



Bharathiar University, Coimbatore.

Tutorial file for the Year 20 - 20

Name of the Department _____

Name of the Tutor: _____

I. Personal Information

1. Name

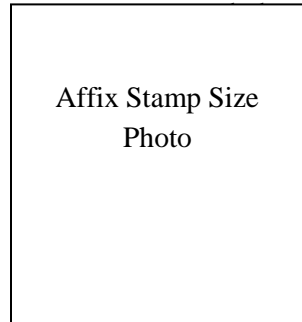
2. Roll No.

3. Date of Birth

4. Blood Group

5. Community

OC	BC	MBC	DNC	SC	ST	OTHERS



6. Parent's Details

	Father	Mother
Name		
Occupation		
Annual Income		

8. Address

Permanent Address

Address for Communication
(Current Place of Residence)

Parents Mobile :	Students Mobile :
Resi. Phone :	Resi. Phone :
E-mail :	E-mail

9. Name & Address of the College where UG / PG was completed:

II. Academic Performance:

I Year

FIRST SEMESTER		MARKS SECURED			GRADE POINTS	GRADE	RESULT	ATTEMPT		
SUBJET CODE	NAME OF THE SUBJECT	ESE	CIA	TOTAL				II	III	IV
Student's Signature		GPA								

SECOND SEMESTER		MARKS SECURED			GRADE POINTS	GRADE	RESULT	ATTEMPT		
SUBJET CODE	NAME OF THE SUBJECT	ESE	CIA	TOTAL				II	III	IV
Student's Signature		GPA								

ESE: End Semester Exams; **CIA:** Continuous Internal Assessment; **GPA:** Grade Point Average.

II Year

THIRD SEMESTER		MARKS SECURED			GRADE POINTS	GRADE	RESULT	ATTEMPT		
SUBJET CODE	NAME OF THE SUBJECT	ESE	CIA	TOTAL				II	III	IV
Student's Signature		GPA								

FOURTH SEMESTER		MARKS SECURED			GRADE POINTS	GRADE	RESULT	ATTEMPT		
SUBJET CODE	NAME OF THE SUBJECT	ESE	CIA	TOTAL				II	III	IV
Student's Signature		GAP								

ESE: End Semester Exams; **CIA:** Continuous Internal Assessment; **GPA:** Grade Point Average.

II. Other Details

Semester	I	II	I	II
Total No. of days absent				
If long absentee, Reason for absence				
No. of Arrear Papers				

Details of Scholarship (if any) Category and Amount:

Additional qualification obtained (SET / NET / Any other)

Name of the Exam

Month and Year of pass:

10. Extra Curricular Activities and Achievements:

(Participation in Competitions, Seminars, Paper presentations, Leadership & Participative roles assumed on campus/ off campus, any other)

S. No.	Name of the Event	Place & Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Corrective and Supportive Action Through Counseling

Name:.....Roll No.....

S. No.	Date	Semester	Details of Counseling	Signature of Tutor

Corrective and Supportive Action Through Counseling

Name:.....Roll No.....

S. No.	Date	Semester	Details of Counseling	Signature of Tutor