



TIMES INSTITUTE
 MULTAN, PAKISTAN
 A Degree Awarding Institute Established under Govt. of the Punjab Act XXV-2020

SCHOLARSHIP APPROVAL FORM (EXTERNAL)

Student Name:		Father Name:	
Reg. No.:		CNIC:	
Program:		Batch:	
Current Semester:		Institute Hostel Resident:	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. Account Office Clearance:

Clearance upto <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account office Stamp & Sign.
Note: Student must clear his/her dues upto current month for approval of Scholarship Form.	

2. HOD / Department Coordinator Feedback:

Comments:
HOD / Coordinator Name: _____ Sign: _____ Date: _____

3. Last Semester Attendance % _____ Current Semester Attendance % _____	
4. Last Semester SGPA _____ CGPA _____	
_____ Date	_____ Asst. Controller of Examination

5. Recommendation (ED / Registrar):

Comments (if ay):	Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ ED / Registrar	

6. Decision:

Approved <input type="checkbox"/>	_____ Rector
Not Approved <input type="checkbox"/>	