*Form No.020*

*Batch:*

**Counseling Form**

Name of trainee:

 Trade/Occupation:

Village: Gewog:

Dzongkhag:

Parent’s Name: Occupation:

Mobile No (Self):

Purpose/Reason of Counseling:

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| Summary:……………………………………………………………………………............................................. …………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………… |

Action Plan: ……………………………………………………………………………………………

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**Name & signature of Counsellor**

 **Date:**