**National University of Sciences and Technology**

**Research Centre for Modeling & Simulation (RCMS)**

**Referral Form for Student’s Visit to Main office**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration No/ batch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact# \_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

2. State the nature of case:

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be filled by parent school**

3. Action taken at Institute and actions requested from Main Office:

4. Referred to (Specify section of Main Off) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Official Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Remarks by HoD/ HoI

**To be filled by main office**

6. Action/ Comments by Main Office

7. Please check as appropriate:

🞎 Issue resolved. 🞎 Issue will be resolved within ……. working days

🞎 Issue to be addressed by Institute. 🞎 Other (Pl specify) ……………………………………………………….

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Official Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 is valid for single visit within **5 working days** wef date of referral.

3. Student to return this form to principal office after Main Office visit or on 6th day of referral date.