TIMES INSTITUTE
— MULTAN, PAKISTAN —

SCHOLARSHIP
APPROVAL FORM
(EXTERNAL)

Student Name:		Father Name:	
Student ID:		CNIC:	
Program:		Batch:	
Current Semester:		Institute Hostel Resident:	Yes ☐ No ☐

1. Account Office Clearance:

Clearance upto current month:

Date: _____

Account office Stamp & Sign.

2. HOD / Department Coordinator Feedback:

Comments:

Coordinator Name: _____ Sign: _____ Date: _____

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3. Last Semester Attendance % _____ Current Semester Attendance % _____

4. Last Exam SGPA _____ Discipline _____

_____
Date

_____
Asst. Controller of Examination

5. Recommendation:

_____
Registrar

_____
Director A&C

6. Decision:

_____
Rector