**Foreign Visitor’s Form**

**1. Name of School or Dte\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Details of the Visitor(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Full Name** | **Designation** | **Passport Number** |
| a. |  |  |  |
| b. |  |  |  |

**Organization: Country:**

**Email of Visitor(s)**: **Telephone of Visitor(s):**

**Date of Visit:**  **Time:** **Venue**:

**3. Brief Introduction of Delegate/Visitor(s):**

**4. Purpose of Visit / Specific Areas/Topics of Interest for Discussion**

**Would the visitor like to have a campus tour?**

🔾**Yes** 🔾**No**

**Would visitor be staying at NUST?**

🔾**Yes** 🔾**No**

**If yes, who will fund accommodation/food? school or guest, please specify?**

**Would the visitor/delegation like to meet Rector NUST**

🔾**Yes** 🔾**No**

**Suggested Time:** **Venue**: **Duration:**

NOTE:

* Subject visit formalities/coordination with all concerned have been completed.
* Host institution will send Vehicles types and registration numbers of the visitor’s directly to CSO for entry to NUST.
* COVID-19 instructions apply as per the SOPs issued from time to time by Host country / institution.
* In Emergent Cases, Head of Institutions / Directors may approve the visit, but are required to process post visit approval with justification.

|  |  |
| --- | --- |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Sign/Stamp of Principal/HoD** |

**5. Recommendations of Director QA:**

**6. Recommendations/Approval of Pro-Rector (Acad):**

**7. Dir Coord for Information/arranging Call on with Rector (if required):**