



Smt. Indira Gandhi PG College

(Affiliated to Maharaja Suhel Dev State University)

ANNEXURE 1

Counseling Request Form

Purpose: This form allows students to request counseling services for academic, career, personal, or psychological support. All information is **confidential**.

Online Link -

https://docs.google.com/forms/d/e/1FAIpQLSeGOxPMLdBLmFeDs2DFZ6DdiqrTS03aJ7WI4YUQCOCXsKZDXQ/viewform?usp=pp_url

Student Details

Field	Details
Name of Student	_____
Enrollment Number	_____
Course & Year	_____ -
Department	_____ -

Contact Number	_____
Email ID	_____
Preferred Mode of Counseling	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Phone

Type of Counseling Requested

(Please tick the relevant option)

- Academic Counseling
 - Career Counseling / Internship Guidance
 - Personal / Psychological Support
 - Peer Mentoring
 - Other: _____
-

Brief Description of Issue / Support Needed

(Please provide a short description of your concern or the support you are seeking)

Preferred Time / Schedule for Counseling Session

Date: _____

Time: _____

Student Declaration

I hereby declare that the information provided above is **true and accurate** to the best of my knowledge. I understand that all counseling sessions will be **confidential**, and the information provided will be used solely for the purpose of providing support.

Signature of Student: _____

Date: _____