

**THREE MONTHLY PROFORMA**

(To be filled by the fellow)

**Academic Year 20 - 20**

**Registration No:**..... **Batch No:**..... **Group No:** ..... **Date:** .....

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**EVALUATION SYSTEM / PARAMETERS**

❖ **A Fellow scoring 70% marks on the basis of the division below, shall continue to receive Fellowship next year**

<b>ACADEMICS – 50 %</b>	<b>WORKSHOPS – 15%</b>	<b>THREE MONTHLY PROFORMA – 15%</b>
<ul style="list-style-type: none"> <li>• 40% ( Min. Marks 55% - 60%)</li> <li>• 5% ( 61% - 70%)</li> <li>• 5% ( 71% Plus)</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly</li> <li>• In Small Groups</li> </ul>	<ul style="list-style-type: none"> <li>• With full details (each &amp; every column will matter)</li> </ul>
<b>SOCIAL WORK – 15%</b>	<b>ACHIEVEMENT + CO-CURRICULAR + SOCIAL LIFE – 5%</b>	
<ul style="list-style-type: none"> <li>• Residential Camp – 5%</li> <li>• Social Campaign – 5%</li> <li>• Any other – 5%</li> </ul>	Achievement - 2.5%	Co-curricular + Social Life – 2.5%
	<ul style="list-style-type: none"> <li>• Academics</li> </ul>	

**Name of the Fellow:** ..... **Father's Name:** .....

**Address (Present) :** .....

**Email ID:** (write in capital letters)..... **Phone No.** (Working).....

**Name of the Mentor:** ..... **Mentor Didi:** .....

**Name of School** ..... **Class** ..... **Sci / Com/ Arts**.....

**Name of College:**..... **Course**..... **Year**.....

**Period:** 1<sup>st</sup> (Apr – Jun), 2<sup>nd</sup> (Jul – Sept), 3<sup>rd</sup> (Oct – Dec) & 4<sup>th</sup> (Jan – Mar): .....

**School / College Performance:** —————> **Last Exam / Test:** .....

**Details of Marks** (if any during this quarter, if no tests were conducted or results awaited, you can write, results awaited. Later you can send us a copy of the mark sheet, whenever you get the same.)

S.No	Subject	Max. Marks	Marks Obtained
<b>Total Percentage (%)</b>			

**A. Methods adopted to improve yourself;**

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**B. Any Academic Achievement** in this period

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**C. Any Co-Curricular Participation/Achievement** in this period

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**D. Details of Social Work done**

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**E. Feedback of last Workshop: Topic..... Date.....**

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**F. Suggestions**

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**Date:**

**Signature of the fellow**

इस परफोर्मा को हर तीन महीने (Last week of December, March, June & September) पर भर कर भेजना हर फ़ैलो के लिए आवश्यक है। इस परफोर्मा के आधार पर ही आप की अगली installment तैयार की जाएगी अन्यथा installment रोक दी जाएगी। आप का परफोर्मा आपको allotted mentor or mentor didi के द्वारा भरा गया ही पूर्ण माना जाएगा।

**INTERACTION WITH THE MENTEE**

(To be filled by the Mentor or Mentor Didi)

यह पैज केवल **Mentor or Mentor Didi** द्वारा ही भरा जाएगा।

**Academic year 20 - 20**

Name of the Mentor: .....

Name of the Mentor Didi: .....

No. of meetings with the mentee ..... No of calls to / by the mentor .....

Brief Account of your interaction with the mentee

S.No	Parameters	Poor	Average	Good
1	Motivation (showing interest in studies and eagerness to learn)			
2	Regularity in meeting/calling the mentor			
3	Personality Development (on the basis of Confidence, Articulation, Independence, Self Esteem)			
4	Involvement in Social Work			
5	Overall Performance of the Fellow			

**Any Suggestions or recommendations**

1<sup>st</sup> Meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Meeting: \_\_\_\_\_

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3<sup>rd</sup> Meeting: \_\_\_\_\_

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Any other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date:

Signature of Mentor Didi

Signature of the Mentor

## MY ACTION PLAN

NAME \_\_\_\_\_ BATCH \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_ DATE \_\_\_\_\_

TOPIC OF THE WORKSHOP \_\_\_\_\_ NAME OF FACILITATOR \_\_\_\_\_

Choose any idea from the previous workshop that you found the most interesting and useful for yourself. With that idea in mind, write the steps you took for improvement. For every step, you should try and write the expected outcome.

<u>NEW IDEA OF THE WORKSHOP</u>	<u>WHAT I DID FOR THE IDEA (STEPS TAKEN)</u>	<u>EXPECTED CHANGE</u>
	<u>1.)</u>	
	<u>2.)</u>	
	<u>3.)</u>	

### Mentee Progress Tracking Sheet

**Mentor/Mentor Didi Name:** \_\_\_\_\_ **Date of Meet-1** \_\_\_\_\_ **Meet-2** \_\_\_\_\_ **Meet-3** \_\_\_\_\_

**INSTRUCTIONS:** Individuals participating in the Mentoring Program are expected to use this form to track the competencies where further development is needed. Additional sheet can be used for sharing information.

<b>MENTEE'S NAME</b>	<b>REGISTRATION NO</b>		
	<b>Month -1</b>	<b>Month - 2</b>	<b>Month -3</b>
<b>TOPIC DISCUSSED</b>			
<b>INCOMPETENCIES OBSERVED/DISCOVERED</b>			
<b>ACTIONS SUGGESTED</b>			
<b>ACTION TAKEN</b>			
<b>QUARTERLY OUTCOME</b>			

**SIGNATURE WITH DATE :** Meet -1 ..... Meet -2 ..... Meet -3 .....

**MENTEE** : .....  
 : .....

**MENTOR/ DIDI** : .....  
 : .....