



**JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH,  
Pondicherry-605006**  
(Institute of National Importance Ministry of Health & Family Welfare, Govt. of India)

## **Undergraduate Research Monitoring Committee**

### **Format for the Research Mentorship Program for Undergraduates (RMPU) - Mentorship Agreement\***

I,..... (name & designation)...., the mentor and ...(name/semester MBBS)...., the mentee are voluntarily entering into this mentoring partnership as part of the JIPMER RMPU program. We agree that the mentorship will be carried out as per the guidelines mentioned for the RMPU program\*\*.

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Mentor's signature

Mentors' name and designation

Date

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Mentee's signature

Mentee's name & Semester.

Date

\*A duly filled & signed PDF of the agreement is to be mailed to the UGRMC e mail by the mentor ([ugrmcjpmer@gmail.com](mailto:ugrmcjpmer@gmail.com))

\*\*In case of any difficulties in the program the mentor or the mentee can bring it to the notice of the UGRMC. *All communication by e-mail only.*