



Individualized Career Counseling Service

Registration Form

Ref No:

For office use only

Personal Information

Full Name:

Age:

Gender:

M	F
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Postal Address:

Email Address*:

Phone no*:

Cell no*:

* Please provide your valid e-mail / contact numbers as most of the correspondence will be done through email / phone.

Academic

Degree Program	Majors / Specialization	Graduation Year	Name of School/College/University	Percentage Obtained
HSC/A-Levels				
Bachelors				
Masters				
Other				

Work Experience (Provide details of internship and/or employment experience(s))

Dates (from - to)	Name of the Employer / Organization	Designation / Position	Major Responsibilities

Which subject(s) you like to study most?

1) _____

2) _____

3) _____

4) _____

What are your special interests and what are you good at (e.g. Drawing & sketching, writing articles/stories, debates, Decorating house, computer programming, design graphic software etc.)?

1) _____

2) _____

3) _____

4) _____

Which field(s) / profession(s) you are currently thinking about? (Even if you are very uncertain, just fill in any thoughts that you might have):

Fields / Topics on which you need specific guidance:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Do you prefer any specific time / day for career counseling appointment? Yes No if yes, provide details:

Day: _____ Timings: _____

To be filled after one-to-one meeting with a career advisor:			
Please rate the counseling service in terms of:			
	Excellent	Good	Satisfactory
Guidance during the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content & information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time allotted for the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments & Suggestions:			

To be filled by the Career Advisor after one-to-one meeting with the student:

Day & Date: _____ Timings: _____

Advisor Name: _____ Next Appointment (if required): _____

Synopsis of the advice provided to the student:

Acknowledgement (For Office Use Only)

Form received on: _____ Form received by: _____

Date of appointment: _____ Timing: _____ Is student available: Yes No

Alternate date of timing of the appointment (if any): _____