Trainee Affairs Department

Counselling and Guidance Section

External Referral Form

Referral to………………………………………………………………………………...

Designation……………………………….. Institution……………………………….

Trainee’s Name ……………………………………………………….………………....

OMSB No……………………………………. Academic Year……………………...

Training Program …..………………………………………………………………….....

Year of Training…………………………………………...……………………………...

Trainee’s telephone no………………………...……………………………………….....

Trainee’s E-mail address ……………..…………..…………………………..………......

***Referral Reasons:***  Take Over Evaluate Treat

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Is the Trainee aware of this referral? Yes No

Is feedback/report required? Yes No

Counselling and Guidance Staff ..………………………………………………………...

Designation …………....…...…………………………………………………………......

Telephone No……………………………………………………………………………..

Date ……..….…………………...................... Signature .……………….…...….…...