



INSTITUTE OF HEALTH SCIENCES

(A Unit of Margdarsi)

Office: N-2/41, I.R.C Village, Nayapalli, Bhubaneswar – 751015, Ph.:0674-2553640, 2550054

Campus: Chandaka, Bhubaneswar, Khordha, Odisha, pin: 754005, E-mail: ihsbbsr@margdarsi.org, web: www.ihsindia.org

2.3.4 INSTITUTIONAL DATA IN PRESCRIBE FORMAT

Date: 21/04/2022

Circular


This is to inform you that Mentor- Mentee has to be allocated for the academic year 2021- 22 in order to motivate the students' performance in academics, placement training, extra-curricular activities & also to handle the stress related issue.

All the HODs are hereby requested to instruct their faculties to mentor their wards effectively & submit the list of MENTOR-MENTEE to the principal office.

Director,
Institute of Health Sciences

Copy to:

1. Principal
2. All notice board
3. IQAC
4. HOD
5. ES to Director
6. Guard File



Director
Institute of Health Sciences
Bhubaneswar



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Date: 21/04/2022

Circular

The following are the guideline & list of faculty allocated as coordinator & mentors. Faculties are requested to follow the guidelines & note the list of mentee allotted to each mentor.


Mentors Guidelines:-

- Explain the purpose of the mentoring relationship.
- Explain the format of the meetings & how these will work
- What you will commit to & your role.
- What is expected from mentees & their role.
- Provide Feedback.
- Identify Strengths & Achievements of the mentees.
- Coaching on specific area if required.
- Discuss professional issues.
- Agree support notes.
- Set targets for future actions.
- Create opportunities for Mentees to gain experience.
- Act as a guide, coach and rolemodel for the trainee.
- Interacting periodically with the trainee to review experience gained and set objectives for the next period

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LIST OF MENTORS Academic Year : 2021-2022

Sl No	Department	Name of the full time Teacher	Qualification	Designation
1.	BASLP	Prof.Satyanarayan Mahapatra	M.Sc- Speech & Hearing	Director
2.	BPT	Prof. Susarla Srinivas Rau	MPT-Rehabilitation	Prof. & HOD in Physiotherapy
3.	BPT	Dr. Priyadarshini Mishra	MPT- Orthopedics	Associate Prof. in PT
4.	BPT	Dr. Sandeep Pattnaik	MPT- Neurology	Assistant Prof. in PT
5.	BPT	Dr. Thandaram Banjara	MPT-Neurology	Assistant Prof. in PT
6.	BASLP	Ms.Sonal Daniel	MASLP	Assistant Prof.
7.	BASLP	Ms. Mansha Parmar	M.Sc-Audio	Assistant Prof.
8.	BASLP	Mr.NaveenSoni	M.Sc- Speech Language Pathology	Assistant Prof.
9.	BASLP	Ms. Subhasmita Sahoo	MASLP	Assistant Prof.
10.	BASLP	Mrs.Niharika Dash	MASLP	Lecture in Audio & Speech

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Bhubaneswar



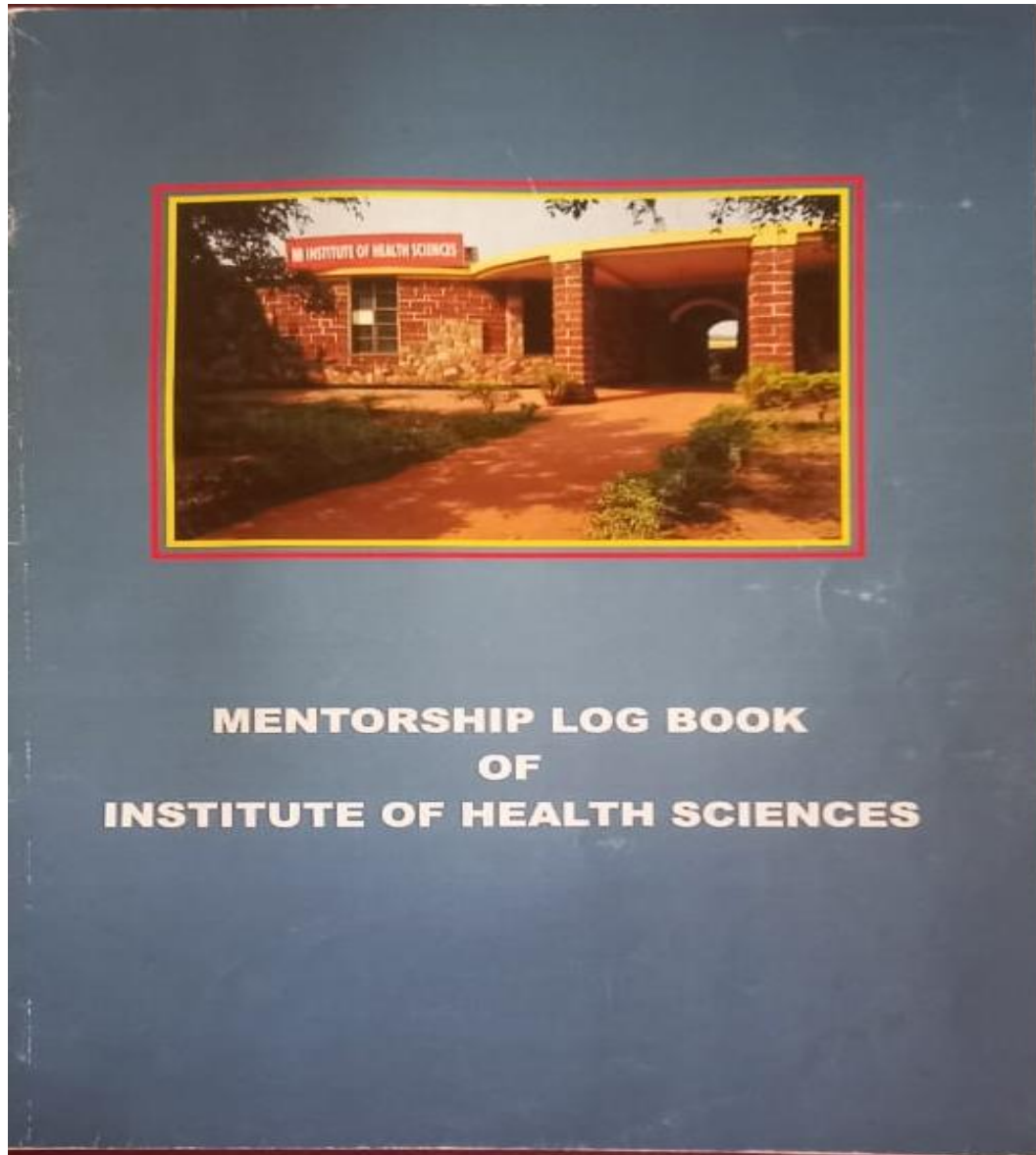
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 **Institute of Health Sciences**
Student Mentee Application

1. Personal Information
Name: Ashok Priyadarshan Date: _____
Address: 91- maisahi, po- Baulasahi, Dist- Nayagarh
City: Nayagarh State: ODISHA PIN: 752092
Home phone: _____ Work phone: _____ STD Code _____
Email: Priyadarshan15011999@gmail.com Cell Phone: 7002166120
Date of Birth: 15/01/1999 Gender: Male / Female

2. Parent's Information
Father's Name: Brajabondhu Nayak
Address: 91- maisahi, po- Baulasahi, Dist- Nayagarh
City: Nayagarh State: ODISHA PIN: 752092
Cell Phone: 9327988977 Highest Degree: +2
Occupational Details: Retired teacher
Mother's Name: Hulash Nayak
Address: 91- maisahi, po- Baulasahi, Dist- Nayagarh
City: Nayagarh State: ODISHA PIN: 752092
Cell Phone: _____ Highest Degree: _____
Occupational Details: Housewife
Names of Brothers & Sisters: Bijayantee Samantaray
Sabbadarsnee Samantaray

3. References (Please include at IHS Administrator or Teacher or any other staff)
Name _____
Phone _____
Relationship _____ Length of relationship _____
Name _____
Phone _____
Relationship _____ Length of relationship _____
Details of Course you are admitted in: _____
Course: BPT Year of first admission: 2019
Registration No: _____


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Personal Details

Student Name	Ashok Priyadarshan
Date of Birth	16.07.1999
Blood Group	O+ve
Sex	male
Father's Name	Pratibandhu Nayak
Father's Occupation	Retired teacher
Mother's Name	Hemant Nayak
Mother's Occupation	Housewife
Mother Tongue	ODIA
Religion	HINDU
Caste	OTC
Address for Communication	
Permanent Address	A- MALISAPATI PO- BALASAHU Dis- NAYAGARH PIN- 752092
Father's Phone Number	9337988977
Mother's Phone Number	
Student's Phone Number	7008166120
Mail Id	Priyadarshan1507999@gmail.com

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Student Record

Name of the Student	Ashok priyadarshan
Roll Number	2019 / BPT / 03
Registration Number	
Batch	2019-20

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Institute of Health Sciences, Bhubaneswar

Mentors final report

Mentee Name Ashok Priyadarshan
IHS Student Reg. No. _____
Batch / year 2019-20
Institution Name IHS

I have mentored Ashok Priyadarshan and found him/her to have understood and grasped effectively, the functions and areas of core academic knowledge, skill and training that was required to be imparted to him / her.

Name of Mentee: Ashok Priyadarshan
Name of Mentor: Alibha Mahapatra
Mentor Regn No: _____
Date: _____
Place: _____

Ashok Priyadarshan
Signature of Mentee

Alibha Mahapatra
Signature of Mentor

Director
Institute of Health Sciences
Bhubaneswar

Pioneer institution imparting Bachelor & Master's degree in Audiology and Speech Language Pathology and Physiotherapy
Modern Diagnostic & Complete Treatment center for Hearing Impairment, Multi Modal Therapy for CP, MR, Autism, Learning Disability, Therapy for speech defects, Musculo, Skeletal Disorders and Neurological Problems.



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Academic Details

Student's Name	Ashok priyadarshan
Roll Number	
Registration Number	
Quota	Government/ Management
Day scholar	Yes/ No
Hosteller	Yes/ No
Medium of instruction	Hindi/ Odia/ English

Education Details

	Name of the School/ Institutions	Year of passing	Pass% with class
Medium			
X std	Regional High School	2014	83.33
XII std	Nayagarh Jr. College	2016	66
Diploma			

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Mentors final report

Mentee Name Ashok Priyadarshan
IHS Student Reg. No. _____
Batch / year 2019-20
Institution Name IHS

I have mentored Ashok Priyadarshan and found him/her to have understood and grasped effectively, the functions and areas of core academic knowledge, skill and training that was required to be imparted to him / her.

Name of Mentee: Ashok Priyadarshan Ashok Priyadarshan
Signature of Mentee
Name of Mentor: Alibha Mahapatra
Mentor Regn No: _____
Signature of Mentor Alibha Mahapatra
Date: _____
Place: _____

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1st Year / Semester: 1st sem

Batch: BPT 2019-20

Internal Assessment test performance

S.No	Subject Code	Subject Title	Test I Mark	Retest Mark	Test II Mark	Retest Mark	Test III Mark	Retest Mark	Mid Term Marks	Retest Mark
1.	I-S-BPT Therap-I	Therapeutic-I	10/15							
2.	I-S-BPT Psych & Soc	Psychology & Sociology	6/10							
3.										
4.										
5.										
6.										
7.										
8.										

University Marks Details

S. No	Subject Code	Subject Title	Attempt I mark	Attempt II mark with year and month of passing	Attempt III mark with year and month of passing
1.	I-S-BPT Psych & Soc	Psychology / Sociology	75/100		
2.	I-S-BPT Therap-I	Therapeutic-I	130/200		
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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