

**The Mentorship Agreement**  
**3<sup>rd</sup> IAPSM Young Leaders' National Conclave 2022**  
**Department of Community Medicine and Family Medicine**  
**AIIMS Bhubaneswar**

This is to hereby inform you that we are entering into a voluntary Mentorship Agreement that we expect to benefit and enrich both of us. Through this program, we shall attempt to spend most of our time in a way which would be mutually beneficial.

This agreement holds the following –

**Confidentiality:** We acknowledge and entrust each other's confidences (professional and/or personal) and will endeavor that both parties shall have a relationship based on mutual trust, respect and confidentiality.

**Progress Reporting Frequency:** To determine if the relationship is mutually beneficial, if it's working well and what needs to be changed or addressed (once a month is suggested):

**Duration of Mentoring Relationship:** (six to 12 months suggested):

**Frequency of Meetings:**

**Duration of Meetings:**

**Type of Meetings** (zoom, skype, phone call):

**Who will logistically plan the meetings?** (send invitation, set up link etc..) -

**Cancellation Preferences:**

**Contact Information:**

Mentee \_\_\_\_\_ Email \_\_\_\_\_  
Cell Phone/WhatsApp \_\_\_\_\_  
Preferred method of contact \_\_\_\_\_  
Best time of contact: \_\_\_\_\_

**Contact Information:**

Mentor \_\_\_\_\_ Email \_\_\_\_\_  
Cell Phone/WhatsApp \_\_\_\_\_  
Preferred method of contact \_\_\_\_\_  
Best time of contact: \_\_\_\_\_

**Mentee's Primary Objectives:**

**Mentor's Primary Objectives:**

This mentoring agreement puts forth how we will work together. We agree to commit to the specified period and to make an earnest effort to make this work to make it a mutually beneficial and an enriching experience.

By signing this agreement, we agree to everything is this Mentoring Agreement.

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Mentor's signature  
Date

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Mentee's signature  
Date