**Proforma Application**

**PROFORMA FOR MENTORING OF ENGINEERING TEACHERS**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of Teacher | : |  |
| 2 | Name and Address of Institute/University | : |  |
| 3 | Designation | : |  |
| 4 | 1. Age as on Jan 1, 2024 2. No. of years of service in the present organization 3. No. of years of service to superannuation/ retirement | : |  |
| 5 | Discipline and Area of Specialization | : |  |
| 6 | Address, Telephone No.,  E-mail Id | : |  |
| 7 | Name of INAE Fellow/Young Associate (mentor) | : |  |
| 8 | Name and Address of Organization where INAE Fellow/Young Associate (Mentor) is serving/ Contact Address of Mentor (if retired) | : |  |
| 9 | Title and Abstract and likely benefits of the proposed study | : | (Please enclose as Annexure I) |
| 10  11 | Duration and Period of  Mentoring  Statement of Purpose (mentioning how the organization you serve will be benefitted) |  |  |

**PART I**

**(To be filled in by the Engineering Teacher)**

**Undertaking by Engineering Teacher**

***I have not applied for mentorship under any other INAE Fellow/* *Young Associate under this scheme***

Date:

Signature of the Engineering Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean/Head of the Department/Director of concerned Engineering College and Seal

Name

Designation and Address

Email Mobile

**PART –II**

**(To be filled in by the INAE Fellow/ Young Associate)**

1. Name and Designation of Mentor (*INAE Fellow/ Young Associate & Year selected*)

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1. Engineering Discipline and Field of Specialization

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1. Contact Address, Telephone No., Fax, E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Institutional Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Name and Institution of Teacher whom you have identified for mentoring\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Period and Duration of mentoring\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name and Address of Institution/University/Industry/Organization where the Engineering

Teacher shall be mentored

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1. No. of Engineering teachers including this applicant being mentored:

Date: Signature of the Fellow/Young Associate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\**Please note: A Fellow can mentor up to two engineering teachers who will not be from the same institution/college/university/organization***