KALASALINGAM
ACADEMY OF RESEARCH AND EDUCATION
(DEEMED TO BE UNIVERSITY)
Under sec. 3 of UGC Act 1956. Accredited by NAAC with "A++" Grade

Anand Nagar, Krishnankoil, Srivilliputtur (Via), Virudhunagar (Dt) - 626126, Tamil Nadu | info@kalasalingam.ac.in

Counselling Consultation Request Form

1.	Register No	
2.	Name of the Student	
3.	Degree/Year/Section	
4.	Date of Birth/Age	DD/MM/YYYY /
5.	Gender	Male / Female /Transgender
6.	Hosteller/Day scholar	Hosteller/Day scholar
7.	If Hosteller, Mention the Caretaker Details	Name, Mobile No.
8.	Contact No.	
9.	Mail Id (Official)	
10.	Reason for Request (in 50 words)	
11.	Any Relevant Medical History (Mention if any)	
12.	Signature	

For Office Use Only

Completed the initial Verification : Yes /No

Appointed Counsellor Name with Designation :

Appointment Date/Time :

Head of the Department