**BHAILALBHAI & BHIKHABHAI INSTITUTE OF TECHNOLOGY, V.V.NAGAR**

**Guidance & COUNSELLING (ENCLOSURE-B)**

**nAME OF department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The following teaching staff members will work as counselor for the students as per the Task-B of Annual Work Plan 2015-16.**

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| **Sr. No.** | **Name of The Counselor**  | **Enrollment Nos. of Students Allotted**  | **Total No. of students allotted** |
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 **(Signature of HOD with date)**