Department of Computer Science and Engineering

School of Computing & Information Technology

Name of Mentor: Mentorship Meeting (I/II/III):   Section/Semester

Date of Meeting: Time:

Sr No	Reg. No	Student Name	Signature	Sr No	Reg. No	Student Name	Signature
1				19			
2				20			
3				21			
4				22			
5				23			
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1. Topic of discussion:

2. Type of information you provided:

3. Any feedback from the mentees:

4. Issues raised/resolved:

5. Closure remarks:

Name & Signature of Mentor   Date