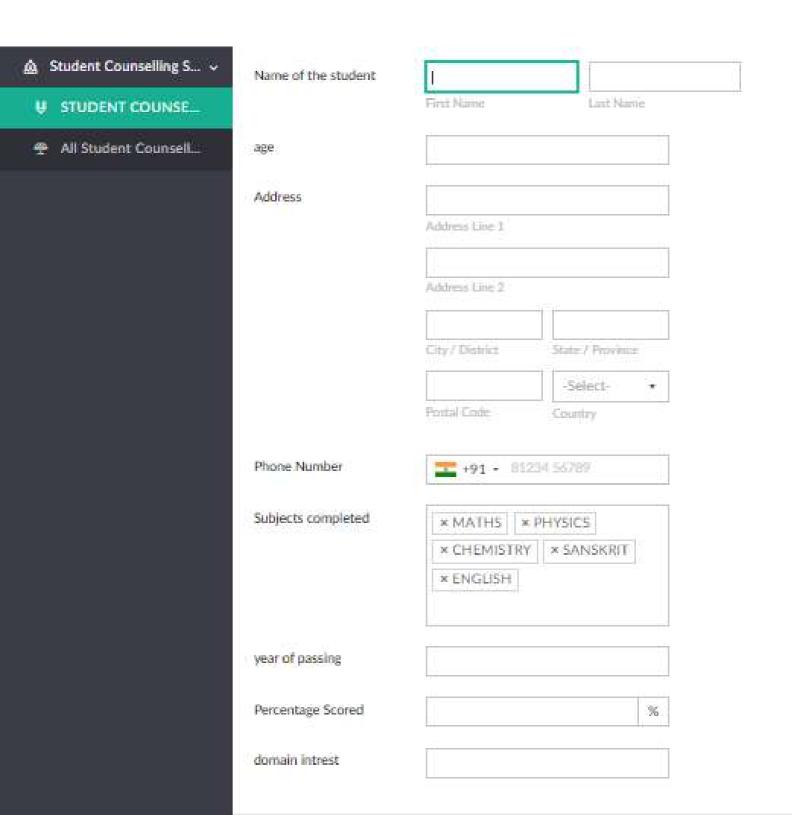
student counselling

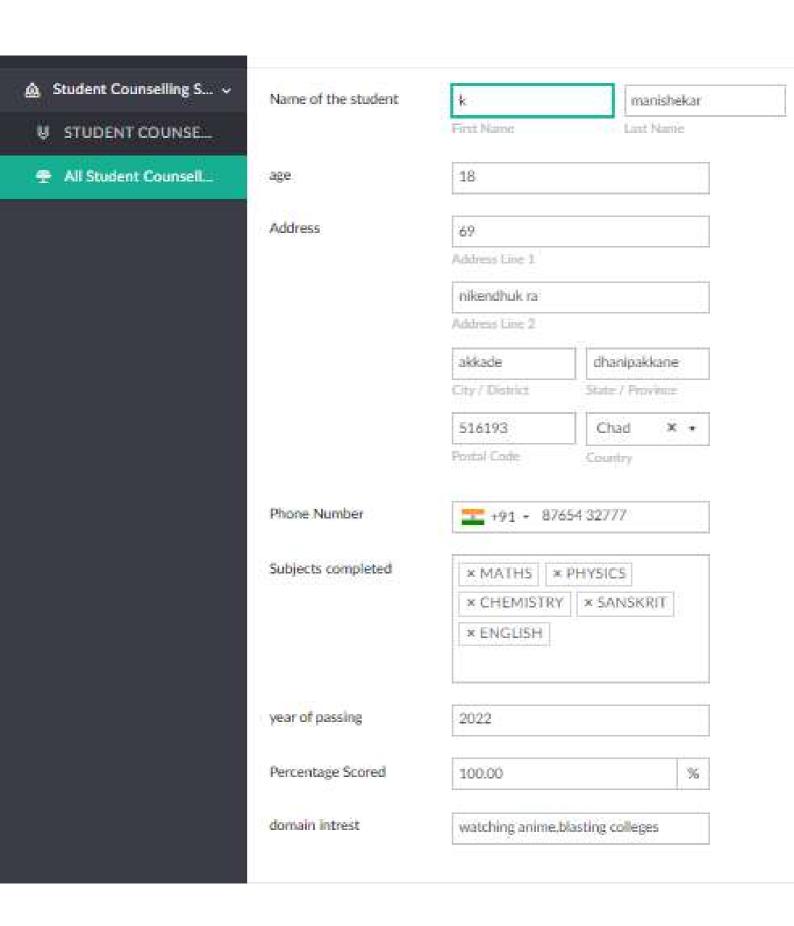
Name of the student	ſ				
	First Name	Last Name			
Email					
Address					
	Address Line 1				
	Address Line 2				
	City / District	State / Province			
	12-11020-1	-Select-			
	Postal Code	Country			
Phone	= +91 - B123	4 56789			
Age					
Subjects Studied					
year of studied	-Select-				
year of passed out					
percentage of marks					
Domain of Interst	-Select-	•			

student counselling

Name of the student	d	jahnavi	
	First Name	Last Name	
mail	janu@gmail.com		
Address	33/5		
	Address Line 1		
	home flats		
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	First Name	Last Name
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	Postal Code	Country
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Priorie	= +91 - 813	LPF 20/07
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n of future course	-Select-	*
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department		
Address of campus		- fi
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	Address Line 2	<u> </u>
	City / District	State / Province
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