



D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105

Affiliated to Maharashtra University of Health Sciences, Nashik

Recognized by Dental Council of India



SELF STUDY REPORT (CYCLE 1) 2018-2023

Criteria 2: Teaching-Learning and Evaluation

Key Indicator: 2.3 Teaching-Learning Process

Metric: 2.3.4: Student: Mentor Ratio (preceding academic year)

Mentorship logbook



D Y Patil Dental School

Via-Lohegaon, Pune-412105

Dr. D Y Patil Knowledge City, Charholi (bk),

1st BDS STUDENT MENTORSHIP PROGRAM

Mentor-Mentee Meeting Record Book

Student's Name : Sahil Velapuskar

Mentor's Name : Dr. Shailaja Patilkar, Microbiology

STUDENT'S PERSONAL INFORMATION

Name of the student: Sabil Visod Velapurkar

Year of admission: 2022

Aadhar Card Number: 2772 0696 8438

Student's Contact Number: 8767969102 / 9890073377

Student's Email Address: velapurkar.sabil@gmail.com

Parent's Contact Number: 9890073377 / 7972328411

Parent's Email Address: drnilima.jagmdar@gmail.com

Residential Address: A0-502, Navez Bliss, Amanora Mangrova Rd,
Hadapsar, Pune - 28.

Guardian's Name: Vishwas Velapurkar

Local Guardian's Contact Number: 9326647733

Whether the student is Staying with parents / Hostel / Staying Outside: ✓

Blood Group: O+ve

Medical History: —

Name of the Mentor: Dr. Abhaya Panbalkar Dept: Microbiology

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
01.	5/1/23	- Basic Introduction - Guidance regarding overall BDS course.	- Orientation to college given	<u>Belaparkar</u>	<u>Pan</u>
02.	19/1/23	- Hard to adjust to new conditions - Difficult to cope up with practical	- Guidance given - Some tricks & methods to study advised	<u>Belaparkar</u>	<u>Pan</u>
03.	27/2/23	- Difficulty in Biochemistry & DADH	- Guidance regarding books & understanding the subject given	<u>Belaparkar</u>	<u>Pan</u>
04.	10/4/23	- Tensed about 1st Internal Assessment Exam	- Guidance regarding normal exam preparation & answering paper	<u>Belaparkar</u>	<u>Pan</u>
05.	8/6/23	- Discussing mistakes made in 1st Internal Exam & how to improve them.	- Guidance regarding diagrams & concise writing of answers	<u>Belaparkar</u>	<u>Pan</u>

Name of the Mentor: Dr. Shailaja Parhalakar Dept: Microbiology

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
06.	11/8/23.	- Stressed by the preclinical work.	- Suggested to practice more - Motivated to do better	<u>Delaparker</u>	<u>Par</u>
07.	12/10/23	- Mental stress due to personal reasons & new things in college	- Suggested to stay positive in life & tackle new things.	<u>Delaparker</u>	<u>Par</u>
08.	11/12/23	- Discussion about managing studies with extracurricular activities	- Suggested to draw timetable for accurate time management	<u>Delaparker</u>	<u>Par</u>
09.	18/12/23	- Worried about not finishing syllabus for university exams	- Suggested to refer PYQ and be focused and study harder	<u>Delaparker</u>	<u>Par</u>
10.	11/3/24	- Stressed about results of the exam	- Suggested about concentrating in 2nd year.	<u>Delaparker</u>	<u>Par</u>



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1st BDS STUDENT MENTORSHIP PROGRAM

Mentor-Mentee Meeting Record Book

Student's Name : Khan Trum Afzal

Mentor's Name : Dr. Vikram Karande

STUDENT'S PERSONAL INFORMATION

Name of the student: KHAN Irum Arzoo

Year of admission: 2022 - 2023

Aadhar Card Number: 6661 1449 3343

Student's Contact Number: 9326974937

Student's Email Address: khanirum630@gmail.com

Parent's Contact Number: 9664035167

Parent's Email Address: anamk8650@gmail.com

Residential Address: Room No 9, Chawl No 1, Amankul

Patwar Chawl, Khar Danda Khar West, Mum - 400052

Guardian's Name: Nisha Phadtare

Local Guardian's Contact Number: 7020912028

Whether the student is Staying with parents / Hostel / Staying Outside: _____

Staying Outside



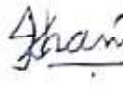



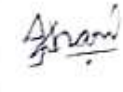

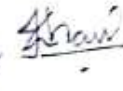

Blood Group: A +ve

Medical History: _____

Name of the Mentor: Dr. Vikram Kaurde Dept: OR&M Maxillofacial Surgery

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
1)	5/1/23	Basic introduction	College Orientation	<u>Shan</u>	<u>V. Kaurde</u>
2)	15/1/23	Feeling demotivated about syllabus	Counselling done	<u>Shan</u>	<u>V. Kaurde</u>
3)	20/2/23	Difficulty in subject Anatomy	Difficulty addressed	<u>Shan</u>	<u>V. Kaurde</u>
4)	1/4/23	Exam fear	Counselling done	<u>Shan</u>	<u>V. Kaurde</u>
5)	12/6/23	Difficulty in physiology	Subject explained & discussion	<u>Shan</u>	<u>V. Kaurde</u>

Name of the Mentor: Dr. Vikram Kojande Dept: DEPT. OF MAXILLOFACIAL SURGERY

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
6)	5/3/23	Pre-clinical work stress	Counseling done		
7)	8/10/23	Problems at home - feeling home sick	Motivation exercises & counseling		
8)	11/11/23	Lagging at work	Motivational counseling		
9)	12/12/23	Exam fears	Counseling & study methods discussed		
10)	20/3/24	Post exam anxiety.	Adv. to focus on extra-curricular activities.		



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2nd BDS STUDENT MENTORSHIP PROGRAM

Mentor-Mentee Meeting Record Book

Student's Name : Prajakta Suresh Jawale

Mentor's Name : Dr Prasad Kayande

STUDENT'S PERSONAL INFORMATION

Name of the student: Prajakta Suresh Jawale

Year of admission: 2021

Aadhar Card Number: 7712 6724 2154

Student's Contact Number: 8767543668

Student's Email Address: jawaleprajakta62@gmail.com

Parent's Contact Number: 8208134496

Parent's Email Address: _____

Residential Address: 1753, Ruturaj, Sambhaji Nagar,

Parner, Tal. Parner, District Ahmednagar

Guardian's Name: 8766863630 Aishwarya Jawale

Local Guardian's Contact Number: 8766863630

Whether the student is Staying with parents / Hostel / Staying Outside: _____

Staying outside






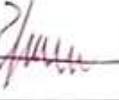




Blood Group: A+

Medical History: _____

Name of the Mentor: Dr. Prasad Karande Dept: Oral Pathology

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
1	20/2/23	Introduction to 2 nd year curriculum, pre-clinics & other activities	Step by step guidance provided	<i>P. Karande</i>	<i>P. Karande</i>
2	26/5/23	Feeling stressed due to 1 st Internal exams.	Easy techniques for study and motivation.	<i>P. Karande</i>	<i>P. Karande</i>
3	19/6/23	Concerned about performance in 1 st internals and its results.	Motivation given for doing better in next exams.	<i>P. Karande</i>	<i>P. Karande</i>
4.	10/8/23	Fear of completing submission of assignments & quota before exams.	Guidance provided on time management for submission & exam study.	<i>P. Karande</i>	<i>P. Karande</i>
5.	8/9/23	Guidance on revision of early topics & study for new topics.	Guidance given for the revision of the topics.	<i>P. Karande</i>	<i>P. Karande</i>

Name of the Mentor: Dr. Prasad Karande Dept: Oral Pathology

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
6	17/9/23	Guidance required on how to focus on studies & avoid distraction.	Counselling sessions on concentration & advice books for same topics.		
7	25/9/23	Feeling homesick as missing parents & lack of recreation time.	Advice given to go out with friends and call parents to repeat this issue.		
8	17/10/23	Stressed about not completing the whole syllabus before prelims	Guidance given on time management & taken revision lectures		
9	10/12/23	Stressed about preparation of university exams & feeling anxious	Counseling on meditation techniques to calm down		
10	2/1/24	Feeling demotivated due to difficult theory paper before practical exam.	Motivation given & encouraged us to prepare better for practicals		



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2nd BDS STUDENT MENTORSHIP PROGRAM

Mentor-Mentee Meeting Record Book

Student's Name : OMKAR PRAKASH PAWAR

Mentor's Name : Dr. Shailesh Dongare

STUDENT'S PERSONAL INFORMATION

Name of the student: OMKAR PRAKASH PAWAR

Year of admission: 2020-21

Aadhar Card Number: 5884 3025 6563

Student's Contact Number: 9143050999

Student's Email Address: omkar2002pawar@gmail.com

Parent's Contact Number: 9421217390

Parent's Email Address: —

Residential Address: Satichivadi, At-Shondewadi,

PO-dabasane, tal-sargamner - A.nagpur - 422620

Guardian's Name: —

Local Guardian's Contact Number: —

Whether the student is Staying with parents / Hostel / Staying Outside: —








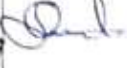



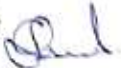

Nimbalkar Nagar Lane no-9 - Lohagan - Pune

Blood Group: B⁺

Medical History: —







Name of the Mentor: Dr. Shailesh Dongre

Dept: Orthodontics & dental Orthodontics
Orthodontics

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
1	8/2/23	Feeling home sick as missing parents 	convey this message to his parents follow him to go on weekends.		
2	21/3/23	Feeling stressed due to clinical posting & attending lectures 	Arrange session on time management & making timetable for solving this issue.		
3	26/4/23	Guidance req to study many subjects of final year together 	Guidance given to his reading subjects according to pre-clinical posting & try to finish within posting.		
4	6/5/23	Guidance req for How to communicate with Patients. examiners.	Guidance given to be confident & stay calm. Try to answer as many questions as possible.		
5	27/6/23	How to manage quota with studies.	Try to finish quota in pre-clinical practical & give time to study at home.		

Name of the Mentor: Dr. Shailesh
- Dongre

Dept: Orthodontics & Dentofacial
Orthopedics

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
6	14/7/23	Counselling req for 2nd year University exam	student is asked to refer question bank and solve previous year question papers.		
7	30/8/23	Feeling stressed as not able to study more after preclinical postings.	Motivated to do time management & work without stress.		
8	23/9/23	Feeling stressed to prepare for prelims & practicals	Counselling & guidance is given.		
9	26/9/23	Guidance required for wire bending	step by step guidance provided.		
10	14/10/23	Guidance required how to prepare for NEET MDS exam.	career guidance for NEET exam preparation done.		



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3rd BDS STUDENT MENTORSHIP PROGRAM

Mentor-Mentee Meeting Record Book

Student's Name : Sayali Patil.

Mentor's Name : Dr. Suyog Shendge.

STUDENT'S PERSONAL INFORMATION

Name of the student: Sayali Sharad Patil .

Year of admission: 2020-21

Aadhar Card Number: 255696744196

Student's Contact Number: 9021781621

Student's Email Address: saya.patil26@gmail.com

Parent's Contact Number: 9822407012

Parent's Email Address: patil69sharad@gmail.com .

Residential Address: Alp . Ardal . Tal - Ajara

Dist - Kolhapur .

Guardian's Name: Vilas Patil .

Local Guardian's Contact Number: 9881697801

Whether the student is Staying with parents / Hostel / Staying Outside: _____

Hostel











Blood Group: B (+ve)

Medical History: —

Name of the Mentor: Dr. Suyag Shendge Dept: Orthodontics

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
①	10/02/23	Guidance for how to orient 3 rd year.	Guidance is given and motivated to be focused.	<u>Suyag</u>	<u>Suyag</u> 10/2
②	15/03/23	Guidance For general medicine and surgery study	Guidance is given about book reference and study timetable.	<u>Suyag</u>	<u>Suyag</u> 15/3
③	11/04/23	Guidance for surgery practicals.	Encourage to attend lectures and practicals.	<u>Suyag</u>	<u>Suyag</u> 11/4
④	22/05/23	Fear for treating cons. patients.	Motivated to perform and treat patient with confidence.	<u>Suyag</u>	<u>Suyag</u> 22/5
⑤	14/06/23	Counselling required for 3 rd year university exam.	Motivated to study well.	<u>Suyag</u>	<u>Suyag</u> 14/6

Name of the Mentor: Dr. Syযোগ Shendge . Dept: Orthodontics .

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
⑥	14/07/23	Feeling Home sick .	Advised to go out with friends .		 14/7
⑦	9/08/23	Guidance for how to improve clinical skills .	Advised to observe the patient & read before pt. work .		 9/8
⑧	24/08/23	Guidance for book reference for pasting .	Guidance given about book reference .		 24/8
⑨	12/09/23	Guidance about patient quota .	Guidance is given and motivated to do patients .		 12/9
⑩	25/09/23	Discussed where to apply for further studies in India & abroad .	Counselling and guidance is given .		 25/9



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3rd BDS STUDENT MENTORSHIP PROGRAM

Mentor-Mentee Meeting Record Book

Student's Name : Shendage Tejal Tanaji

Mentor's Name : Dr. Abhijit Sande Sir

STUDENT'S PERSONAL INFORMATION

Name of the student: Shendage Tejal Tanaji.

Year of admission: 2020-21

Aadhar Card Number: 6987 4636 9807

Student's Contact Number: 8329960792

Student's Email Address: tejalshendage4@gmail.com

Parent's Contact Number: 9850632346

Parent's Email Address: _____

Residential Address: At. post Natepute ; Tal- Malshiras

Dist. - Solapur

Guardian's Name: -

Local Guardian's Contact Number: -

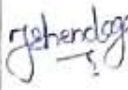



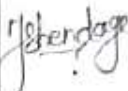



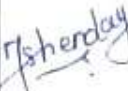

Whether the student is Staying with parents / Hostel / Staying Outside: _____

Staying outside

Blood Group: B +ve

Medical History: No

Name of the Mentor: Dr. Abhyeet Singh Dept: OMD

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
1.	11/2/23	Orientation day for 3 rd year	Given over all idea about subjects & curriculum		
2.	25/2/23	Difficulty in understanding medical subjects.	Suggested to watch videos related to topics		
3.	16/3/23	Medical Issue.	Discussing about health & helped acc. to the issue		
4	7/4/23	Feeling Nervousness, Anxious during Endodontic postings	Sessions arranged to overcome fear		
5	21/5/23	Guidance required for how to communicate with patient	Given live demo & suggested to observe more during clinical posting		

Name of the Mentor: Dr. Ashwajit Sarda Dept: ORNL

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
6	2/16/23	How to manage time for Long answer questions	Doubt solved with Powerpoint presentation	<i>gshendage</i>	<i>[Signature]</i>
7	24/7/23	How to prepare seminar & Presentation for clinical Postings.	Demo given	<i>gshendage</i>	<i>[Signature]</i>
8	5/9/23	Counselling required for convincing PE's for exam	Demo given on live patient	<i>gshendage</i>	<i>[Signature]</i>
9	11/10/23	Preparation for paelims Exam for third year.	Helped her to make timetable for exam preparation	<i>gshendage</i>	<i>[Signature]</i>
10	3/12/23	Preparation for univer-sity exam.	Helped her to clear the topics	<i>gshendage</i>	<i>[Signature]</i>



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4th BDS STUDENT MENTORSHIP PROGRAM

Mentor-Mentee Meeting Record Book

Student's Name : Nikita Sekhsaria

Mentor's Name : Dr. Pradnya Rotthor

STUDENT'S PERSONAL INFORMATION

Name of the student: Nikita Sekhsaria

Year of admission: 2019

Aadhar Card Number: 4594 0121 0127

Student's Contact Number: 9561355439

Student's Email Address: nikitasekhsaria@gmail.com

Parent's Contact Number: 98230549933

Parent's Email Address: narendrasekhsaria@gmail.com

Residential Address: D/o Narendra Sekhsaria plot 16 flat no A004
hindustan colony futara, Amravati Road, University campus
Nagpur, Maharashtra - 440033

Guardian's Name: Anush Jain

Local Guardian's Contact Number: 8889488872

Whether the student is Staying with parents / Hostel / Staying Outside: _____

Staying in hostel

Blood Group: B negative

Medical History: NRH

Name of the Mentor: Dr. Pradnya Rotikhor Dept: Pharmacology.

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
01	16/1/23	Basic introduction Guidance regarding overall BDS course	Orientation to college given	<u>Deekh</u>	<u>fy</u>
02	7/3/23	worried about I internal assessment	Guided regarding memorizing & understanding of subject	<u>Deekh</u>	<u>fy</u>
03	19/3/23	Learn about patient communication	Guided regarding language & communication skills	<u>Deekh</u>	<u>fy</u>
04	18/4/23	Overwhelmed by postends	motivated to Stay positive and study for the same	<u>Deekh</u>	<u>fy</u>
05	25/5/23	Discussion on time managem -ent	schedule drawn to manage time better.	<u>Deekh</u>	<u>fy</u>

Name of the Mentor: Dr. Pradnya Rotithor Dept: Pharmacology

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
06	4/7/23	worried about II internal assessment	motivated and guided to study.	<u>Beleh</u>	fyg
07	25/9/23	Overwhelmed by amount of studies for prelims.	Schedule to study prepared and motivated.	<u>Beleh</u>	fyg
08	15/10/23	Feeling homesick.	Stress relieving activities advised.	<u>Beleh</u>	fyg.
09	15/11/23	Stressed about university exams	motivated to stay focused and keep revising things.	<u>Beleh</u>	fyg
10	16/2/24	stressed about results	suggested to invest time in hobbies.	<u>Beleh</u>	fyg



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4th BDS STUDENT MENTORSHIP PROGRAM

**Mentor-Mentee Meeting
Record Book**

Student's Name : Akanksha Gaikwad

Mentor's Name : Dr. Vinod Kambli

STUDENT'S PERSONAL INFORMATION

Name of the student: Akanksha Gaikwad

Year of admission: 2019

Aadhar Card Number: 4650 9258 6578

Student's Contact Number: 8698074272

Student's Email Address: akankshagkwd 20@gmail.com

Parent's Contact Number: 9+22084905

Parent's Email Address: anjana gkwd@gmail.com

Residential Address: Andurang Gaikwad . Sr No 28 Mithilangari

Flat No F202 Pimple Saudagar Pune 411027

Guardian's Name: Ashad Gaikwad

Local Guardian's Contact Number: 8390044407











Whether the student is Staying with parents / Hostel / Staying Outside: _____

Student is staying with parents

Blood Group: AB +ve

Medical History: NRH

Name of the Mentor: Dr. Vinod Kamble Dept: Endodontics

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
1	16/1/23	Orientation to 4 th year	Orientation to college given		
2	20/2/23	Guidance to deal with clinical postings & patients	Guided regarding how to deal with patients & postings		
3	15/3/23	Guidance required to manage time for studies	Guided regarding managing time for studies		
4	7/4/23	Guidance on making proper communication with patients	Guided regarding language communication skills		
5	15/5/23	Fear of managing pediatric patients	Guided regarding managing pediatric patients		

Name of the Mentor: Dr. Vinod Kamble Dept: Endodontics

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
6	1/7/23	Time management for clinical works studies	Schedule drawn to manage time better		
7	3/9/23	Feeling homesick	Stress relieving activities advised		
8	5/70/23	Guidance for preparation of II nd internal exams	Motivated & guided to study.		
9	16/8/23	Dealing with fear & anxiety	Motivated to stay positive		
10	23/9/23	worried about III rd Internal assessment.	Motivated & guided to study.		



D Y PATIL GROUP

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INTERNS MENTORSHIP PROGRAM

Mentor-Mentee Meeting Record Book

Student's Name : Roban Jaybhaye

Mentor's Name : Dr. Prasad Karande

STUDENT'S PERSONAL INFORMATION

Name of the student: Bohan Uttamsao Jaybhaye

Year of admission: 2018

Aadhar Card Number: 2521 2787 7288

Student's Contact Number: 8483037250

Student's Email Address: bohan.jaybhaye@gmail.com

Parent's Contact Number: 9420885788

Parent's Email Address: _____

Residential Address: 108 A The rose apartment
near Dr Patel Knowledge City Wategaon, Pune

Guardian's Name: _____

Local Guardian's Contact Number: _____











Whether the student is Staying with parents / Hostel / Staying Outside: _____

Staying outside

Blood Group: A positive

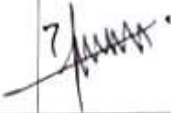

Medical History: NRH

Name of the Mentor: Dr. Prasad Khirande Dept: Dental Pathology

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
1	10/10/22	Guidance on how to manage patients in short period of time	Guidance given on Skill enhancement and implementing in clinical work		
2	25/11/22	Guidance on how to focus on studies and avoid distraction	Counselling on concentration & advise books on some topic		
3	26/12/22	Fear of managing pediatric patient.	Counselling done & discussion on behaviour management		
4	5/2/23	Feeling stressed as no time for extra curricular activities	Exercise one hobby for limited hours during the day.		
5	7/3/23	Guidance on how to prepare for all subjects together for NEET	Counselling done.		

Name of the Mentor: Dr. Prasad
Kaonde

Dept: Otol Pathology

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
6	5/5/23	Emotional stress due to exam pressure	counseling done	(K)	
7	7/7/23	Time management for clinical work & studies	Discussion taken on time management schedule prepared.	(K)	



D Y PATIL GROUP

D Y Patil Dental School

Via-Lohegaon, Pune-412105

Dr. D Y Patil Knowledge City, Charholi (bk).

INTERNS MENTORSHIP PROGRAM

Mentor-Mentee Meeting Record Book

Student's Name : Kritika Jha

Mentor's Name : Dr. Mrinal Shete

STUDENT'S PERSONAL INFORMATION

Name of the student: Kritika Jha

Year of admission: 2018

Aadhar Card Number: 286202108784

Student's Contact Number: 9421646056

Student's Email Address: kritikajhakj@gmail.com

Parent's Contact Number: 9822243818

Parent's Email Address: kkjha44041@gmail.com

Residential Address: Pride world City, Kingsbury
DI-1403, Chasholi, Pune - 412105

Guardian's Name: _____

Local Guardian's Contact Number: _____

Whether the student is Staying with parents / Hostel / Staying Outside: _____

Student lives with parents

Blood Group: O⁺



Medical History: NRH.

Name of the Mentor: Dr. Mrinal Shete Dept: Oral Pathology

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
1	10/10/22	Guidance required on how to prepare before clinical postings for each department.	Counselling done	Kalyan	Mrinal
2	11/11/22	communication getting difficult with patients	Advice given to eliminate language barriers & increase interaction	Kalyan	Mrinal
3	15/12/22	Managing patients in a limited duration of time	Guided on Enhancing your skills and increasing efficiency	Kalyan	Mrinal
4	5/1/23	Guidance required to manage time for studies	Time management discussion taken.	Kalyan	Mrinal
5	15/3/23	Where to apply for further studies in India / Abroad.	Counselling done	Kalyan	Mrinal

Name of the Mentor: Dr. Manal Shete

Dept: Oral Pathology

Meeting No.	Date of Meeting	Details of Issues Discussed	Guidance given / Action Taken	Signature of Mentee	Signature of Mentor
6	26/5/23	How to prepare for NEET PG exams	Counselling & guidance given	Kudya	
7	12/7/23	Time management	Schedule prepared	Kudya	
8	22/8/23	Health & fitness issues	Diet chart prepared	Kudya	