



National University of Sciences and Technology

Main office Referral Form

13. Remarks by Head of Institution:

Signature & Stamp of HOI: _____ Date: _____

To be Filled by Main Office

14. Action / Comments by Main Office

15. Please check as appropriate:

- ☐ Issue resolved. ☐ Issue will be resolved within _____ working days
☐ Issue to be addressed by Institute. ☐ Other (PI 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.