

SRI VENKATESWARA COLLEGE OF NURSING

Recognized by Govt of AP and APNMC, Vijayawada Accredited with 'A' Grade by NAAC, Bangalore Approved by Indian Nursing Council, New Delhi Affiliated to Dr.NTR University of Health Sciences, Vijayawada RVS Nagar, Tirupathi Road, Chittoor – 517 127(A. P)

E.Mail: svcon.rvs@gmail.com, Website: www.svcon.org Ph.No:7729999174

(MENTOR-MENTEE FORMAT) STUDENT INFORMATION RECORD

1. Name of the Student	:	
2. Date of Birth& Age	:	
3. Name of the Course	:	
4. Year of Admission	:	
5. Course Duration	:	
6. Registration Number	:	
7. National/International Student	:	
8. Aadhar Number	:	
9. Passport Number	:	
10. Sex	:	
11. Religion	:	
12. Caste and Community	:	
13. Blood Group	:	
14. Identification Marks	:	1)
		2)
15. School/College last studied with year	:	
16. Percentage obtained in 10 th and		
Intermediate	:	
17. Name of the Father/Guardian	:	
18. Occupation & Annual Income	:	
19. Name of the Mother	:	
20. Occupation & Annual Income	:	
21. Name of Siblings and their		
Occupation	:	

22. Temporary Address

23. Permanent Address

24. Student Contact Number

25. Email Address

Photograph

Latest

Principal
Sri Venkateswara College of Nursing
R.V.S. Nagar, Tirupathi Road,
Chittoor - 517 127.

26. Parent Contact Number	:
27. Hostler/ Day Scholar,	
If hostel mention Address	:
28. Local Guardian if any with name	:
29. Local Guardian Address :	
with Phone No	
30. Mode of Transport	: College Bus [] / Self []
(From Residence to College)	
31. Concession Availed	:Train / Bus
32. Are you a Member of NSS/YRSC	:
Blue Cross / Red Cross	
33. Scholarships Availed	: Yes [] No []
34. Extra Curricular Activities	:
35. State whether any of Your	:Yes / No
Relatives Studied/Studying in this	
Institute	
36. If yes, Name, Class and Year of	:
the Student studied	
37. Hobbies	:
38. Health History	: Healthy/ Unhealthy
a) Mention illness	:
b) Undergoing any Treatment	:
c) Family History (Hereditary)	:
39. Have been ever donated the blood	:
40. Whether you are interested	
to Donate Organs	:
41. Best friends with their phone numbe	r:

Name and Signature of the Mentor

 $\sqrt{}$. Signature of the Student

Signature of the Principal
Sri Venkateswara College of Nursing
R.V.S. Magar, Tirupathi Road,
Chittoor - 517 127.

ACADEMIC PERFORMANCE

lame	of	the	Student:
egist	rat	ion	No:

Course:	

I Year

Name of the Subject	Term Marks		Internal Marks		External Marks		Attendance	University Result. %	
ivaline of the Subject	I	II	III	Т	P	Т	P		(Overall)
	J	1		ТО	TAL PI	ERCENT	AGE]	

II Year

N - 64h Subject	To	Term Marks			Internal External Marks Marks		Attendance %	University Result. %	
Name of the Subject	I	П	III	T	P	T	P		(Overall)
,		l		то	TAL PE	RCENT	AGE		

V. Jujalha Principal Sri Venkateswara College of Nursing R.V.S. Nagar, Tirupathi Road, Chittoor - 517 127.

INTERACTION RECORDS

S.No. Date	Details of Student Interactions	Signature		
		Student	Mentor	
				-
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	-			

Name of the Subject	Term Marks			Internal Marks		ernal irks	Attendance %	University Result. %	
	I	11	Ш	Т	P	Т	P		(Overall)
				TO	TAL PE	RCENTA	AGE	The second secon	

IV Year

Name of the Subject	Term Marks		Internal Marks		External Marks		Attendance	University Result. %	
, and of the basjess	I	II	III	Т	P	Т	P		(Overall)
•				`					
				TO	TAL PE	RCENT.	AGE		

Principal
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OVER ALL ACADEMIC PERFORMANCE RECORD:

Year	No of Subjects per Year	No of Subjects Passed	Arrears with Subject Name
I Year			
II Year			
III Year			
IV Year		1	

EXTRA CURRICULAR ACTIVITIES:

Name of the Sport	Participated	Prize Awarded	Name of the Cultural Programme	Participated	Prize Awarded

Principal

Sri Venkateswara College of Nursing
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Chittoor - 517 127,

OTHER ACTIVITIES:

VISIT TO HOSPITAL/FIELD:

S. NO	Name&Address of the Hospital Visited	Name &Address of the Field Visited	Period of visit
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Signature of the Mentor

Signature of the Student

Signature of the Principal
Principal
Sri Venkateswara College of Nursing
R.V.S. Nagar, Tirupathi Road,
Chittoor - 517 127,