



SELF HELP GROUP (To be filled by Student Leader)

Campus: _____

Year/Semester: _____

Student Leader : _____ Section _____ Duration: _____

PARTICIPATION RECORD:

S.No	Name of Activities	Date	M1	M2	M3	M4	Average
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
	Total No. of Activities						



SELF HELP GROUP (To be filled by Tutor)

Campus: _____

Year/Semester: _____

Name of Tutor : _____ Department: _____ Duration: _____

Details:

S.No	SHG	DATE OF REVIEW	PERFORMANCE LEVEL	COMMENTS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				



SELF HELP GROUP (To be filled by Student Leader)

Campus: _____

Year/Semester: _____

Student Leader : _____ Section: _____ Duration: _____

Details:

<u>S.No</u>	<u>Fields</u>	<u>M1</u>	<u>M2</u>	<u>M3</u>	<u>M4</u>	<u>Average</u>
1.	Aggregate So Far:					
2.	I Mid Term Results:					
3.	II Mid Term Results:					
4.	Semester Results:					
5.	Major Participation:					

DETAILS OF GROUP ACTIVITIES PERFORMS: