



Sr. No.	Particular	Remarks
	Date	07.03.2025
2	Name of Activity/	Mentor-Mentee Interaction
3	Name of Unit/ Agency/ DepartmentOrganizing the Activity	Department of Sociology
4	Name of Collaborating Agency (If any)	Sociology Dept.
5	No. of Student Participants	32
6	No. of Teacher Participants	1
7	Brief Report सांदिप्त प्रदिवेिन	<complex-block></complex-block>