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 ☐ No ☐

1. Account Office Clearance:

Clearance upto ☐☐ – ☐☐☐☐

Note: Student must clear his/her dues upto current month for approval of Scholarship Form.

Account office Stamp & Sign.

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 ☐ Yes ☐ No

_____
Pro Rector

6. Decision:

Approved ☐

Not Approved ☐

_____
Executive Director