Check List for Career Choice Form

Academic Year   :

Year   :   I / II / III / IV

Department   :

Roll number   :

Name of the Student   :

Opted for   :   **Placement / Higher Education / EDC**

S. No	Requisite	Available / Not Available	Verified & Approved
1	Hardcopy – Year wise/ Department wise – Audit purpose		

Faculty In-charge   **ERP In-charge**   **Head-Placement**   **Dean-I&R**

Verified by

IQAC Team   **Dean-IQAC**