**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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