



Career Guidance Cell
Gokaraju Rangaraju Institute of Engineering and Technology
(Autonomous)
Hyderabad

Career Counselling Form

Name of the Student:	
Course: (B.Tech/M.Tech)	
Roll Number:	
Branch/Year/Section:	
Phone Number:	
Parent Name:	
Parent Details(If any)	
Parent Phone Number:	
Mentor Name:	
Mentor Phone Number:	

Brief Description of the Career Guidance Requirements as identified by the mentor:

Mentor Signature with date

Suggestions of the Career Counsellor:

Career Counsellor Signature with date