Kommareddy Venkata Sadasiva Rao Siddhartha College of Pharmaceutical Sciences

(AUTONOMOUS)

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(Sponsors : Siddhartha Academy of General & Technical Education)
ISO 21001:2018, ISO 14001:2015 & ISO 50001:2018 CERTIFIED INSTITUTION

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Approved by PCI, New Delhi, Govt. of Andhra Pradesh & Accredited by NAAC with 'A' Grade
Affiliated to Krishna University, Machilipatnam & Recognized as **2(f) & 12B** under UGC Act 1956
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APPLICATION FOR BEST FACULTY MENTOR AWARD
(Academic Year: May 2025 – April 2026)

To be filled by the Faculty Member

1. Name of Faculty Member: _____
2. Designation: _____
3. Department: _____
4. Date of Joining the Institution: _____
5. Total Teaching Experience: _____
6. Mobile Number: _____
7. Email ID: _____
8. Mentoring Summary for Academic Year 2024–25
   - Total Number of Students Mentored (Outside Regular Teaching): _____
   - Number of Students Who Received Awards/Recognitions: _____
   - Number of Student Projects Guided (e.g., competitions, conferences): _____
   - Number of Student-Supported Publications (Books/Book Chapters/Research Articles): _____
9. Notable Mentoring Activities (Brief Summary):
(e.g., conference participation, innovation contests, workshops, external training, etc.)

10. Mentoring Outcomes and Highlights (Awards, Publications, Social Impact, etc.):
11. Mentoring Philosophy / Approach (Max 100 words):
12. **Supporting Documents (Tick the ones attached)**:

☐List of mentored activities (with dates & student names)

☐Proof of student awards/recognitions

☐Publication details involving students

☐Feedback or testimonials (if any)

Declaration by Applicant
I hereby declare that the information provided above is true and accurate to the best of my knowledge. The mentoring activities and outcomes mentioned were carried out during the academic year May 2024 – April 2025.

Signature of Applicant: _____
Date: _____