**Form No: \_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| 1. Student Name:
 |  | 1. Registration No / Batch
 |  |
| 1. Contact No:
 |  | 1. Email:
 |  |
| 1. Date:
 |  |  |  |

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| --- |
| 1. State the nature of case:
 |
|  |
| Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **To be Filled by Institution** |
| 1. Application Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(To be filled by Office receiving the form at institution)* |
| 1. Action taken at Institution / Actions Requested from Main Office
 |
| 1. Referred to (Specify section of Main Office) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Signature and Official Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

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| 1. Remarks by Head of Institution:
 |
| Signature & Stamp of HOI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| **To be Filled by Main Office** |
| 1. Action / Comments by Main Office
 |
| 1. Please check as appropriate:

🞎 Issue resolved. 🞎 Issue will be resolved within \_\_\_\_\_\_\_\_\_\_\_\_working days🞎 Issue to be addressed by Institute. 🞎 Other (Pl specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature & Stamp of Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Instructions:***

*1. Student must be in possession of this form signed by referring officer and display NUST ID Card while visiting the main office.*

*2. This referral form is valid for single visit within* ***5 working days*** *wef date of referral.*

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