

Format for Letter of Recommendation



Summer Internship Program 2017

Name of Applicant: Name of Teacher:
Institution: Title/Position:
Course/Stream: Institution:
Sem/Year: Email-Id:
Area of Interest: Area of Interest:

1. I know the applicant for years as undergraduate/graduate/others(specify).
2. I know the applicant Quit well/ Fairly well/ Not so well.

Summary of evaluation (tick appropriate box)

	Outstanding	High	Medium	Low	Not Known
General Aptitude					
Breadth of Scientific Interest					
Knowledge of Discipline					
Communication/Writing Skills					

Applicant's Strong Qualities:

- 1.
- 2.
- 3.

Applicant's Weakness:

- 1.
- 2.
- 3.

Place:

Date:

Additional Comment on the applicant:

Signature of the Teacher

This Should be filled and signed by the teacher (with the seal of institution), and scanned copy of the same should be uploaded in online registration form by applicants.