarum Ch-95.

Phone No: -

Mobile: 8667268270

E-Mail: ggdivya390@gmail.com

Accommodation:

Hostel/Day Scholar ✓

Mode of Transport:

Self/College Bus ✓

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others NO

Any Medications/ known allergies: NO

School Last Studied: KOLA SARASWATHI SENIOR SECONDARY SCHOOL.

Marks Obtained In Percentage:

Hsc: 84%

X Std: 90%

Language Medium:

Hsc: English

X Std: English

Future goals:

Doctor.

Academic Interests:

Medicine

Extra-Curricular Talent/ Interests/Hobbies:

Athletics.
Dance.
Cooking.


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III MBBS PART I - MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings		✓	
Performance in study		✓	
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues Identified	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
4/9/22	Internal Assessment	Marks should be improved	10/9/22	S. divya	Deepthi
15/10/22	Exam anxiety	Prepare well ahead of exam	16/11/22	S. divya	Deepthi
22/11/22	Time management	Plan the Content while studying	29/11/22	S. divya	Deepthi
10/12/22	Stress	have hobbies and meditate	27/12/22	S. divya	out

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Name and Signature of the Mentor: Deepthi (Dr. Deepthi Arora)

III MBBS PART I - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
4/9/22	Internal Assessment marks were discussed. Encouraged to participate more in academic events.	Akhil
5/1/22	TA marks were discussed along with attendance. Advice given on exam Preparation.	Akhil

Name and Signature of the Mentor:

Dr. Deepak Akhil

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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. Swathi	Ap	Anatomy		
II MBBS	Dr. Ravi Shankar	professor	pathology		
III MBBS PART I	Dr. Raghavendra	AP	Forensic medicine		
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: APPARNA PREMA BARANI

Gender: FEMALE

D.O.B & Age: 05th / 12 / 2001 & 21 yrs

Aadhar Number: 2712 6389 9955

Blood Group: B +ve

Batch/Year of joining TMCH:

Father's Name: BARANIDHARAN RENGARAJAN

Occupation: ENGINEER

Mobile Number: 9445999636

Mother's Name: PREMALATA BARANIDHARAN

Occupation: ANAESTHETIST

Mobile Number: 7358182903




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Family Income/ Annum:

Siblings: APPARAJITHA PREMA
BARANI

Education: MBBS

Occupation: DOCTOR

Permanent Residential Address: 3/217, 5TH STREET, JANAKI NAGAR, VALASARAVAKKAM,
CHENNAI - 600 087

Present Address: 3/217, 6TH STREET, JANAKI NAGAR, VALASARAVAKKAM, CHENNAI 600 087

Phone No: 044 48586983 Mobile: 9003977007

E.Mail: apamapb18@gmail.com

Accommodation: ☒ Hostel/Day Scholar

Mode of Transport: Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others Nil

Any Medications/ known allergies: Nil

School Last Studied:

Marks Obtained In Percentage:

Hsc:

X Std:

Language Medium:

Hsc:

X Std:

Future goals:

Academic Interests:

Extra-Curricular Talent/ Interests/Hobbies:


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III MBBS PART I - MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study			✓
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues Identified	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
04/9/22	1A MARKS	IMPROVEMENT REQUIRED	10/9/22	Ramalaksh	Ragun
15/10/22	FEELING TIRED & SLEEPY	TAKING BREAKS WHENEVER REQUIRED	16/11/22	Ramalaksh	Ragun
22/11/22	PEER PRESSURE & STRESS	MEDITATION + CALM DOWN EXERCISE	29/11/22	Ramalaksh	Ragun
10/12/22	EXAM TENSION	PREPARE WELL AHEAD OF EXAMS	27/12/22	Ramalaksh	Ragun

Name and Signature of the Mentor:

Ragun

TAGORE HOSPITAL & HEALTHCARE CENTRE
RAJIV GANDHI MEDICAL COLLEGE, RAIPUR

III MBBS PART I - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
4/9/22	IP marks was discussed Encouraged to participate in extracurricular activity.	<i>P. Arunakata</i>
5/01/22	IP marks were discussed. Advice to improve the scores.	<i>P. Arunakata</i>

Dr. Raghavendran
Name and Signature of the Mentor:

Raghu

T. Srinivasan
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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. Subhamalini	Associate Professor	Physiology		
II MBBS	Dr. Sumitha Shree	Assistant Professor	Pathology		
III MBBS PART I	Dr. Ashok KUMAR	Associate Professor	Community medicine		
III MBBS PART II					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: MARLIN PRIYA E

Gender: FEMALE

D.O.B & Age: 04.06.2001 , 22 years



Aadhar Number: 7072 7985 2768

Blood Group: A₁ Positive

Batch/Year of joining TMCH: 2019 - Batch

Father's Name: ESURAJ D

Occupation: BUSINESS

Mobile Number: 6381347878

Mother's Name: KARPAGIAH C

Occupation: DISTRICT EDUCATIONAL OFFICER , THIRUVALLUR

Mobile Number: 9444679508


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 THIRUVALLUR - 600 127.

Family Income/ Annum:

Siblings: ELDER BROTHER

Education: B.E.

Occupation:

Permanent Residential Address: No. 157/22E, JN ROAD, BEHIND LIC, THIRUVALLUR, 602 001

Present Address: No. 157/22E, JN ROAD, BEHIND LIC, THIRUVALLUR, 602 001

Phone No: 868192139

Mobile:

E.Mail: maxlinsweety441@gmail.com

Accommodation:

✓
Hostel/Day Scholar

Mode of Transport:

✓
Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others

Any Medications/ known allergies: —

School Last Studied:

Marks Obtained In Percentage:

Hsc:

X Std:

Language Medium:

Hsc:

X Std:

Future goals:

Academic Interests:

Extra-Curricular Talent/ Interests/Hobbies:

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Chennai-600 127.

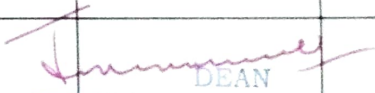
III MBBS PART I - MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings		✓	
Performance in study		✓	
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues Identified	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
4/9/22	Internal Assessment	Marks should be improved.	10/9/22	Marlin Pinge	Ashok Kumar
15/10/22	Exam Anxiety	Prepare well ahead for the exam	16/11/22	Marlin Pinge	Ashok Kumar
22/11/22	Time Management	Plan the content while studying	29/11/22	Marlin Pinge	Ashok Kumar
10/12/22	Stress	Have hobbies and meditate	27/12/22	Marlin Pinge	Ashok Kumar


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 Chennai-600 127.

Dr. Ashok Kumar
 Name and Signature of the Mentor: 

III MBBS PART 1 - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
4/9/22	Internal Assessment marks were discussed. Encouraged to participate more in academic events	Ashok Kumar
5/11/22	IA marks were discussed along with attendance. Advice given on exam preparation.	Ashok Kumar

Dr. Ashok Kumar.
Name and Signature of the Mentor: Ashok Kumar

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Phone : 044-30101111, Fax : 044-222 5555, Email: tagoremch@gmail.com



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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Manikandan	Professor	Physiology		
II MBBS	Premlatha	Associate Prof.	Microbiology		
III MBBS PART I	Karthick	Associate Prof.	Community Medicine		
III MBBS PART II	Prasanna	Associate Prof.	General Medicine		

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: P. AJAY DEEPAK

Gender: MALE

D.O.B & Age: 26/05/1998 (25 years)

Aadhar Number: 5700 3449 4283

Blood Group: O -ve

Batch/Year of joining TMCH: 2018 BATCH

Father's Name: D. PRABAKARAN

Occupation: PHYSICAL EDUCATION TEACHER

Mobile Number: 9710522418

Mother's Name: P. RAJEEVA

Occupation: DAILY WAGER

Mobile Number: 9176763514



[Signature]

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Chennai

Family Income/ Annum:

Siblings: R AJAETHA

Education: B.COM

Occupation: —

Permanent Residential Address:

1/66, MURKANNIYANMAN KOVIL ST, PERIYAR NAGAR,
THIRUVOLAM, CHEENAI - 600043.

Present Address:

JEERAN NAGAR, AVYALUR, PERAMBALUR (DT).

Phone No: —

Mobile:

8838327934

E.Mail:

Accommodation:

✓
Hostel/Day Scholar

Mode of Transport:

✓
Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others

Any Medications/ known allergies:

School Last Studied:

TAGORE MATRICULATION HIGHER SECONDARY SCHOOL

Marks Obtained In Percentage:

91%

Hsc:

1082

X Std:

468

Language Medium:

ENGLISH

Hsc:

*

X Std:

Future goals:

Academic Interests:

GENERAL MEDICINE & GENERAL SURGERY

Extra-Curricular Talent/ Interests/Hobbies:

KABBADI, SILAMBAM, DANCE, TAMIL

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TAGORE MEDICAL COLLEGE
BATHINAMUNTA

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study		✓	
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
7/8/22	DA MARKS	Focus on Studies & Score Good Marks	On Going	P. S. S. S.	Ben
9/8/22	Portions are very vast	Mark Important ones and read	10/8/22	G. S. S. S.	Ben
10/10/22	Getting upset & marks low	Need to understand & read & Present it	10/11/22	P. S. S. S.	Ben
12/12/22	Feeling weak & tired	Eat healthy food & Exercise regularly	26/12/22	G. S. S. S.	Ben
05/1/23	Difficult to concentrate on studies	Take five min break & read	25/1/23	P. S. S. S.	Ben

Name and Signature of the Mentor:

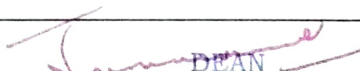
MILON CHANDAR

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TAGORE MEDICAL COLLEGE
RATHINAMANGALAM, NELLORE
Chennai-600 127.

III MBBS PART II - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
7/8/22	DA MARKS were discussed & Encouragement given.	
15/02/23	DA Marks were discussed & Encouragement given	


 Name and Signature of the Mentor:
 Dr. PRASAN MT


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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor
I MBBS	DR. MANIKANDAN	MBBS, MD	PHYSIOLOGY		
II MBBS	DR. PREMALATHA	MBBS, MD	MICROBIOLOGY		
III MBBS PART I	DR. KARTHIK	MBBS, MD	COMMUNITY MEDICINE		
III MBBS PART II	DR. PRASANNA	MBBS, MD	GENERAL MEDICINE		

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: SWEETHA M

Gender: FEMALE

D.O.B & Age: 30/05/2000 / 23 years

Aadhar Number:

Blood Group: B+ve

Batch/Year of joining TMCH: 2018 Batch/ 3rd August 2018

Father's Name: MUTHUSAMY T

Occupation: INSTRUMENTATION TECHNICIAN

Mobile Number:

Mother's Name: MEENAKSHI M

Occupation: HOME MAKER

Mobile Number: 9524 711171



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Chennai-600 127.

Family Income/ Annum:

Siblings:

Permanent Residential Address:

Education:

Occupation:

Present Address:

Phone No:

Accommodation:

Mode of Transport:

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others - Nil-

Any Medications/ known allergies:

- Nil -

School Last Studied:

Jawahar higher secondary school, Neyveli

Marks Obtained In Percentage:

Hsc:

X Std:

Language Medium: ENGLISH

Hsc:

X Std:

Future goals:

Academic Interests:

Extra-Curricular Talent/ Interests/Hobbies:


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TAMIL NADU - 603209.

III MBBS PART II - MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study			✓
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
7/8/22	DA Marks	Improve studies + marks	08/08/22	(Signature)	NPK
18/9/22	Portions are quite difficult	Read only important ones	20/9/22	(Signature)	NPK
20/10/22	Difficult to focus on exams	Prepare for exams well in Advance	15/11/22	(Signature)	NPK
15/11/22	Not able to focus on studies	Switch off phone/ laptop during studies	25/11/22	(Signature)	NPK
20/12/22	Feeling weak + tired	Invited to eat healthy foods + proper rest	30/12/22	(Signature)	NPK

Name and Signature of the Mentor:

DR. PRASANNA

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Chennai-600 127.

III MBBS PART II - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
7/8/22	PA marks were discussed Encouraged to participate in extracurricular Activities	M. Meenakshi
15/02/23	PA marks were discussed Advised to improve the scores	M. Meenakshi

Prasanna

Name and Signature of the Mentor:

DR. PRASANNA

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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. Subramanian	Assistant professor	Physiology		
II MBBS	Dr. Mahendran	Assistant professor	TM		
III MBBS PART I	Dr. Manoj Pandian	Assistant	ENT		
III MBBS PART II	Dr. Farook	Professor of Surgery	Surgery		

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: VISHALI R.S

Gender: FEMALE

D.O.B & Age: 03/09/1999 23 Yrs.

Aadhar Number:

Blood Group: A₂ B⁺ve.

Batch/Year of joining TMCH: 2018-2023

Father's Name: R. SATHIYAM

Occupation: BUSINESS

Mobile Number: 9444922938

Mother's Name: ANURADHA S.

Occupation: HOME MAKER

Mobile Number: 9445471250




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 Chennai-600 127.

Family Income/ Annum:

1

Education: B.TECH

Occupation: SOFTWARE

Permanent Residential Address:

7/10 b viswanathar Koil Street,
St. Thomas Mount, Ch. 600 016

Present Address:

Phone No:

Mobile: 7448329806

E-Mail:

Accommodation:

Hostel/Day Scholar

Mode of Transport:

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others

Any Medications/ known allergies: NONE

School Last Studied: ST DOMINIC A.I.H.S.CC

Marks Obtained In Percentage:

Hsc: 91%

X Std: 97%

Language Medium:

Hsc: English

X Std: English

Future goals:

Academic Interests: QUIZ, CASE PRESENTATION

Extra-Curricular Talent/ Interests/Hobbies: CHESS

THROW BALL

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RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			
Performance in study		✓	
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers		✓	

Remedial measure taken

Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
7/8/22	Focus on studies	Focus on studies	30/9/22	Thirum	Dr. Farook
9/8/22	Focus on studies	Focus on studies	31/8/22	Thirum	Dr. Farook
10/10/22	Focus on studies	Focus on studies	10/11/22	Thirum	Dr. Farook
10/10/22	Focus on studies	Focus on studies	10/01/23	Thirum	Dr. Farook
10/10/22	Focus on studies	Focus on studies	14/02/23	Thirum	Dr. Farook

Name and Signature of the Mentor:

(Dr. Farook)

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Chennai-600 127.

III MBBS PART II - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
11/8/22	PA marks were discussed and Encouragement given.	
16/02/23	PA marks were discussed and Encouragement given.	

Name and Signature of the Mentor:


 (DR. FAROOK)


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 Chennai-600 127.



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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. Swetha	Asst Prof	Anatomy		
II MBBS	Dr. Shreya	Asst Prof	Pathology		
III MBBS PART I	Dr. Anand	Prof + HOD	ENT		
III MBBS PART II	Dr. Gopal Kumar	Professor	General Medicine		

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: A. L. Dorai Raj.

Gender: male

D.O.B & Age: 12/10/1999 (24 years)

Aadhar Number: 2934 1499 3057

Blood Group:

A+ve

Batch/Year of joining TMCH: 2018 Batch

Father's Name: A. V. Loganathan

Occupation: Business

Mobile Number: 8379 125185

Mother's Name: A. L. Karitha

Occupation: Housewife

Mobile Number:



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DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, KOTTAIYUR POST,
Chennai-600 127.

Family Income/ Annum: -

Siblings: -

Permanent Residential Address:

Education: -

Occupation: -

58A, NTK Street, Podatupet, Thimallu 4A.
631208.

Present Address:

Phone No:

Mobile:

E.Mail:

Accommodation:

Hostel/Day Scholar

Mode of Transport:

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others

Any Medications/ known allergies:

School Last Studied: *Saichatanga school*

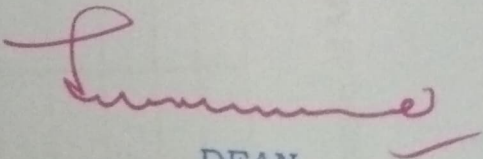
Marks Obtained In Percentage: *94%* Hsc: *1167* X Std: *478*

Language Medium: *English* Hsc: X Std:

Future goals:

Academic Interests: *General medicine & pediatrics.*

Extra-Curricular Talent/ Interests/Hobbies: *Chess, Table tennis.*


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III MBBS PART II - MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings		✓	✓
Performance in study		✓	✓
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status		✓	
Behavior with teachers and peers			

Remedial measure taken

Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
7/8/22	Gr marks	from a study and writing live in		ma	Akl
9/8/22	from see were ojeting	make imporing as and send	10/8/22	ms	Akl
10/10/22	mark scored	Need to be better and need to	10/11/22	ma	Akl
11/11/22	fully weath and mood	from Eat health and exercise regularly	26/12/22	ms	Akl
16/1/23	Difficult to concentrate and has	Take frequent break & read	26/1/23	ma	Akl

Name and Signature of the Mentor:

Akl
(Dr. Anand Kumar)

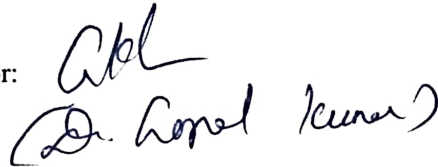
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Chennai-600 127.

III MBBS PART II - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
7/8/22	En marks were discussed & Encouragement given.	Dona's
16/02/23	En marks were discussed and Encouragement given.	Dona's


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 CHENNAI-600 127.

Name and Signature of the Mentor:


 (Dr. Anand Kumar)

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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change mentor name
I MBBS	Dr Vani	A.P	Anatomy		
II MBBS	Dr Geetha	HOD	Pharmacology		
III MBBS PART I	Dr. Kalpana	A.P	ENT		
III MBBS PART II	Dr. Vijay Saraty	(Attended) General Surgery	General Surgery		

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: VIGNESWARI K.A .

Gender: FEMALE

D.O.B & Age: 30/08/1999 , 24 yrs

Aadhar Number:

Blood Group: O+ve

Batch/Year of joining TMCH: 2018

Father's Name: ARUNACHALAM . K .

Occupation: Private sector

Mobile Number: 9962002926

Mother's Name: Shanthi Arunachalam .

Occupation: Home maker

Mobile Number: 9962504122



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Chennai-600 127.

Family Income/ Annum: ₹ 20,00,000

Siblings: 1

Education: 10

Occupation: student

Permanent Residential Address:

DEEPI AUVACHAR ST, METTA NAGAR,
CHENNAI - 29

Present Address:

Phone No:

Mobile: 8056147230

E-Mail: vigneshwari75@gmail.com

Accommodation:

Hostel/Day Scholar

Mode of Transport:

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others

Nil

Any Medications/ known allergies:

- Nil -

School Last Studied: ANNA ADARSH MAT. HR. SEC. SCHOOL

Marks Obtained In Percentage:

Hsc:

X Std:

Language Medium:

Hsc:

X Std:

Future goals:

Academic Interests:

Extra-Curricular Talent/ Interests/Hobbies:

singing


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Chennai-600 127.

III MBBS PART II - MENTOR-MENTEE MEETING RECORD

Assessment by the mentor

Attributes/Level	Below average	Average	Above average
Regularity in class rooms and Clinical postings			✓
Performance in study		✓	
Participation in extra-curricular activities Physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measure taken

Date of meeting	Issues discussed	Suggested action/date of action taken	Status/ date of resolution	Mentee/ or parent signature	Mentor Sign
7/8/22	CA marks	Focus on studying & long lived marks	10/9/22	Done	Vijay Sh
9/8/22	Problems are facing in understanding of set	ask and need	25/10/22	Done	Vijay Sh
10/10/22	Problems are facing in understanding of set	need foundation and prepare a list	11/11/22	Done	Vijay Sh
12/12/22	Problems are facing in understanding of set	eat healthy, sleep and exercise	1/1/23	Done	Vijay Sh
5/1/23	Problems are facing in understanding of set	Take frequent breaks & head	6/2/23	Done	Vijay Sh

Name and Signature of the Mentor: Dr. VIJAY SARATHY

Vijay Sh

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III MBBS PART II - PARENTS MEETING RECORD

DATE	DETAILS OF DISCUSSION	SIGNATURE OF THE PARENT/GUARDIAN
7/8/22	EA marks were discussed & Encouragement given.	Shanthi
15/02/23	EA marks were discussed & Encouragement given.	Shanthi

Name and Signature of the Mentor:

Vijay Sh

(DR VIJAY SARATHY)

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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. Gopalan	Prof & HOD	Anatomy		
II MBBS	Dr. Luck	Prof & HOD	Pathology		
III MBBS PART I	Dr. Srini	Asst Prof	Community Medicine		
III MBBS PART II	Dr. Farook	Professor	Surgery		
CRRI	Dr. Abdul Kader	Prof	Ortho		

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: Keerthana. K

Gender: Female

D.O.B & Age: 23 Years

Aadhar Number:

Blood Group: O Pos

Batch/Year of joining TMCH: 2017

Father's Name:

Occupation:

Mobile Number:

Mother's Name:

Occupation:

Mobile Number:



[Signature]

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Chennai-600 127.

Family Income/ Annum: Rs. 25,00,000

Siblings: —

Education:

Occupation:

Permanent Residential Address:

Thoothukudi

Present Address:

CRI Hostel, TMCH

Phone No:

Mobile:

E-Mail:

Accommodation:

✓
Hostel/Day Scholar

Mode of Transport:

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others

N/I

Any Medications/ known allergies:

N/I

School Last Studied:

Marks Obtained In Percentage:

Hsc:

X Std:

Language Medium:

Hsc:

X Std:

Future goals:

Academic Interests:

Extra-Curricular Talent/ Interests/Hobbies:


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CRR - MENTOR MENTEE MEETING RECORD

Assessment by the mentor *Dr. Abdul Khader*

Keechan. K

Attributes / Level	Below average	Average	Above Average
Regularity in Clinical Postings			
Performance in Postings			✓
Participation in extra-curricular activities physical health status Mental health		✓	✓
Physical health status Mental health status		✓	
Behavior with teachers and peers		✓	✓

Remedial measures taken

Date of meeting	Issues discussed	Suggested action / date of action taken	Status / date of resolution	Mentee / or Parent signature	Mentor Sign
06/06/21	Dr. Khader to see night duties	Think about patient wellbeing to manage your time	30/06/21	<i>[Signature]</i>	<i>[Signature]</i>
02/08/21	Not able to go to home during Holidays	Be dedicated as a doctor for 1 year	10/09/21	<i>[Signature]</i>	<i>[Signature]</i>
10/12/21	Feelings tired & Weak	Get healthy food + exercise regularly	25/01/22	<i>[Signature]</i>	<i>[Signature]</i>

Name and Signature of the Mentor:

[Signature]

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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. Murugan	Asst. prof.	Anatomy		
II MBBS	Dr. Premalatha	Asst. prof.	Microbiology		
III MBBS PART I	Dr. Anand Dr. Karthikeyan	Asst. prof.	ENT		
III MBBS PART II	Dr. Prabakaran	Asst. prof.	General Medicine		
<u>CRME Dr. Kurnykta Prasad Prof Anesthes</u>					

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: Sreraushini. A

Gender: Female

D.O.B & Age: 12/3/1998 - 24 yrs

Aadhar Number:

Blood Group: AB +ve

Batch/Year of joining TMCH: 2017

Father's Name: Aakash

Occupation: Civil Engineer

Mobile Number: 93060 73131

Mother's Name: Prashanth

Occupation: Teacher

Mobile Number: -




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 Chennai-600 127.

Family Income/ Annum: Rs. 30,00,000

Siblings: -

Education: -

Occupation: -

Permanent Residential Address: Chennai

Present Address: CRRI Hostel, TMCH

Phone No:

Mobile:

E-Mail:

Accommodation:

Hostel/Day Scholar

Mode of Transport:

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others - nil

Any Medications/ known allergies: Nil

School Last Studied: SSV Matric School, Salem

Marks Obtained In Percentage: 0

Hsc: 96.1.

X Std: 95%.

Language Medium: English

Hsc:

X Std:

Future goals:

Academic Interests:

Extra-Curricular Talent/ Interests/Hobbies: Dancing


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Chennai-600 127.

CRRI – MENTOR MENTEE MEETING RECORD

Assessment by the mentor Dr. Kumadhalingaraju

Sri vaishini

Attributes / Level	Below average	Average	Above Average
Regularity in Clinical Postings		/	
Performance in Postings			/
Participation in extra-curricular activities physical health status Mental health		✓	
Physical health status Mental health status			/
Behavior with teachers and peers			/

Remedial measures taken

Date of meeting	Issues discussed	Suggested action / date of action taken	Status / date of resolution	Mentee / or Parent signature	Mentor Sign
10/6/21	Difficulty in night duties	Think about patient welfare	15/6/21	<u>[Signature]</u>	<u>[Signature]</u>
2/8/21	Not able to sleep properly	Eat healthy & early to bed	10/8/21	<u>[Signature]</u>	<u>[Signature]</u>
10/2/22	Feeling tired & weak.	eat healthy & regular exercise	12/2/22	<u>[Signature]</u>	<u>[Signature]</u>

Name and Signature of the Mentor:

[Signature]

[Signature]
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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. Gopalak	Asso. prof.	Anatomy		
II MBBS	Dr. Prasanna	Asso. prof.	Pathology		
III MBBS PART I	Dr. Ravikumar	prof & HOD	Ophthalmology		
III MBBS PART II	Dr. Loganathan	Asso. prof.	Surgery.		

CRMD Dr. Padma Lakshmi AP Radiodiagnosis

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: Sindhuja. M

Gender: Female.

D.O.B & Age: 15/4/2000 - 23 yrs



Aadhar Number:

Blood Group: 'O' +ve

Batch/Year of joining TMCH: 2017

Father's Name: Marimuthu

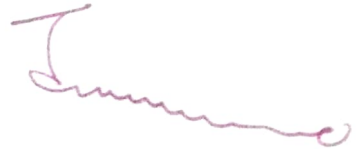
Occupation: Doctor

Mobile Number: 93803 26294

Mother's Name: Shanthi

Occupation: Home maker

Mobile Number:


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 Chennai-600 127.

Family Income/ Annum: Rs. 25,100,000
Siblings: Brother Education: 12th STD Occupation: -
Permanent Residential Address:

Villupuram

Present Address: CRRJ Hostel, TMCH

Phone No: Mobile: E.Mail:

Accommodation: Hostel/Day Scholar

Mode of Transport: Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others - nil

Any Medications/ known allergies: nil

School Last Studied: VIDYALAYA MANDIR MATRIC SCHOOL

Marks Obtained In Percentage: Hsc: 93% X Std: 96%

Language Medium: English Hsc: X Std:

Future goals:

Academic Interests:

Extra-Curricular Talent/ Interests/Hobbies:

Painting.

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Chennai-600 127.

CRRI – MENTOR MENTEE MEETING RECORD

Assessment by the mentor Dr. padma Reka

Sindhuja. M

Attributes / Level	Below average	Average	Above Average
Regularity in Clinical Postings			✓
Performance in Postings		✓	
Participation in extra-curricular activities physical health status Mental health			✓
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measures taken

Date of meeting	Issues discussed	Suggested action / date of action taken	Status / date of resolution	Mentee / or Parent signature	Mentor Sign
8/8/21	Not able to sleep	Eat healthy & go to bed early	6/8/21	M.R.	Padma Reka
12/10/21	Difficulty in coping up with peers	Be confident & start working	15/10/21	M.R.	Padma Reka
10/2/22	Telling weak & tired	Eat healthy & regular exercise	18/2/22	M.R.	Padma Reka

Name and Signature of the Mentor: Padma Reka

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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. Vijayaraj	prof & HOD	Anatomy		
II MBBS	Dr. Luck	prof & HOD	Pathology		
III MBBS PART I	Dr. Balaji	prof & HOD	Community Medicine		
III MBBS PART II	Dr. Jeeva	prof & HOD	Surgery		

CRMI Dr. Jeeva ^{Home} Assistant DBA

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: Dhareshini . A

Gender: Female

D.O.B & Age: 11/7/1999 - 23 yrs.

Aadhar Number:

Blood Group: 'B' positive

Batch/Year of joining TMCH: 2017

Father's Name: Annamalai

Occupation: Teacher

Mobile Number: 9566 326033

Mother's Name: Saratha

Occupation: Home maker

Mobile Number:




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 RATHINAMANGALAM, MELAKOTTAIYUR POST,
 Chennai-600 127.

Family Income/ Annum: Rs. 16,00,000

Siblings: —

Education:

Occupation:

Permanent Residential Address: Kankudi

Present Address: CRI Hostel, TMCH

Phone No:

Mobile:

E.Mail:

Accommodation:

Hostel/Day Scholar

Mode of Transport:

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others Nil

Any Medications/ known allergies: Nil

School Last Studied: DON BOSE MATRICULATION SCHOOL, Kankudi

Marks Obtained In Percentage: Hsc: 96.1. X Std: 95.1.

Language Medium: English Hsc: X Std:

Future goals:

Academic Interests:

Extra-Curricular Talent/ Interests/Hobbies: Singing


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CRRI – MENTOR MENTEE MEETING RECORD

Assessment by the mentor *Dr. Suvachala Govda*

Dharshini. A

Attributes / Level	Below average	Average	Above Average
Regularity in Clinical Postings			✓
Performance in Postings			✓
Participation in extra-curricular activities physical health status Mental health		✓	
Physical health status Mental health status		✓	
Behavior with teachers and peers			✓

Remedial measures taken

Date of meeting	Issues discussed	Suggested action / date of action taken	Status / date of resolution	Mentee / or Parent signature	Mentor Sign
8/6/21	Feeling tired & weak	Eat healthy food & Regular exercise	12/6/21	<i>Dharshini</i>	<i>Dr. Suvachala Govda</i>
5/8/21	Difficulty in preparing high school	Be confident & start preparing	10/8/21	<i>Dharshini</i>	<i>Dr. Suvachala Govda</i>
10/2/22	Not able to go home during holidays	It's okay to sacrifice yourself this time	15/2/22	<i>Dharshini</i>	<i>Dr. Suvachala Govda</i>

Name and Signature of the Mentor:

Dr. Suvachala Govda

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MENTOR- MENTEE LOG BOOK

2. a MENTOR DETAILS

Year of study	Name of the mentor	Designation	Department	Phone no	Any change in mentor name
I MBBS	Dr. Gopalan	prof & HOD	Anatomy		
II MBBS	Dr. Nanikonda	Asst. prof	pathology		
III MBBS PART I	Dr. Subbana	Asst. prof.	community medicine		
III MBBS PART II	Dr. Ravi Chandan	prof & HOD	paediatrics.		

CRMI Dr. N. Narayana

AP

ORC

2.b. PERSONAL INFORMATION OF THE MENTEE

Name of the Student: Govind C. Sajeevan

Gender: Male

D.O.B & Age: 12/4/1998 - 25 yrs

Aadhar Number:

Blood Group: 'O' +ve

Batch/Year of joining TMCH: 2017

Father's Name: Sajeevan

Occupation: Doctor

Mobile Number: 93001 13103

Mother's Name: Shanthi

Occupation: Teacher

Mobile Number: 96006 32010




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Family Income/ Annum: Rs. 30,00,000
Siblings: -
Permanent Residential Address: Chennai

Education: -

Occupation: -

Present Address: CRII Hostel, TMCH

Phone No: -

Mobile: -

E-Mail: -

Accommodation: -

Hostel/Day Scholar

Mode of Transport: -

Self/College Bus

Personal History- Asthma / Seizures/ Diabetes/Hypertension/Others - Nil

Any Medications/ known allergies: Nil

School Last Studied: DON BOSCO MATRIC SCHOOL

Marks Obtained In Percentage: -

Hsc: 96.1

X Std: 97.1

Language Medium: English

Hsc: -

X Std: -

Future goals: -

Academic Interests: -

Extra-Curricular Talent/ Interests/Hobbies: painting

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CRRI – MENTOR MENTEE MEETING RECORD

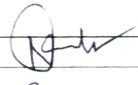
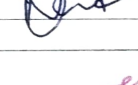
Assessment by the mentor

Dr. Niranjana

Govind C. Sajeevan

Attributes / Level	Below average	Average	Above Average
Regularity in Clinical Postings			✓
Performance in Postings			✓
Participation in extra-curricular activities physical health status Mental health		✓	
Physical health status Mental health status			✓
Behavior with teachers and peers			✓

Remedial measures taken

Date of meeting	Issues discussed	Suggested action / date of action taken	Status / date of resolution	Mentee / or Parent signature	Mentor Sign
10/6/21	Difficulty in sleeping	Have a regular time to bed	12/6/21	Gps	
2/8/21	Not having enough time to prepare for the next day	Make a schedule & start preparing	10/8/22	Gps	
10/12/22	Feeling tired & weak	eat healthy & regular exercise	10/2/22	Gps	

Name and Signature of the Mentor:


Dr. Niranjana


DEAN
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