

St. Andrew's College of Arts, Commerce & Science, Bandra, Mumbai			Photo
STUDENTS PROFILE			
Academic Year			
Class & Division			
Roll No.			

1. Personal Name: _____ Surname _____

2. Date of Birth: _____ Language Spoken at home _____

3. Your Current Residential Address _____

1. Your Phone no. Res _____ Mobile _____ email _____

1. Parents/Guardians Residential Address* _____

1. Your Father's Phone Nos Res _____ Mobile _____ email _____

1. Your Mother's Phone Nos Res _____ Mobile _____ email _____

1. Your Guardian's Phone Nos Res _____ Mobile _____ email _____

1. Your Parent's/Guardians Occupation (State the designation and organization/firm/company's name with the address and phone nos)

A. Father _____

B. Mother _____

10. What are the educational qualifications of your Parents/Guardians

A. Father _____ B. Mother _____

11. What were your marks at the last examinations

	HSC	FY	SY
Marks obtained			
Percentage			
Result			

12. Which is your favourite subject _____

13. Which is not your favourite subject _____

14. What do you enjoy doing in your spare time _____

15. What are your talents/what are you good at?(art, dance, music, dramatics, quizzes, essay, writing, debating, elocution) _____

16. Your favourite activity/ies in college _____

17. What do you look forward to in college? _____

18. Do you face any difficulties in college? If yes, state in brief _____

19. Is there any problem/issue that you would like to draw the college authority's attention to?

*If your parents are living abroad or in another state

20. What activities have you participated in college?

FYJC _____

SYJC _____

21. Do you have any medical/other disability? If yes state in brief _____

22. Performance & Attendance:

At FY

Subject								Total
Term I								
Term II								
Total								
Total Lectures								
No. of Lectures								

At SY

Subject								Total
Term I								
Term II								
Total								
Total Lectures								
No. of Lectures								

To be filled in by the Prof-In-Charge of the Class & Division

	FY	SY	TY
Dates of Mentoring			
Remarks & Observation			
Name of the Prof. In Charge			
Signature of the Prof.			
Name of the Student			
Signature of Student			