



INDEX

Department: - Arihant Institute of Nursing

SR NO	YEAR	CONTENT
1	2024-25	2 ND YEAR
2	2024-25	3 RD YEAR




Principal
Arihant Institute of Nursing
Bhoyan Rathod, Gandhinagar

SWARNIM STARTUP INNOVATION UNIVERSITY
AARIHANT INSTITUTE OF NURSING

STUDENTS LIST

SR.NO	YEAR	ENROLLMENT NO	NAME OF STUDENTS	CONTACT NO	EMAIL ID
1	2ND YEAR BSC	2384001004	JOSHI RAKSHIT HITESHKUMAR	6351477284	rakshitjoshi2005@gmail.com
2	2ND YEAR BSC	2384001012	PATEL KAVYABEN RAMESHBHAI	8849138631	kavyapatel2070@gmail.com
3	2ND YEAR BSC	2384001022	TARAR PREYASHKUMAR DINESHBHAI	9913129451	preyashatarar@gmail.com
4	2ND YEAR BSC	2384001028	PATEL ROSHAN DIULAJI	9726586440	roshanpatel00001@gmail.com
5	2ND YEAR BSC	2384001029	DARJI SUHANIBEN MAHIPATBHAI	8140045208	darjisuhani45@gmail.com
6	2ND YEAR BSC	2384001041	SHAIKH KAYNAT ARSAD	8866078117	saiyedsharmin2208@gmail.com
7	2ND YEAR BSC	2384001040	ABHISHEKKUMAR MITHILESHRAY	8595634409	abhisekkumar270705@gmail.com
8	2ND YEAR BSC	2384001042	PATEL MEHULKUMAR MAVSINGHBHAI	8758760744	mavsinghpatel182gmail.com
9	2ND YEAR BSC	2384001043	PARAMR AJAYKUMAR SANTILAL	8238721583	paramarajay89153@gmail.com
10	3RD YEAR BSC	2284001001	JOSHI KULDEEP PRAKASHKUMAR	7043443823	rohitxay588@gmail.com
11	3RD YEAR BSC	2284001002	PATEL ABHISHEKKUMAR RUPESH	9122462331	ak9838587@gmail.com
12	3RD YEAR BSC	2284001003	GOHIL RIYA HARESHKUMAR	9428816218	r06659517@gmail.com
13	3RD YEAR BSC	2284001004	PRAKASH AKSHAY ARVINDKUMAR	9939425878	akshayprakash22018@gmail.com
14	3RD YEAR BSC	2284001005	CHANDEL ROHIT NARESHKUMAR	7016866732	chandelrohitnaresh@gmail.com
15	3RD YEAR BSC	2284001006	GURJAR SOHAN SINGH RAMNARESH	9998280727	sonu5338gurjar@gmail.com
16	3RD YEAR BSC	2284001007	SINGH VAIBHAV SATISH	7355731730	vaibhavsinh2603004@gmail.com
17	3RD YEAR BSC	2284001008	ANSARI IFRA BARATI	6398983019	ifra6398@gmail.com
18	3RD YEAR BSC	2284001009	KHABAD BANESHIWARIBEN RAMANBHAI	6352408748	narenkhabadprince@gmail.com
19	3RD YEAR BSC	2284001010	DABHI GAYATRI BEN ARVIND BHAI	8140140975	mittal14210@gmail.com
20	3RD YEAR BSC	2284001011	GHANCHI SANIA IMTIYAZ	7990550600	gganchisanic@gmail.com
21	3RD YEAR BSC	2284001012	CHAUDHARI TIRTHKUMAR SHANKARBHAI	8320214479	tirthchaudhari542@gmail.com
22	3RD YEAR BSC	2284001013	KHANT NAYANKUMAR JAVANSINH	9313397094	nayankhant1829@gmail.com




Principal
Aarihant Institute of Nursing
Bhoyan Rathod, Gandhinagar

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARD

Mentor's Name: PATEL SHREYA.

Date: 17/03/2025.

A) Student Information Form (SIF)

Year of Admission: 2023-2024.

Enrollment No: 2889001004.



Surname

Student Name

Father Name

Full Name: JOSHI RAKSHIT HITESHKUMAR.
Address: BRAHMANVAS MANSARWAR ROAD
B/H CIVIL, PALANPUR, BANACKANTHA
Pin Code: 385001

Contact Details:

	Mobile (Self)	Mobile(Father, Mother)	Landline(R)	Other
Student	<u>6351477284</u>	<u>9586880982</u>		
Father Occupation		<u>MEDICAL LINE</u>		
Mother Occupation		<u>HOUSE WIFE</u>		

Email Address: Student sakshitjoshi2005@gmail.com.
Other _____

Gender : Male ☒ Female ☐ Blood Group: O+ve

Date of Birth: 12/08/2005. Cast: GENERAL.

Nationality : INDIAN Aadhar Card: 38165971328.

Active on Social Media: ☒ Face Book ☐ Whatsapp ☐ Twitter

Email sakshitjoshi2005@gmail.com.

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	SEM-I 42,500	28/1/25	SEM-I 42,500	12/2/25		
Second						
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1			No	✓	✓	✓
Semester2			No.	✓	✓	✓
Semester3						
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): S

Seminar/Conferences Attended (Till Date)

→ Attended Kidney Awareness Seminar
→ Attended Cancer Awareness Day Seminar

Detail of Social Activity: (Attached to any organization, if any)

→ No Participated any Social Activity
such as Sports Day, Diya celebration
etc.

No. of Oral Publication: Na _____ / Int _____ **No. of Poster Presentation:**

_____ **List of Publication & Presentation**

Note: Add a separate page wherever required.

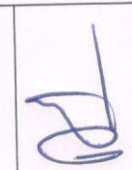
E) Counseling Report:

17/3/25	-> Student say that I have a one subject problem for reading & writing.
	-> Then I asked student which subject and he say that problem in nursing foundation.
	-> Then I will be check and report is regular reading for 2 hours & regular 1 hour english reading & writing for this purpose is writing & reading problem will solve out & regular follow-up.
17/4/25	-> Next 2nd round of counseling conduct with student & he say that slowly understanding in fundamental of nursing foundation.

MENTOR-MENTEE MEETING

Enrolment No. 2384001004

Name of the Student: Joshi Rakshit Hiteshkumar

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	17/8/25	Agenda of Student's need & problem	→ Not understand in ppt presentation → Water supply problem	→ Improve ppt presentation with A.V.AIDS → general application for problems			
2	17/4/25	Agenda for education & lecture	→ Not proper understand in subject	→ Improvement & good creative ppt with lecture			



ભારત સરકાર
Government of India



Issue Date: 19/12/2011



રક્ષિત હિતેશકુમાર જોષી
Rakshit Hiteshkumar Joshi
જન્મ તારીખ/DOB: 12/08/2005
પુરુષ/ MALE

3816 5474 7328

VID : 9156 1798 5643 1995

મારો આધાર, મારી ઓળખ



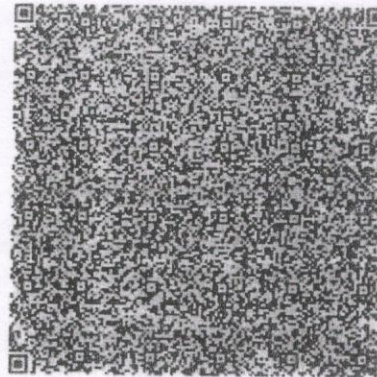
ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India



સરનામું :
S/O હિતેશકુમાર ભોગીલાલ જોષી, બ્રાહ્મણવાસ, માનસરોવર
રોડ, સીવીલપાછળ, પાલનપુર, બનાસ કાંઠા,
ગુજરાત - 385001

Address:
S/O Hiteshkumar Bhogilal Joshi, Brahmanvas,
Mansrovar Road, B/H Civil, Palanpur, Banas
Kantha,
Gujarat - 385001

Download Date: 13/04/2023



3816 5474 7328

VID : 9156 1798 5643 1995



1947



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www.uidai.gov.in

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnim.edu.in

STUDENTREPORTCARD

Mentor's Name: PATEL SHREYA

Date: 17/03/2025

A) Student Information Form (SIF)

Year of Admission: 2023-2024

Enrollment No: 2389001012



Surname

Student Name

Father Name

Full Name: PATEL KAVYABEN RAMESHBHAI

Address: RABULPUR, PO: SAVAL

OST: - SABARKANTHA

Pin Code: 383120

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>889913863</u>	<u>9773040925</u>		
Father Occupation		<u>Gov. Job</u>		
Mother Occupation		<u>Home wife</u>		

Email Address: Student Kavyapatel2020@gmail.com
Other -

Gender : Male - Female L Blood Group: B+

Date of Birth: 11/1/2004 Cast: OPEN (GENERAL)

Nationality : INDIAN Aadhar Card: 854089601415

Active on Social Media: ☒ Face Book ☒ Whatsapp ☐ Twitter

Email Kavyapatel2020@gmail.com

Other Specify: -

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
	SEM-I		SEM-II			
First	42,500	13/4/24	42,500	24/1/25		
Second						
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1			No	✓	✓	✓
Semester2			No	✓	✓	✓
Semester3						
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): S

Seminar/Conferences Attended (Till Date)

→ Attended Kidney awareness Seminar

Detail of Social activity: (Attached to any organization, if any)

→ Participated in Sports Week

[Games such as, Kho-Kho & Badminton]

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation: _____

_____ List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

18/3/25	→ Student say that I have a Problem in Nursing Foundation Practical. Lecture & I Don't Understand in Procedure of FON.
	→ Then I asked the question of Student which Procedure(?) → Student say that Problem in making / Preparation of tray for FON Practical
	→ Then I will be check & Evaluate her Procedure regular for 1 hour in FON Lecture & this Purpose is Practical Problem will solve out & regular follow up.
18/4/25	→ Next 2nd round of counseling conduct with Student & she say that understanding in FON Practical.

MENTOR-MENTEE MEETING

Enrolment No. 2384001012

Name of the Student: Pooja

Kavyaben

Rameshba

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	18/3/25	Agenda for Student's Need & Problem	She say that problem in Washroom & Water supply	Problem Re-present in front of Principal sir			
2	18/4/25	Agenda for Lecture system	She say that problem in AHN Terminology	I Discussed with AHN Tutor.			



ભારત સરકાર
Government of India



Aadhaar no. issued: 1702/2014



પટેલ કાવ્યા
Patel Kavya
જન્મ તારીખ/DOB: 01/11/2004
સ્ત્રી FEMALE

આધાર એ ઓળખનો પુરાવો છે, નાગરિકતા અથવા જન્મ તારીખનો નહીં.
તેનો ઉપયોગ માત્ર ચકાસણી (ઓનલાઇન પ્રમાણીકરણ અથવા ઓફલાઇન
કોડ/ઓફલાઇન એક્સએમએલનું સ્કેનિંગ) સાથે જ થવો જોઈએ.
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

8540 8960 1415

મારો આધાર, મારી ઓળખ

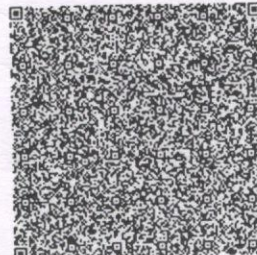


ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India



સરનામું :
D/O: રમેશભાઈ, રસુલપુર, સાલલ, સાબરકાંઠા,
ગુજરાત - 383120
Address:
D/O: Rameshbhai, Rasulpur, PO: Saial,
DIST: Sabarkantha,
Gujarat - 383120

Details as on: 14/05/2024



8540 8960 1415

VID : 9153 2563 1535 4062



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

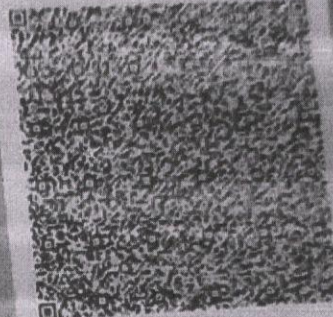


भारत सरकार
GOVT. OF INDIA

MINOR

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GBSPP5126H



नाम / Name
PATEL KAVYA

पिता का नाम / Father's Name
RAMESHBHAI SURESHBHAI PATEL

जन्म की तारीख /
Date of Birth
01/11/2004

R. Patel
हस्ताक्षर / Signature

09012021

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnim.edu.in

STUDENT REPORT CARD

Mentor's Name: PATEL SHREYA.

Date: 13/3/25.

A) Student Information Form (SIF)

Year of Admission: 2023-2024

Enrollment No: 2389001022.



Surname

Student Name

Father Name

Full Name: TARAR PREYASHKUMAR DINESHBHAI

Address: THAKOR VAS, ITADI IDAR SABARKANTHA

Pin Code: 383421.

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>9913129451</u>	<u>9913129451</u>		<u>9875013788</u>
Father Occupation		<u>FARMER</u>		
Mother Occupation		<u>HOUSE WIFE</u>		

Email Address: Student preyash tarar@gmail.com
Other -

Gender : Male ☒ Female ☐ Blood Group: A+ve.

Date of Birth: 27/08/2006 Cast: OBC.

Nationality : INDIAN Aadhar Card: 948804475239

Active on Social Media: ☐ Face Book ☒ Whatsapp ☒ Twitter

Email preyash tarar@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/RAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	SEM-1 42,500	10/10/23	SEM-2 42,500	26/9/24		
Second						
Third						
Fourth						
Fifth (Internship)						
Semester 6						
Semester 7						
Semester 8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester 1			No	✓	✓	✓
Semester 2			No	✓	✓	✓
Semester 3						
Semester 4						
Semester 5						
Semester 6						
Semester 7						
Semester 8						

B) Continuous Improvement Documentation (CID): S

Seminar/Conferences Attended (Till Date)

- Attended kidney awareness seminar
- Attended cancer awareness Day Seminar

Detail of Social activity: (Attached to any organization, if any)

- ~~Not~~ Participated in social activities such as (Sports Day, Cricby celebration etc)
- participation in Badminton game.

No. of Oral Publication: Na_____ / Int_____ No. of Poster Presentation:

_____ List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

19/3/25

Student say that I have a communication problem with my class-friend because of afraid of I connect with new people

→ Then I asked the student what is your problem with your class-friend.

→ He say that He can't interact & eye to eye contact with classmate because of afraid of with other people

→ He also say that he can't understand in for & Microbiology Subject.

→ Then I will be check student's problem & solved out phychash problem. Such as I will be evaluate phychash notes & attendance sheet. then I will have for practice for this purpose is ^{evaluate his} Whitting & feeding problem will solve out & also his fearness problem

19/4/25

Next 2nd Jouna of Counseling conduct with student & He say that slowly understanding terminology of microbiology & Decrease fearness level in-front-of his friend / classmate again?

MENTOR-MENTEE MEETING

Name of the Student:

Enrolment No. 2384001022

TARAR PREYABTI DINESHBHAI

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	19/3/25	Agenda for students' Problem	→ Major Problem of water supply.	→ Problem Re-present in-front of Principal Sir			
2	19/4/25	Agenda for Education system	→ Don't Proper understanding in technology	→ Discuss with Faculty			
3	6/6/25	Agenda for students' Problem	→ Major Problem of class room facilities	→ Problem Re-present in-front of Principal Sir			



AARIHANT INSTITUTE OF NURSING

BHOYAN RATHOD, OPP IFFCO, GANDHINAGAR, State Name : Gujarat, Code : 24
Phone : E-Mail : accounts@ssiu.ac.in

RECEIPT

No.: 607

Name of Student : TARAR PREYASHKUMAR DINESHBHAI

Enrollment No.: 2384001022

Date: 26-Sep-24

Branch: BSC NURSING

Descriptions	Amount
SEMESTER - 2 (23-24) TUTION FEE	42,500.00

TOTAL AMOUNT

INR Forty Two Thousand Five Hundred only

Payment Mode: HDFC BANK LTD - 50200050957492

Cheque/DD No.:

Drawn On:

Subject to realization of Cheque/Demand Draft

Subject to Ahmedabad Jurisdiction

Dated: 26-Sep-24



Authorised Signatory

ભારત સરકાર
Government of India

આધાર

તારા પ્રેયશકુમાર દિનેશભાઈ
Tarar Preyashkumar Dineshbhai
જન્મ તારીખ/DOB: 27/08/2006
પુરુષ/ MALE

Issue Date: 20/10/2015

9488 0447 5239
VID : 9184 4315 4322 4899

મારો આધાર, મારી ઓળખ

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

આધાર

સરનામું :
જી દોરા: તારા દિનેશભાઈ, ઠાકોર વાસ, ઇટડી ઇડર, ઇટડી,
સાબરકાંઠા,
ગુજરાત - 383421

Address:
C/O: Tarar Dineshbhai, thakor vas, itadi idar,
Itadi, Sabarkantha,
Gujarat - 383421

Download Date: 12/08/2022

9488 0447 5239
VID : 9184 4315 4322 4899

1947 | help@uidai.gov.in | www.uidai.gov.in

In case this card is lost / found, kindly inform / return to :

Income Tax PAN Services Unit, UTIITSL
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लीटाएं :
आयकर पैन सेवा यूनिट, UTIITSL
प्लॉट नं: ३, सेक्टर ११, सी.बी.डी. बेलपुर,
नवी मुंबई-४०० ६१४.

Aaykar Sampark Kendras

For Income Tax Related
Queries call Toll Free Nos.

1961

or

18001801961

आयकर विभाग
INCOME TAX DEPARTMENT

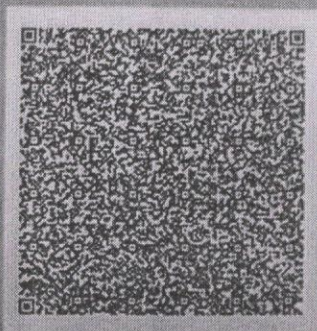


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CIJPT7390H



नाम / Name

TARAR PREYASHKUMAR DINESHBHAI

पिता का नाम / Father's Name

DINESHBHAI JESHAJI TARAR

जन्म की तारीख /
Date of Birth

27/08/2006

हस्ताक्षर / Signature

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARD

Mentor's Name: PATEL SHREYA.

Date: 20/3/2025.

A) Student Information Form (SIF)

Year of Admission: 2023-2024.

Enrollment No: 2384001028.



Surname

Student Name

Father Name

Full Name: PATEL ROSHAN DHULAJI

Address: VADOL, GANDHINAGAR

Pin Code: 382721.

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>9726586940</u>	<u>9099774685</u>	<u>-</u>	<u>-</u>
Father Occupation		<u>Private Job</u>		
Mother Occupation		<u>House wife</u>		

Email Address: Student roshan.patel0001@gmail.com.
Other _____

Gender : Male L Female - Blood Group: A+ve

Date of Birth: 14/07/2005 Cast: GENERAL

Nationality : INDIAN Aadhar Card: 2569018109690

Active on Social Media: ☒ Face Book ☒ Whatsapp ☒ Twitter

Email roshan.patel0001@gmail.com.

Other Specify: _____

Attachment: 1. ID Proof (Driving License/PassPort/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
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Fifth (Internship)						
Semester6						
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Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1			No	✓	✓	✓
Semester2			No	✓	✓	✓
Semester3						
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): S

Seminar/Conferences Attended (Till Date)

→ Attended Cancer Awareness Day
→ Attended Kidney Awareness Day.

Details of Social Activity: (Attached to any organization, if any)

→ NO Participated any social activity.

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation:

List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

20/3/25	→ Student say that I have a problem in microbiology subject → Then I asked the student what is your problem in microbiology subject
	→ Student say that problem in specific terminology of microbiology subject → Then I will be check & evaluate Rashmi's attendance, report & I will try to solve his problem
20/4/25	→ Next 2nd round of counselling conduct with student & he say that slowly understanding in microbiology terminology.

MENTOR-MENTEE MEETING

Enrolment No. 2384001028

Name of the Student: Pooja Roshan Dhelay

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	20/3/25	Appendix for students problem	→ Major Problem is Not Proper Ventilation in classroom → Not Proper adjust in class	→ Re-present the problem in front of Principal sir	<u>Roshan</u>		
2	20/4/25	Appendix for students Adjustment	→ Not Proper adjust in class → Sitting discomfort	→ Re-present the problem in front of Principal sir	<u>Roshan</u>		



ભારત સરકાર

Government of India



પટેલ રોશનભાઈ ધુલાજી
Patel Roshanbhai Dhulaji
જન્મ તારીખ/DOB: 14/07/2005
પુરુષ/ MALE

Issue Date: 18/12/2020

Download Date: 29/12/2020

2569 0181 9690

VID : 9132 7362 4763 8756

મારો આધાર, મારી ઓળખ

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnim.edu.in

STUDENT REPORT CARD

Mentor's Name: PATEL SHREYA

Date: 28/3/25

A) Student Information Form (SIF)

Year of Admission: 2023-2024

Enrollment No: 2384001024



Surname

Student Name

Father Name

Full Name: DARSI SUHANIBEN MAHIPALBHAI
Address: PATEL WAS PALSANA KAWL
DIST:- CHANDHINAGAR
Pin Code: 382721

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	7600632229	8140045208	-	-
Father Occupation		Tailor		
Mother Occupation		House wife		

Email Address: Student dargisuhani45@gmail.com
Other _____

Gender : Male — Female ✓ Blood Group: O+ve

Date of Birth: 10/12/2005 Cast: OBC

Nationality : INDIAN Aadhar Card: 312958254409

Active on Social Media: ☒ Face Book ☒ Whatsapp ☒ Twitter

Email dargisuhani45@gmail.com

Other Specify: _____

Attachment: 1 ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	SEM-1 40,000	13/12/24	SEM-1 45,000	14/2/25		
Second						
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1			No	✓	✓	✓
Semester2			No	✓	✓	✓
Semester3						
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): Seminar/Conferences Attended (Till Date)

→ Attended cancer awareness Seminar
→ Attended Kidney day awareness Seminar

Detail of Social activity: (Attached to any organization, if any)

Participated in social activities
such as Garba Competition

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation: _____

_____ List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

2/3/25.	Student Says. I have a Room Problem not proper ventilation In my class. Problem for study and not proper focus for classes.
	I observed the student problem took to size and change the Room In 4th floor to 3rd floor and proper ventilated class.
	Student problem solved in 5 days.
2/4/25.	The Student was referred for counseling due to signs of academic stress and declining performance in recent assessments.

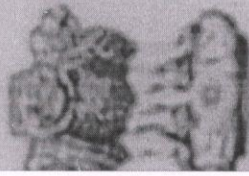
MENTOR-MENTEE MEETING

Enrolment No. 23840007029

Name of the Student: Darji Sulemi

maliprathap

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1.	22/3/25	Agenda for lecture system	students says that she has problem in understanding terminology	- discussed with her class coordinator			
2.	22/3/25	Agenda of student's need & problem	- Water supply problem	send application for provision of W.S.			



ભારત સરકાર

Government of India

વિધાન સભા



દરજી સુહાનીબેન

Darji Suhaniben

જન્મ તારીખ/DOB: 10/12/2005

રત્ત્રી/ FEMALE

Mobile No : 8140045208

3124 5825 4409

મારો આધાર, મારી ઓળખ

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARD

Mentor's Name: PATEL SHREYA

Date: 23/3/25

A) Student Information Form (SIF)

Year of Admission: 2023-2024

Enrollment No: 2384001041



Surname

Student Name

Father Name

Full Name: SHAIKH

KAYNAT

ARSAD

Address:

IMARAT SARAIYA COLONY BHATTIA
SCHOOL AHMEDABAD Pin Code: 320008

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>8160747899</u>	<u>8866078117</u>		
Father Occupation		<u>BUSINESS</u>		
Mother Occupation		<u>HOUSE WIFE</u>		

Email Address: Student switedshadmin2208@gmail.com

Other

Gender : Male ☐ Female ☒ Blood Group: A+ve

Date of Birth: 28/05/2005 Cast: GENERAL

Nationality : INDIAN Aadhar Card: 478629133689

Active on Social Media: ☒ Face Book ☒ Whatsapp ☐ Twitter

Email : switedshadmin2208@gmail.com

Other Specify:

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	SEM-1 42,500	28/1/25	SEM-1 42,500	12/2/25		
Second						
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1			No	✓	✓	✓
Semester2			No	✓	✓	✓
Semester3						
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): S

Seminar/Conferences Attended (Till Date)

→ Attended cancer awareness seminar
→ Attended kidney day awareness seminar

Detail of Social activity: (Attached to any organization, if any)

No, any participated in social activities

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation:

List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

21/3/25

→ student say that I have a problem in microbiology subject
→ then I asked the student what is your problem in microbiology subject

→ student say that problem in terminology of microbiology subject
→ then I will be check & evaluate her attendance report & I will try to solve her problem.

21/4/25

→ Next 2nd round of counselling conduct ~~start~~ with student & she say that slowly understanding in microbiology terminology.

MENTOR-MENTEE MEETING

Enrolment No. 2384006041

Name of the Student: Shukh Karmach

Agarwal

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
11	21/3/25	Agenda for problem	Major Problem of water supply	Problem Re-present in-front of Principal sir			
21	21/4/25	Agenda for political medical- subjectivity nullifying	Problem in medical- subjectivity nullifying	I will discuss with NBN tutor			

Sabarmati Gas Limited
Reg. Office: Plot No. 907, Sector - 21,
Gandhinagar - 382021

PATEL ANKILAL N HIL SUBHAI

Customer ID: 500000036132
NAVAPARA CHELLO VAS PALSANA PALSANA
KALOL PALSANA KALOL 382721
Mob. 9537186153

Invoice No 105882623
Invoice Date 2 Feb-2025
Billing Period 4-12-2024 To 2-02-2025
Reading Status
Meter No 11252453
GST IN No 24AAKCS0110N1Z1
Place of supply GUJARAT
GST Invoice No
Due Date 17-Feb-2025
Disconnection Date 4 Mar 2025
SGI & CHN
Next Sch.MR 15.03.2025

Gas Consumption Detail
Current Reading 1,105.613
(-) Previous Reading 1,032.230
Consumed Unit (SCMMMBTU) 17,383.383
(-) Rebate/Adjustments Unit 0.000
Total Gas Unit (SCMMMBTU) 17,383.383
Minimum Unit 000000.000

Particulars
Gas Consumption Charges 874.87
Add: VAT 43.74
Add: VAT additional tax 0.00
(i) Sub Total 918.61
(A) Annual Contract Renewal 0.00
(B) NW TRF / Monthly FIX 0.00
(C) Minimum Unit Charges 0.00
Total (A) + (B) + (C) 0.00
Add: Central GST 0.00
Add: State GST 0.00
(ii) Sub Total 0.00
(-) Monthly Installment 0.00
(-) Chq. bounce charge SAC 0.00
(+/-) Debit Note 0.00
(-) Credit/LPC 0.00
(iii) Sub Total 0.00
Total (i+ii+iii) 918.61
(+/-) Rounding off 0.39

Current Charges 919.00
Amount in Words: nine hundred nineteen only
Previous balance (Rs.)
Current Charges (Rs.) 919.00
Till 17-02-2025 919.00
Till 27-02-2025 994.00
After 27-02-2025 1,009.00

Month	Oct-Dec	Aug-Oct	Jun-Jul
Unit	16.938	20.151	14.176

For more details visit: www.sabarmatigas.com or call: 9537186153
Dear Customer, this is GST Invoice. Please pay the bill by the due date.
Sincerely yours, [Digital Officer - District Prapost]



UPI/QR PAY

PAYMENT SLIP

Customer ID
500000036132
Invoice No
105882623
Invoice Date
02 Feb-2025
Amount
919.00

DATE: 01/02/2025
TIME: 04:11:21 PM
METER NO: 20411000171
METER TYPE: METER
METER STATUS: ON

DATE: 01/02/2025
PERIOD: MONTHLY
METER NO: 20411000171
METER TYPE: METER
METER STATUS: ON

Reading Date: 01/02/2025
Current Reading: 10000000
Previous Reading: 10000000
Reading Difference: 0
React Line Gas Reading: 0
React Line Elec Reading: 0
React Line Water Reading: 0
React Line Gas Consumption: 0
Meter Status: ON
Actual Demand: 0
MF: 1
Adjustment Amount: -45.24
Prov. Bill Amount: 0.0

Fixed Charge: 30.00
Energy Charge: 156.35
UJALA Charge: 0.00
Fuel Charge: 144.55
React Line Gas: 0
Electric Duty: 24.82
Meter Rent: 0
DPC: 38.16
Tare Mts Charge: 0
Total Amount: 393.88
Prov. Amount: 0
Bill Amount: 393.88
Arrears Date: 01/02/2025
Arrears: 15.37

Net Amount: 409.25
Gross Bill: 409.25
Payable Amount: 409.25
Due Date: 05/03/2025

Last Three Bill Details
Month Units Amount
AUG 250 101.34
SEP 233 144.71
OCT 90 156.57

Ver 5.5 MTR R N R MTR
21/02/2025 04:11:21 PM

Consumer No: 20411000171
Bill No: 1000
Period: JAN FEB 25
Payable Amount: 409.25
Payment Type: Cash/Cheque
Payment Amount: 0



AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARD

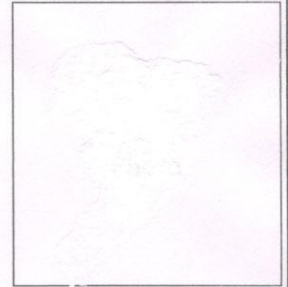
Mentor's Name: PATEL SHREYA

Date: 26/3/25

A) Student Information Form (SIF)

Year of Admission: 2023-2024

Enrollment No: 2384001040



Surname

Student Name

Father Name

Full Name: ABHISHEKKOMAR MITHILESHRAY

Address: PYAREPOR, BIHAR, SAMASTIPUR

Pin Code: 848504

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	9354229432	8595634409	-	-
Father Occupation		Farmel		
Mother Occupation		House-wife		

Email Address: Student abhishekkumar270705@gmail.com

Other _____

Gender : Male ☒ Female ☐ Blood Group: AB+ve

Date of Birth: 27/07/2005 Cast: OBC

Nationality : INDIAN Aadhar Card: 259186067853

Active on Social Media: ☒ Face Book ☒ Whatsapp ☐ Twitter

Email abhishekkumar270705@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	SEM-1 421500	12/5/24	SEM-22 42800	26/9/24		
Second						
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3						
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

E) Counseling Report:

28/3/25	Student not proper Readout Because of conjugate to English coment that's all.
	Establish a daily Routine with scheduled study time and Breaks. Attend weekly follow-up sessions for the next Session.
22/4/25.	Student Reported difficulties concentrating in class and expressed anxiety Regarding upcoming exams.

Enrolment No.

23840010410

MENTOR-MENTEE MEETING

Name of the Student:

Abhishek Kumar Nitheesh Jay

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	26/3/25	Agenda for education system	- Don't understand the subject because of language barrier (Eng) - He says that he has problem in washing hygiene	- Referred to an English faculty for understanding basic concepts - problem represented in front of principal sir			
2	22/4/25	Agenda for Student's need + problem					



भारत सरकार
Government of India



Aadhaar no. issued: 24/12/2016



अभिषेक कुमार

Abhishek Kumar

जन्म तिथि/DOB: 27/07/2005

पुरुष/MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, QR कोड/ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

2591 8606 7853

मेरा आधार, मेरी पहचान

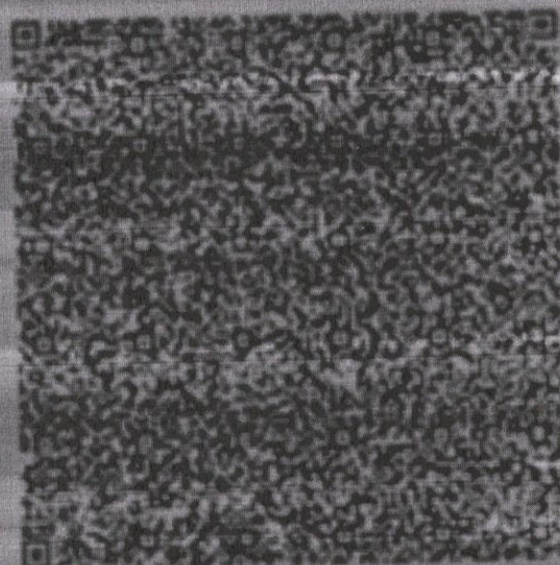


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
अलाउ: मिथिलेश राय, ग्राम-प्यारेपुर, पोस्ट-महदुखपुर पातोरी,
पटौरी, पटौरी, समस्तीपुर,
बिहार - 848504

Address:
S/O: Mithlesh Ray, gram-pyarepur, post-bahadurpur
patory, Patn, PO: Patory, DIST: Samastipur,
Bihar - 848504



2591 8606 7853

VID : 9138 2240 3358 5851

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARD

Mentor's Name: PATEL SHREYA

Date: 23/3/25

A) Student Information Form (SIF)

Year of Admission: 2023 - 2024

Enrollment No: 2384001042



Surname

Student Name

Father Name

Full Name: PATEL MEHULKUMAR MAVSINGHBHAI

Address: AT - DUKHALI POST - MOTI KHAJURI,
TAL - DEVGIRAH BARIA

Pin Code: 389380

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>959582245</u>	<u>9076087962</u>		
Father Occupation		<u>Private Job</u>		
Mother Occupation		<u>Housewife</u>		

Email Address: Student mausingpatel18@gmail.com

Other _____

Gender : Male ☒ Female ☐ Blood Group: O+ve

Date of Birth: 17/05/2005 Cast: OBC

Nationality : INDIAN Aadhar Card: 288566094346

Active on Social Media: ☒ Face Book ☒ Whatsapp ☐ Twitter

Email mausingpatel18@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	SEM-I 42,500	6/6/24	SEM-II 42,500	10/9/24		
Second						
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3						
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): Seminar/Conferences Attended (Till Date)

Attended cancer awareness Day Seminar

Detail of Social activity: (Attached to any organization, if any)

No chng, Participated in Social Activities

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation:

_____ List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

23/3/25	Evaluate the student's progress in addressing the concern. Presented at the start of counselling.
	I have solve the problem extra classes and extra home work provided.
23/4/25.	Student says my Family is separted mother and Father So I have not proopere focusing for classes.
	that's why I am abserece I have check the problem and talk to Family members and Regular attaine classes
	for Students Regarding this Situation.

MENTOR-MENTEE MEETING

Enrolment No. 2384001047

Name of the Student: Patel mehakumar M.

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	23/3/25	Agenda for Student's Problem	Major Problem of water supply	→ Problem Re-present in front of Principal side	Am	SG	PL
2	13/4/25	Agenda for education system in MSN	→ Don't proper understanding in MSN	→ I will discuss with MSN Tutor	Am	SG	PL

ભારત સરકાર

Government of India

પટેલ મેહુલકુમાર

Patel Mehulkumar

જન્મ તારીખ / DOB : 17/05/2005

પુરુષ / Male



2885 6609 4346

મારો આધાર, મારી ઓળખ



ભારતીય વિશેષ ઓળખ પ્રાધિકરણ

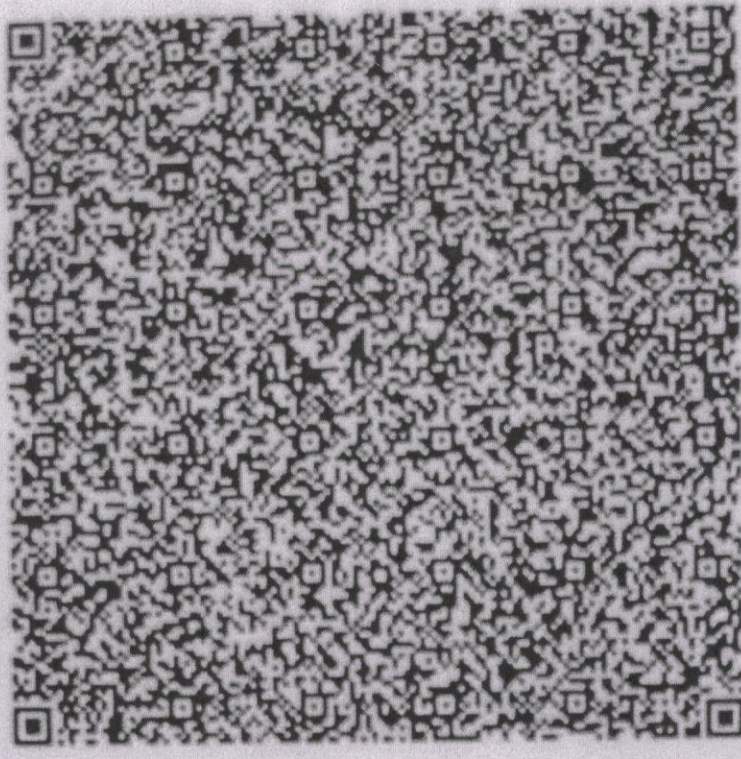
Unique Identification Authority of India



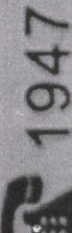
નામું: S/O: માવસીંગભાઈ, હાટ ફળિયા,
ડુખળી, મોટી ખજૂરી, દાહોદ, ગુજરાત,

9380

Address: S/O: Mavsingbhai, Hat faliya,
Dukhali, Dukhali, Moti Khajuri, Dahod,
Gujarat, 389380



2885 6609 4346



1947



help@uidai.gov.in



www.uidai.gov.in

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARD

Mentor's Name: PATEL SHREYA

Date: 24/3/25

A) Student Information Form (SIF)

Year of Admission: 2023-2024

Enrollment No: 2384001043



Surname

Student Name

Father Name

Full Name: PARAMAR AJAYKUMAR SANTILAL

Address: UDHAVALA MOTA FALYA
DEVGRADH BARKYA Pin Code: 389380

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	7859824469	823872553		
Father Occupation		Private Job		
Mother Occupation		Housewife		

Email Address: Student pulmarajay89153@gmail.com
Other -

Gender : Male ☒ Female ☐ Blood Group: B+ve

Date of Birth: 13/10/2003 Cast: SC

Nationality : INDIAN Aadhar Card: 761591305492

Active on Social Media: ☒ Face Book ☒ Whatsapp ☐ Twitter
Email pulmarajay89153@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/PassPort/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	42,500	6/6/24	42,500	23/10/24		
Second						
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3						
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): S

Seminar/Conferences Attended (Till Date)

Attended cancel awareness Day
Seminar

Detail of Social activity: (Attached to any organization, if any)

Participated in Sports Day games.
[such as, cricket & Kho-kho].

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation:

List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

24/3/25	Student verbalized problem related to difficulties in concentrating in class expressed with anxiety regarding upcoming exams.
13/4/25	- observed the student's problem while talking to faculty. He feels little hesitant because of language barrier.
	The student was referred for counselling due to signs of academic stress and declining performance in recent assessment.

MENTOR-MENTEE MEETING

Name of the Student: Pawan Ajay Kumar S.

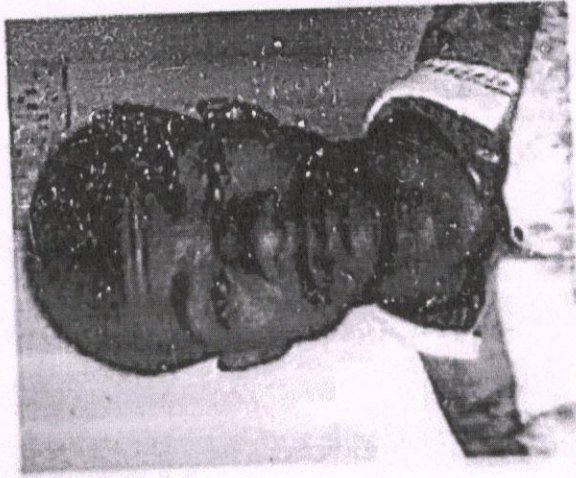
Enrolment No. 238400/043

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	24/3/25	Agenda for student's need and problem	- He says that there is lack of sport facility	- problem discussed with principal sir.	A.S.D		
2	13/4/25	Agenda for meeting is student's need & problem	- Has problem with the wash room & waste facility	- Gave application regarding problem to principal sir	A.S.D		



ભારત સરકાર

Government of India



પરમાર અજયકુમાર શાંતિલાલ

Parmar Ajaykumar Shantilal

જન્મ તારીખ/DOB: 13/10/2003

પુરુષ/ MALE

7615 9130 5992

VID : 9158 2268 8941 7457

મારો આધાર, મારી ઓળખ

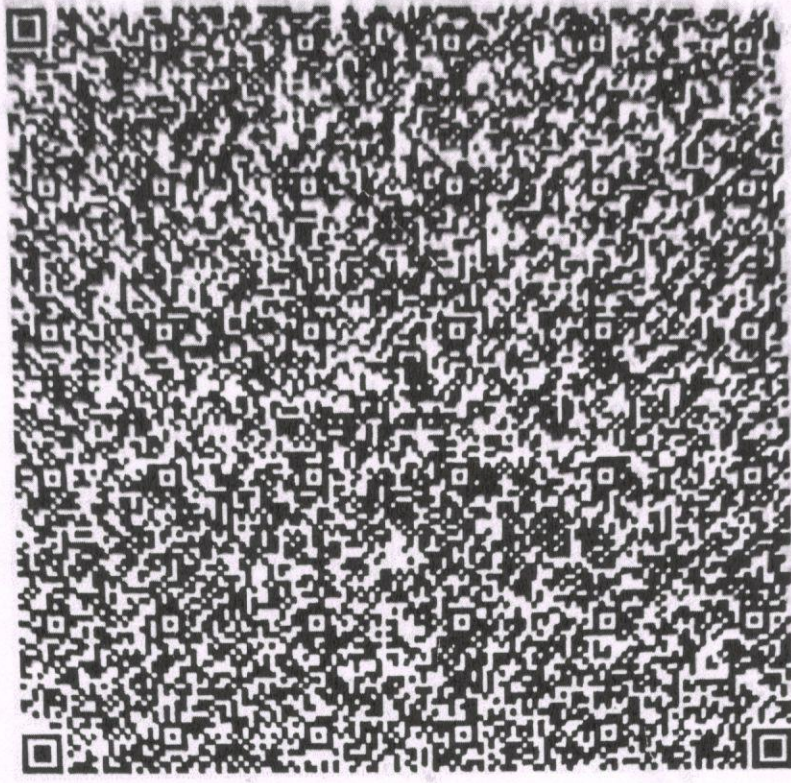
ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

Unique Identification Authority of India



નિશાલ ફાલીયૌ, ઉદાવાલા, દાહોદ,
તા - 389380

સંપર્ક: Nishal faliyau, Udhavala, Dahod,
Dist - 389380

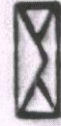


7615 9130 5992

VID : 9158 2268 8941 7457



1947

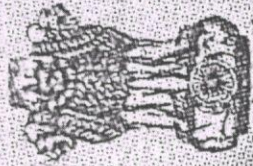


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आयकर विभाग
INCOME TAX DEPARTMENT



सत्यमेव जयते

भारत सरकार
GOVT. OF INDIA



नाम / Name

SHANTILAL

पिता का नाम / Father's Name

SHANTILAL

जन्म की तारीख /

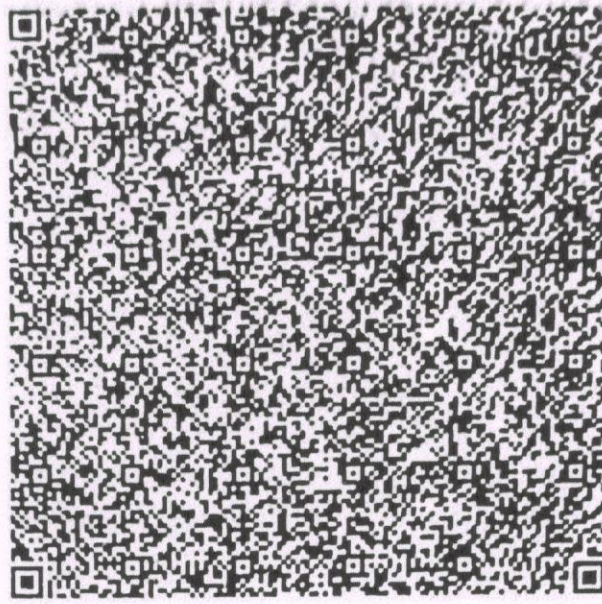
Date of Birth

11/10/2003

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

RNEPS8901Q



04082023

A. S. Parmar

हस्ताक्षर / Signature

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARD

Mentor's Name: PATEL SHREYA

Date: 25/3/25

A) Student Information Form (SIF)

Year of Admission: 2022 - 2023

Enrollment No: 2284001001



Surname

Student Name

Father Name

Full Name: JOSHI

KULDEEP

PRAKASH KUMAR

Address:

DHAMSEEN, TALOR, RAJASTHAN

Pin Code: 343048

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>7043443823</u>	<u>7043448383</u>	<u>-</u>	<u>-</u>
Father Occupation		<u>Private job</u>		
Mother Occupation		<u>Housewife</u>		

Email Address: Student joshi.kuldeep5588@gmail.com

Other

Gender : Male ✓ Female - Blood Group: O+

Date of Birth: 10/04/2005 Cast: OPEN

Nationality : INDIAN Aadhar Card: 678516839077

Active on Social Media: ☒ Face Book ☒ Whatsapp ☒ Twitter

Email: joshi.kuldeep5588@gmail.com

Other Specify:

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
	<i>SEM-11</i>		<i>SEM-11</i>			
First	42,100	10/6/22	42,100	27/8/22		
Second	42,100	16/3/23	42,100	20/10/23		
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3				✓	✓	✓
Semester4				✓	✓	✓
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): Seminar/Conferences Attended (Till Date)

→ Attended Kidney Awareness Day

Detail of Social Activity: (Attached to any organization, if any)

Participated in Sports Day
[Such as, Football & Volley Ball]

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation: _____

_____ List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

25/3/25

student feels problems related to communication as he doesn't feel comfortable to talk with new people and to make friends.

12/4/25

- He says that ^{he has} problems with understanding the subject because of the language barrier

- Also asked other concerns regarding the academics

- Advised to make a daily schedule to improve the basic concepts of English grammar in order to understand the subjects in Nursing.

MENTOR-MENTEE MEETING

Enrolment No.

228400/001

Name of the Student:

Joshi Kuldeep P.

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	25/3/25	Agenda is student's Adjustment	- Doesn't have proper sitting adjustment	- Represented problem to principal Sir.			
2	11/4/25	Agenda is related to student's problem & need	- present have problems to adequate ventilation in classrooms	- Solved the problem regarding Ventilation by writing application to mawdy ahead.			



भारत सरकार
Government of India



Issue Date : 29/12/2013



कुलदीप जोशी
Kuldeep Joshi
जन्म तिथि / DOB : 07/04/2005
पुरुष / Male

6785 1683 9077

मेरा आधार, मेरी पहचान



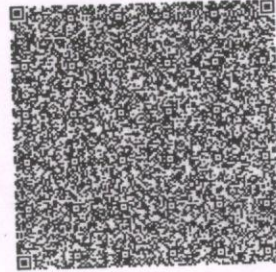
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date : 10/08/2022

पता: द्वारा: प्रकाश कुमार, धमसीन, जालोर,
राजस्थान, 343048

Address: C/O: Prakash Kumar,
Dhamseen, Jalor, Rajasthan, 343048



6785 1683 9077



1947



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जोधपुर विद्युत वितरण निगम लिमिटेड

44050197 रजिस्टर्ड कार्यालय, न्यू पावर हाउस, जोधपुर

1. बिल माह तिथि

2. उपभोक्ता का नाम

3. खाता संख्या	: 16080226
4. के. नम्बर	: 330421016530
5. उपभोक्ता का नाम	: POPAT LAL
6. उपभोक्ता का पता	: HHAGAN LAL JOSHI DH
7. बिल संख्या/मीटर रियाज	: 10067/REGULAR
8. श्रेणी/टैरिफ कोड	: DOMESTIC/1000
9. स्वीकृत भार (कि वा/ह ए)	: 1.00/1.0 KW
10. अमानत/मीटर सुरक्षा राशि	: 200.00/0
11. औसत मासिक उपभोग (घू वि व.)	: 74
12. वर्तमान पठन तिथि	: 01-03-2025
13. गत पठन तिथि	: 01-02-2025
14. बिल अवधि	: 1.0
15. गत पठन (KWH)	: 4486
16. वर्तमान पठन (KWH)	: 4545
17. मीटर न/गुणांक	: 50843573/1
18. कुल उपभोग (घूनिट)	: 59
19. विद्युत खर्च	: 296.0
20. स्थाई शुल्क	: 250.0
21. फ्यूज सरचार्ज	: 50.09
22. अनाधिकृत उपभोग राशि	: 0.0
23. विद्युत शुल्क	: 23.6
24. नगरीय उपकर	: 0.0
25. अन्य सण्डरिज (डेबिट/क्रेडिट)	: 0.0
26. रिबेट्स (छूट)	: -0.0
27. कुल उपभोग राशि	: 619.69
क्र. 19 से 26 तक का योग	
28. पिछले बिल तक बकाया राशि	: -14.0
29. मुख्यमंत्री निःशुल्क बिजली योजना में अनुदान	: -619.69

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnim.edu.in

STUDENT REPORT CARDMentor's Name: PATEL SHREYADate: 27/3/25**A) Student Information Form (SIF)**Year of Admission: 2022 - 2023Enrollment No: 2284001002

Photo

Surname

Student Name

Father Name

Full Name:

PATELABHISHEKKUMARRUPESH

Address:

BHAULISIKANDARPOST- KARNAULSAHEBGANJ, MUZAFFARPURBIHAR

Pin Code:

843125**Contact Details:**

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>9122462331</u>	<u>9122462331</u>		
Father Occupation		<u>private job</u>		
Mother Occupation		<u>Housewife</u>		

Email Address: Student

uk9838587@gmail.com

Other

Gender

: Male ☒Female ☐

Blood Group:

O+

Date of Birth:

14/12/2003

Cast:

OPEN

Nationality

INDIAN

Aadhar Card:

322300657034

Active on Social Media:

☒

Face Book

☐

Whatsapp

☒

Twitter

Email

uk9838587@gmail.com

Other Specify:

Attachment: 1. ID Proof (Driving License/PassPort/Voter's ID/Aadhar Card/PAN Card)**2. Residential Proof** (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	56M2 42,500	6/6/24	56M31 42,500	6/7/24		
Second						
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3				✓	✓	✓
Semester4				✓	✓	✓
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): S

Seminar/Conferences Attended (Till Date)

Attended Kidney awareness Day

Genimal

Detail of Social activity: (Attached to any organization, if any)

No any participated in social activities

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation:

List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

2/23/25

- Student verbalizes problems related to understand the core concepts of the main subjects because of language barrier.

- Referred to the english teaching faculty to understand basic grammar.

12/4/25

- established a daily routine wherein the must learn few vocabulary of English in order to understand the subjects.

Attend weekly follow-up sessions for the next session.

Enrolment No. 2284001002

MENTOR-MENTEE MEETING

Name of the Student: Patel Abhishek Kumar R.

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	27/3/25	Agenda for education system	Don't understand the core concept of ATN	- Discuss with the subject related tutor.			
2	12/4/25	Agenda is student's need & requirement	- complains lack of sport facility and teachers	- points are discussed with principal sir			

आयकर विभाग
INCOME TAX DEPARTMENT

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स्थायी खाता संख्या कार्ड
Permanent Account Number Card

LSAPK7505H

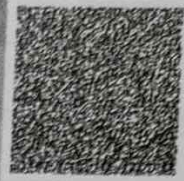
नाम / Name
ABHISHEK KUMAR

पिता का नाम / Father's Name
RUPESH PATEL

जन्म की तारीख / Date of Birth
14/12/2003

हस्ताक्षर / Signature

6693880



 भारत सरकार
Government of India



अभिषेक कुमार
Abhishek Kumar
जन्म तिथि/DOB: 14/12/2003
पुरुष/ MALE



3223 0065 7034

मेरा आधार, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address: S/O Rupesh Patel, vill-bhaluhi sikandar, post-karnaul, Sahebganj, Muzaffarpur, Bihar - 843125

पता: S/O रुपेश पटेल, ग्राम-भलुही सिकंदर, पोस्ट-कर्नाल, साहेबगंज, मुजफ्फरपुर, बिहार - 843125

3223 0065 7034

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENTREPORTCARD

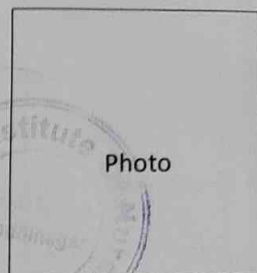
Mentor's Name: PATEL SHREYA

Date: 28/3/25

A) StudentInformationForm(SIF)

YearofAdmission: 2022 - 2023

EnrollmentNo: 2384001003



Photo

Surname StudentName FatherName
Full Name: CROHIL RIYA HARESHKUMAR
Address: BIHAR
Pin Code: _____

ContactDetails:

	Mobile (Self)	Mobile(Father, Mother)	Landline(R)	Other
Student	9428816218	9428816218		
FatherOccupation		Private job		
MotherOccupation		Housewife		

EmailAddress: Student 906654517@gmail.com

Other _____

Gender : Male ☐ Female ☒ BloodGroup: BIVE

Date of Birth: _____ Cast: SC

Nationality : INDIAN Aadhar Card: _____

Active on Social Media: ☒ Face Book ☒ Whatsapp ☒ Twitter

Email 906654517@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/PassPort/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
	SEM-1		SEM-2			
First	42,500	15/3/22	42,500	20/4/22		
Second	42,500	17/5/23	42,500	26/7/23		
Third	42,500	11/7/24	42,500	19/11/24		
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3				✓	✓	✓
Semester4			✓	-	-	-
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): Seminar/Conferences Attended (Till Date)

→ Attended kidney awareness Day
Seminar

→ Attended cancer awareness Day
Seminar

Detail of Social activity: (Attached to any organization, if any)

→ Participated in social activities
Such as [Sports week games]

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation: _____

List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

28/3/25

→ student say that I have a one subject problem for reading & writing.

→ Then I asked student about subject and he say that problem in Nursing foundation

→ then I will be check and help is regular reading for 2 hours & regular I have english reading & writing for this purpose is writing & reading problem will solve out & regular follow-up

28/4/25

→ next 2nd time of counselling conduct with student & she say that slowly understanding in foundation of Nursing fundamental

MENTOR-MENTEE MEETING

Enrolment No. 2284001003

Name of the Student: Cracki Riva It.

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	28/3/25	Agenda for Problem	Major Problem is not proper ventilation classroom	Re-present the Problem in front of side	R.H.G.		
2	28/4/25	Agenda for Students Adjustment	Not proper adjust to class - sitting arrangement	Re-present the Problem in front of side	R.H.G.		

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARD

Mentor's Name: PATEL SHARMA

Date: 28/3/25

A) Student Information Form (SIF)

Year of Admission: 2022 - 2023

Enrollment No: 2284001004



Surname

Student Name

Father Name

Full Name: PRAKASH AKSHAY PRAVINDBHAI

Address: BASUDEVPUR SARAI PO: KORNUL
DISTA MUZAFFARPUR, BIHR
Pin Code: 843125

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	9939425878	7623031829	-	-
Father Occupation	BUSINESS			
Mother Occupation	BUSINESS			

Email Address: Student akshayprakash22018@gmail.com
Other _____

Gender : Male ☒ Female ☐ Blood Group: B+ve

Date of Birth: 31/12/2005 Cast: GENERAL

Nationality : INDIAN Aadhar Card: 35522984476

Active on Social Media: ☒ Face Book ☒ Whatsapp ☐ Twitter

Email akshayprakash22018@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	SEM-I 42,500	16/3/22	SEM-II 42,500	20/4/22		
Second	SEM-III 42,500	18/5/23	SEM-IV 42,500	29/7/23		
Third	42,500	19/8/24	42,500	-		
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3				✓	✓	✓
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): Seminar/Conferences Attended (Till Date)

- Attended cancer awareness seminar
- Attended kidney day awareness seminar
- Attended community photo展

Details of Social activity: (Attached to any organization, if any)

- Participated in social activities
- participated in All health related activities such as community hall - Puz, poster exhibition

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation: _____
List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

28/3/25	- student verbalizes problem Related to understand the core concepts of the main subjects
	because of language barrier. - Refers to the English teaching faculty to understand basic grammar
12/4/25	- established a daily routine wherein the must have few vocabulary of English in order to understand the subject. Attends weekly follow-up sessions for the next sessions.

Enrolment No. 2284001004

MENTOR-MENTEE MEETING

Name of the Student: P. Shubash Aulshay A

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	28/3/25	Agenda for meeting is problem	major problem of water supply	problem represented in front of pshubash			
2	12/4/25	Agenda for particular subject	problem in understanding concepts in MSN	→ I will discuss to the concerned faculty			

भारत सरकार
Government of India

आधार
Aadhaar

Issue Date: 17/05/2016

अक्षय प्रकाश
Akshay Prakash
जन्म तिथि / DOB : 31/12/2005
पुरुष / Male

3555 2298 4476

मेरा आधार, मेरी पहचान

भारतीय विधिगत पहचान प्रधिकरण
Unique Identification Authority of India

पता: आत्मज: अरविन्द कुमार, बासदेवपुर सराय,
मुजफ्फरपुर, बिहार, 843125
Address: S/O: Arvind Kumar, Basdeopur
Saral, Muzaffarpur, Bihar, 843125

Print Date: 11/08/2022

3555 2298 4476

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Cancel
Admission

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARD

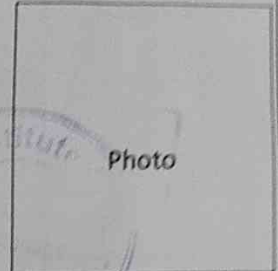
Mentor's Name: PATEL SHREYA

Date: _____

A) Student Information Form (SIF)

Year of Admission: 2022 - 2023

Enrollment No: 2284001005



Photo

Surname

Student Name

Father Name

Full Name: CHANDEL BOHIT NARESH KUMAR

Address: _____

Pin Code: _____

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>7016866732</u>			
Father Occupation				
Mother Occupation				

Email Address: Student chandelbohitenresh@gmail.com
Other _____

Gender : Male ☒ Female ☐ Blood Group: _____

Date of Birth: _____ Cast: _____

Nationality : INDIAN Aadhar Card: _____

Active on Social Media: ☒ Face Book ☐ Whatsapp ☐ Twitter

Email chandelbohitenresh@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First						
Second						
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1						
Semester2						
Semester3						
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID):
Seminar/Conferences Attended (Till Date)

Details of Social activity: (Attached to any organization, if any)

No. of Oral Publication: Na _____ / Int _____ **No. of Poster Presentation:**

List of Publication & Presentation

Note: Add a separate page wherever required.

F) Counseling Report:

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARD

Mentor's Name: DATEL SHREYA

Date:

A) Student Information Form (SIF)

Year of Admission: 2022 - 2023

Enrollment No: 2284001006



Surname: CRURJAR Student Name: SOHAN SINGH Father Name: RAMNARESH
Address: CHANDHAN PARJAR, CERA COMPANY
KE SAMNE KADI
Pin Code: 382715

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>9918280727</u>	<u>8511630727</u>		
Father Occupation		<u>Hotel-Work</u>		
Mother Occupation		<u>House-wife</u>		

Email Address: Student SOHAN533894717192@gmail.com
Other _____

Gender : Male ☒ Female ☐ Blood Group: B+ve

Date of Birth: 21/07/2005 Cast: MBC

Nationality : INDIAN Aadhar Card: 789386717192

Active on Social Media: ☒ Face Book ☒ Whatsapp ☐ Twitter

Email SOHAN533894717192@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	42,500	23/5/22	42,500	29/8/22		
Second	42,500	6/6/23	42,500	12/9/23		
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3						
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): S

Seminar/Conferences Attended (Till Date)

- Attended cancer awareness Seminar
- Attended kidney day awareness Seminar

Details of Social activity: (Attached to any organization, if any)

- Participation in social activities such as [Sports Day and activities]

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation: _____

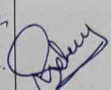
List of Publication & Presentation

Note: Add a separate page wherever required.

Enrolment No. 2284100/006

MENTOR-MENTEE MEETING

Name of the Student: Chirpal Schamsingh R.

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	26/3/25	Agenda for meeting is student's need on problem	- student says that he has problems with washroom hygiene facility	- problem represent in front of principal sir.			
2	22/4/25	Agenda for lecture system	- struggling to understand AKN terminology	- Discussion with the concerned faculty.			

E) Counseling Report:

26/3/25	Student say that I have a room problem not proper ventilation in my class, problem for study and not proper focus in classroom
	I observed the student problem talk to side & change the room in 4th floor to 3rd floor student's problem solved in 5 days.
22/4/25	The student was referred for counseling due to signs of academic stress and declining performance in recent assessments



भारत सरकार
Government of India



Aadhaar No. Request: 03/04/2014



सोहनसिंह रामनरेश गुर्जर
Sohansingh Ramnaresh Gurjar
जन्म तारीख/DOB: 02/07/2005
पुरुष/ MALE
Mob: 8511630727

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is proof of identity not of citizenship.

7893 8671 7192

VID: 9161 7616 2931 0796

भारो आधार, भारी ओलप

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARD

Mentor's Name: PATEL SAREYA

Date: 10/3/25

A) Student Information Form (SIF)

Year of Admission: 2022 - 2023

Enrollment No: 2284001007



Surname

Student Name

Father Name

Full Name: SINGH VAIBHAV SATISH

Address: KHABAD FALGU, PIPRU,
DHANPUR, DHOD / KACHHWA
MIRZAPUR, U.P. Pin Code: 889382 (231507)

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>7355731730</u>	<u>6313157710</u>		
Father Occupation		<u>Private Job</u>		
Mother Occupation		<u>Housewife</u>		

Email Address: Student Vaibhav Singh 2603004@gmail.com

Other _____

Gender : Male ☒ Female ☐ Blood Group: B+ve

Date of Birth: 26/03/2004 Cast: OBC

Nationality : INDIAN Aadhar Card: 903347873491

Active on Social Media: ☒ Face Book ☐ Whatsapp ☒ Twitter

Email: Vaibhav Singh 2603004@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	42,500	24/5/22	42,500	28/4/22		
Second	42,500	10/7/23	42,500	12/11/23		
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3				✓	✓	✓
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): S

Seminar/Conferences Attended (Till Date)

- Attended Cancer awareness Seminar
- Attended Kidney day awareness Seminar

Details of Social activity: (Attached to any organization, if any)

- Participation in CUI social activities such as Sports Day and gully function

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation: _____

_____ List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

10/3/25

→ Student say that I have a problem in Mental Health Nursing subject.

→ Then I asked the Student what is your problem in MHN subject.

→ Student say that problem in specific disease condition included in

terminology of MHN subject.

→ Then I was ~~to~~ checked & evaluated attendance report, & I was solved problem related MHN subject.

12/4/25

Next 2nd form of counseling conduct with Student & He

say that slowly understanding in MHN subject.

Enrolment No. 228400/007

MENTOR-MENTEE MEETING

Name of the Student: Singh Vaibhav Gattish

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	10/3/25	Agenda is student's problem	- Major problem of water supply	- problem discussed with principal			
2	12/4/18	Agenda for education system	- Don't have proper understanding because of language barrier	- Referred to an English teaching faculty			

भारत सरकार

भारत सरकार
Unique Identification Authority of India
Government of India

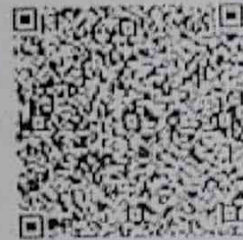
नामांकन क्रम / Enrollment No. : 1018/60251/28633

To
वैभव सिंह
Vaibhav Singh
S/O: Satish Singh
majhawa
Kachhawan
Kachhwa
Chunar Mirzapur
Uttar Pradesh 231501
9454524976

01/04/2015
236476218



MP364762184FT



आपका आधार क्रमांक / Your Aadhaar No. :

9033 4187 3491

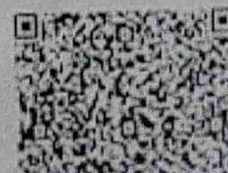
आधार - आम आदमी का अधिकार



भारत सरकार
Government of India



वैभव सिंह
Vaibhav Singh
जन्म तिथि / DOB : 26/03/2004
पुरुष / Male



AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnim.edu.in

STUDENT REPORT CARDMentor's Name: PATEL SHREYADate: 26/3/25**A) Student Information Form (SIF)**Year of Admission: 2021-2023Enrollment No: 2284001008

Surname

Student Name

Father Name

Full Name: ANSARI IERA BARATIAddress: H. NO. 4 SHATAHAN COLONY
MERUT, UTTAR PRADESH
Pin Code: 250002**Contact Details:**

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	6398983019	6398983019		-
Father Occupation		BUSINESS		
Mother Occupation		HOUSE-WIFE		

Email Address: Student IF946398@gnrcul.com

Other _____

Gender : Male _____ Female ☒ Blood Group: B+veDate of Birth: 31/03/2003 Cast: GENERALNationality : INDIAN Aadhar Card: 26934922421Active on Social Media: ☐ Face Book ☐ Whatsapp ☒ TwitterEmail IF946398@gnrcul.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	42,500	22/3/22	42,500	10/10/22		
Second	42,500	9/4/23	42,500	28/12/23		
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3				✓	✓	✓
Semester4				✓	✓	✓
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): S

Seminar/Conferences Attended (Till Date)

No. of attended seminar or
conferences

Details of Social activity: (Attached to any organization, if any)

No. of participation in any social activities

No. of Oral Publication: Na _____ /Int _____ No. of Poster Presentation: _____

List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

26/3/25	→ Student say that I have a problem in Medical - Surgical Practical & I Don't understand in procedure of MSN. → Then I asked the question of student which procedure (?) → Student say that problem in making preparation of drug for MSN Practical.
	→ Then I will be check & evaluate her procedure & register for 1 hour in MSN Lecture & this purpose is practical problem will solve out & register follow-up.
26/4/25	→ Next 2nd follow-up / home of counselling conduct with student & she say that understanding in MSN Practical.

Enrolment No. 2284001008

MENTOR-MENTEE MEETING

Name of the Student: Ansari Ifza Bhat

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	26/3/25	Agenda for student's need as problem	- student says there is that there is lack of dance & extra-curricular teachers	- Discussed to the principal sir			
2	26/4/25	Agenda for student's problem	- Major problem of sanitation & water supply	- Wrote an application regarding the problem			



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Government of India



Issue Date: 08/11/2014



इफरा
Ifra
जन्म तिथि/DOB: 03/03/2003
महिला/ FEMALE

2693 9192 2421

VID : 9112 5852 2273 0981

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

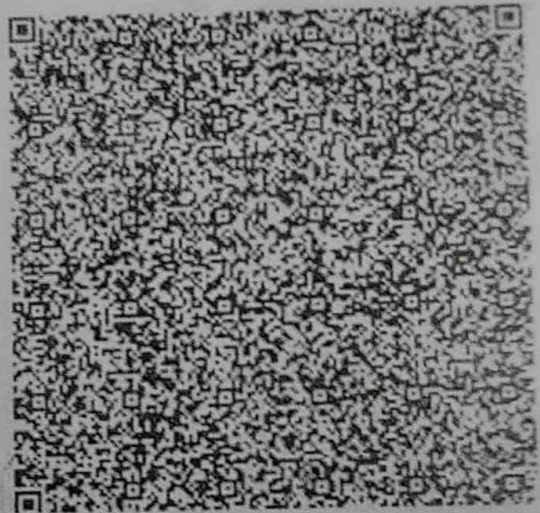


पता:

D/O बराती, एच. न. 4, शाजहाँ कॉलोनी, मेरठ, मेरठ,
उत्तर प्रदेश - 250002

Address:

D/O Barati, H. No. 4, Shajahan colony,
Meerut, Meerut,
Uttar Pradesh - 250002



2693 9192 2421

VID : 9112 5852 2273 0981



1947



help@uidai.gov.in



www.uidai.gov.in

Download Date: 18/11/2022

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnim.edu.in

STUDENT REPORT CARD

Mentor's Name: PATEL SHREYA

Date: 26/3/25

A) Student Information Form (SIF)

Year of Admission: 2022 - 2023

Enrollment No: 2284 001009



Surname

Student Name

Father Name

Full Name: KHABAD BANESHWARI BEN RAMA MBHAI

Address: KHABAD TALUK, PIRARU,
DHANPUR, DAHOD

Pin Code: 384362

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>6352408448</u>	<u>6352408448</u>		
Father Occupation		<u>Private Job</u>		
Mother Occupation		<u>Housewife</u>		

Email Address: Student nubenkhabadprince@gmail.com
Other _____

Gender : Male ☐ Female ☒ Blood Group: O+

Date of Birth: 1/06/2002 Cast: _____

Nationality : INDIAN Aadhar Card: 562091777745

Active on Social Media: ☐ Face Book ☒ Whatsapp ☐ Twitter

Email nubenkhabadprince@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	42,500	27/6/22	42,500	28/10/22		
Second	42,500	10/7/23	42,500	13/12/23		
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

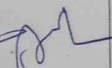
D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3				✓	✓	✓
Semester4				✓	✓	✓
Semester5						
Semester6						
Semester7						
Semester8						

MENTOR-MENTEE MEETING

Enrolment No. 2284001009

Name of the Student: Khabad B. Nageshwariben R.

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	26/3/25	Agenda is regarding education system	→ problem in medical - surgical nursing	- Discuss with MSN faculty			
2	26/4/25	Agenda is regarding education system	→ problem related to understand core concepts because of language barrier.	- Referred to an English teaching faculty.			



ભારત સરકાર
Government of India

ભારતીય વિશિષ્ટ ઓળખ પ્રાધિકરણ
Unique Identification Authority of India

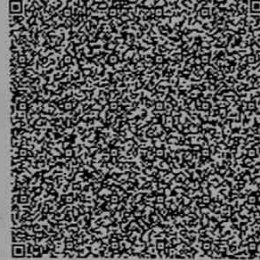
નામાંકન ક્રમ સંખ્યા / Enrollment No.: 0124/21410/25151

To
ખાબડ બાણેશ્વરીબેન રમણભાઈ
Khabad Baneshwariben Ramanbhai
D/O: Ramanbhai Narvatbhai Khabad,
Khabad Faliyu,
Pipero,
VTC: Pipearo,
PO: Pipero,
Sub District: Dhanpur, District: Dahod,
State: Gujarat,
PIN Code: 389382,
Mobile: 6352408748

145456179



MG454561795FI



આપનો આધાર નંબર / Your Aadhaar No. :

5620 9177 7745

મારો આધાર, મારી ઓળખ



ભારત સરકાર
Government of India



Issue Date : 03/11/2013



ખાબડ બાણેશ્વરીબેન રમણભાઈ
Khabad Baneshwariben Ramanbhai
જન્મ તારીખ / DOB : 01/06/2002
સ્ત્રી / Female

5620 9177 7745

મારો આધાર, મારી ઓળખ

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnim.edu.in

STUDENT REPORT CARD

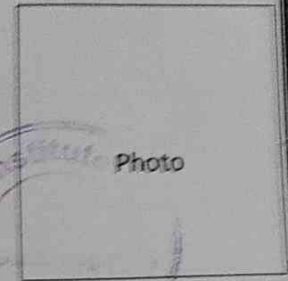
Mentor's Name: PATEL SHREYA

Date: 28/3/25

A) Student Information Form (SIF)

Year of Admission: 2022 - 2023

Enrollment No: 2284001010



Surname Student Name Father Name

Full Name: DABHI CHANDRIBEN ARVIND DABHI

Address: Kulol

Pin Code: 382721

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>8140140978</u>	<u>8140140978</u>		
Father Occupation		<u>Fulmer</u>		
Mother Occupation		<u>Housewife</u>		

Email Address: Student MTHU14210@gmail.com

Other _____

Gender : Male ☐ Female ☒ Blood Group: B+ve

Date of Birth: _____ Cast: SC

Nationality : INDIAN Aadhar Card: _____

Active on Social Media: ☒ Face Book ☒ Whatsapp ☒ Twitter

Email MTHU14210@gmail.com

Other Specify: _____

Attachment: 1 ID Proof (Driving License/PassPort/Voter's ID/Aadhar Card/PAN Card)

2 Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	42,500	22/3/22	42,500	29/12/22		
Second	42,500	24/4/23	42,500	3/6/23		
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3				✓	✓	✓
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): Seminar/Conferences Attended (Till Date)

No any attended of conference
or Seminar

Detail of Social activity: (Attached to any organization, if any)

No any participation in social
activities or communities programme

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation:

_____ List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

28/3/25 Student say that I have a room problem not proper ventilation in my class, not properly working fan, light, projector etc. Problem for study and not proper focus in classroom.

- I observed the student problem talk to sir & change the classroom & solved problem in 3 days.

28/4/25 The student was referred to counseling due to signs of academic stress & declining performance in recent assessment.

MENTOR-MENTEE MEETING
Name of the Student: Debi Chatterjee A.

Enrolment No. 228H001040

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	28/3/25	Agenda is student's need & problem	- Don't Understand the ppt - Teaching way is not understandable	- Discussed with the tutor to change teaching method	Dr. P. M.		
2	28/4/25	Agenda for education	- Don't have proper understanding in AIIX	- Improvement of good creative ppt with lecture.	Dr. P. M.		

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnim.edu.in

STUDENT REPORT CARD

Mentor's Name: PATEL SHREYA

Date: 12/3/25

A) Student Information Form (SIF)

Year of Admission: 2022-2023

Enrollment No: 2284001011



Surname

Student Name

Father Name

Full Name: UJAINCHAI SANIA ZIMTILYA

Address: GANDHINAGAR C/EB DASE- TATBHILDA

ARVALLI Pin Code: 383245

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	<u>01427402581</u>	<u>7940550600</u>		
Father Occupation		<u>Private Job</u>		
Mother Occupation		<u>Housewife</u>		

Email Address: Student ujainchaisanica@gmail.com

Other _____

Gender : Male ☐ Female ☒ Blood Group: AB+ve

Date of Birth: 29/04/2003 Cast: GENERAL

Nationality : INDIAN Aadhar Card: 762494180300

Active on Social Media: ☒ Face Book ☐ Whatsapp ☒ Twitter

Email ujainchaisanica@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	42,500	22/6/22	42,500	28/12/22		
Second	42,500	4/8/23	42,500	29/12/22		
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3				✓	✓	✓
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): S

Seminar/Conferences Attended (Till Date)

No any attended of conferences
& Seminar.

Detail of Social activity: (Attached to any organization, if any)

No any participation of social
activities or communities Dr. J. J. J. J.

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation:

_____ List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

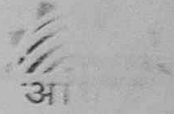
12/3/25	→ student say that I have a class room problem not proper ventilation in my class
	Not properly working fan, light & projector system etc. Problem for student and not proper focus in classroom.
	- I observed the student problem & talk to sir & change the classroom & solved problem in 3 days.
12/4/25	The student was referred to counseling due to signs of academic stress & declining performance in recent assessment.

Enrolment No. 224001011

MENTOR-MENTEE MEETING

Name of the Student: Crishvi Smita I

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	12/3/25	Agenda for student's problem	major problem is ventilation in the classroom	- Discussed with the principal sir.			
2	12/4/25	Agenda is student's adjustment	- Doen't have proper sitting arrangement in class room	- Represented problem in front of principal sir			



ભારતીય વિશિષ્ટ ઓળખાણ પ્રમાણપત્ર

ભારત સરકાર

Unique Identification Authority of India

Government of India

નોંધણીની ઓળખ / Enrollment No.: 2029/7111000000

To
ધાંચી શાનીઅ ઈમ્તિયાઝ
Ghanchi Shania Imtiyaz
D/O: Ghanchi Imtiyaz
- Govindnagar G E B Pasa
Taluko - Bhiloda
Bhiloda
Bhiloda
Bhiloda Arvalli
Gujarat 383245
9427402581

14/09/2016
395984129



MA959841291FT



તમારો આધાર નંબર / Your Aadhaar No. :

7624 7918 0300

મારો આધાર, મારી ઓળખ



ભારત સરકાર

Government of India



ધાંચી શાનીઅ ઈમ્તિયાઝ
Ghanchi Shania Imtiyaz
જન્મ તારીખ / DOB : 29/09/2003
સ્ત્રી / Female



7624 7918 0300

મારો આધાર, મારી ઓળખ

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARD

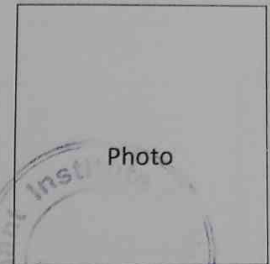
Mentor's Name: PATEL SAREYA

Date: 27/3/25

A) Student Information Form (SIF)

Year of Admission: 2022 - 2023

Enrollment No: 2284001012



Surname

Student Name

Father Name

Full Name: CHAUDHARY TIRTHKUMAR SHANKARBAJ

Address: SABARKANTHA

Pin Code: 383250

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	9429255600	8320214571		
Father Occupation		Fulmer		
Mother Occupation		Housewife		

Email Address: Student hthchudhary542@gmail.com
Other _____

Gender : Male ☒ Female ☐ Blood Group: OTN

Date of Birth: _____ Cast: OPEN

Nationality : INDIAN Aadhar Card: 3816214536568

Active on Social Media: ☒ Face Book ☐ Whatsapp ☐ Twitter

Email hthchudhary542@gmail.com

Other Specify: _____

Attachment: 1. **ID Proof** (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. **Residential Proof** (Light Bill/Gas Bill/Tax Bill)

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnnim.edu.in

STUDENT REPORT CARDMentor's Name: PATEL SAREYADate: 27/3/25**A) Student Information Form (SIF)**Year of Admission: 2022 - 2023Enrollment No: 2284001012

Photo

Surname

Student Name

Father Name

Full Name: CHAUDHARY TIRTIKUMAR SHANKARANJAddress: SABARKANTHAPin Code: 383250**Contact Details:**

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	9429255600	8320214571		
Father Occupation		Fulmer		
Mother Occupation		Housewife		

Email Address: Student hthchudhary542@gmail.com
Other _____Gender : Male ☒ Female ☐ Blood Group: ONEDate of Birth: _____ Cast: OPENNationality : INDIAN Aadhar Card: 3 816214536568Active on Social Media: ☒ Face Book ☒ Whatsapp ☐ TwitterEmail hthchudhary542@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	42,500	22/6/22	42,500	10/10/22		
Second	42,500	13/4/23	42,500	18/9/23		
Third						
Fourth						
Fifth (Internship)						
Semester 6						
Semester 7						
Semester 8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester 1				✓	✓	✓
Semester 2				✓	✓	✓
Semester 3				✓	✓	✓
Semester 4						
Semester 5						
Semester 6						
Semester 7						
Semester 8						

B) Continuous Improvement Documentation (CID): S

Seminar/Conferences Attended (Till Date)

Attended Cancer Awareness Seminar
Attended Kidney Awareness Seminar

Detail of Social activity: (Attached to any organization, if any)

No any participation in social
activities

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation:

_____ List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

27/3/25	evaluate the student's progress in addressing the concern presented at the start of
	counseling I have solve the problem extra classes & extra Assignment provided then I
	- Advised to make a being schedule to improve the basic concept & related Assignment work
28/4/25	2nd Counseling hour Student says that my family is separated mother & father so I have not proper attend class & focusing in class. That's
	but I am absent in class I have check the problem & try to so solve out problems & discuss with his class-co. partner

Enrolment No. 222001012

MENTOR-MENTEE MEETING

Name of the Student: Chayudhuri 719thkmal 3.

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	27/3/25	Agenda of meeting is faculty	- student verbalizes about lack of sport facility	- Discussed with the principal sir	both		AL
2	28/4/25	Agenda of meeting is education system	- Don't understand the subject because of language barrier	- Discussed with the concerned faculty	both		AL



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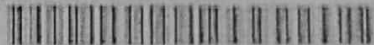
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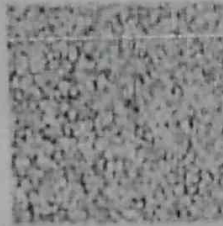
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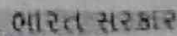
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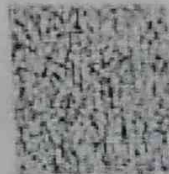


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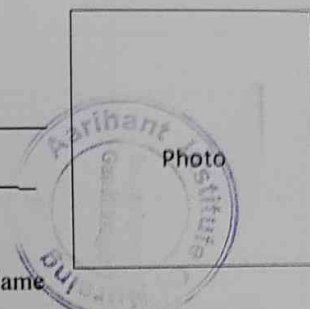
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SHARATHA MOHYA MANO
Dargah, Bodasa, Dist. Aravali

AARIHANT INSTITUTE OF NURSING, GANDHINAGAR

Bhoyan Rathod, Gujarat 382422
principal.nursing@swarnim.edu.in

STUDENT REPORT CARDMentor's Name: PATEL SHREYADate: 26/3/25**A) Student Information Form (SIF)**Year of Admission: 2022 - 2023Enrollment No: 2284001013

Surname: KHANT Student Name: NAYANKUMAR Father Name: JAYANSINH

Address: SHAHIBAG, MADHUPURA POINCE LINE
AHMEDABAD Pin Code: 380004

Contact Details:

	Mobile (Self)	Mobile (Father, Mother)	Landline (R)	Other
Student	931347094	931347094		
Father Occupation		Private Job		
Mother Occupation		Housewife		

Email Address: Student nayankumar829@gmail.com

Other _____

Gender : Male ☒ Female ☐ Blood Group: B+Date of Birth: 25/10/2003 Cast: STNationality: INDIAN Aadhar Card: 354929615405Active on Social Media: ☒ Face Book ☒ Whatsapp ☒ TwitterEmail nayankumar829@gmail.com

Other Specify: _____

Attachment: 1. ID Proof (Driving License/Pass Port/Voter's ID/Aadhar Card/PAN Card)

2. Residential Proof (Light Bill/Gas Bill/Tax Bill)

C) Financial Details:

Year	Rs.	Date	Rs.	Date	Rs.	Date
First	42,500	23/6/22	42,500	17/10/22		
Second	42,500	6/9/23	42,500	20/11/23		
Third						
Fourth						
Fifth (Internship)						
Semester6						
Semester7						
Semester8						

D) Academic Performance:

Semester	SPI	CPI	Backlog	Clear	Clear	Clear
Semester1				✓	✓	✓
Semester2				✓	✓	✓
Semester3				✓	✓	✓
Semester4						
Semester5						
Semester6						
Semester7						
Semester8						

B) Continuous Improvement Documentation (CID): Seminar/Conferences Attended (Till Date)

→ No any attended of conferences
& seminar.

Detail of Social activity: (Attached to any organization, if any)

No any participation in social
activities & community health
programme

No. of Oral Publication: Na _____ / Int _____ No. of Poster Presentation:

_____ List of Publication & Presentation

Note: Add a separate page wherever required.

E) Counseling Report:

26/3/25	Student say that I have Problem in Mental Health Nursing Subject
	→ Then I asked the student What is your Problem in MHN Subject.
	→ Student say that Problem in Terminology of MHN Subject.
	→ Then I will be check & evaluate attendance report & I will try to solve problem & check out.
25/4/25	→ Next 2nd round of counseling conduct with student & He say that slowly understanding for MHN Subject.

Enrolment No. 2251001013

MENTOR-MENTEE MEETING

Name of the Student: Khetant Nuyam J.

Sr. No.	Date of Meeting	Agenda of Meeting	Problem of Student	Solution to Problem	Sign of Mentee	Sign of Mentor	Sign of Principal
1	26/3/25	Agenda is student's need and problem	complain regarding lack of sport facilities	- problem represented in front of principal's			
2	25/4/25	Agenda for education system	→ struggling to understand the subject because of language barrier	- Discussed with English faculty.			



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Government of India



Issue Date : 27/09/2014



ખાંટ નયનકુમાર

Khant Nayankumar

જન્મ તારીખ / DOB : 25/10/2003

પુરુષ / Male

3549 2961 5405

મારો આધાર, મારી ઓળખ



ભારતીય વિશિષ્ટ ઓળખ-પ્રાધિકરણ

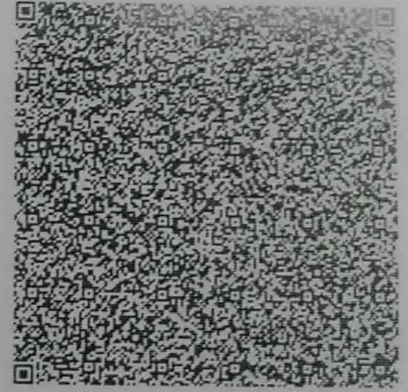
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Print Date : 18/11/2022

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શહેર, અમદાવાદ, ગુજરાત, 380004

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Ahmedabad, Gujarat, 380004



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