

JADAVPUR UNIVERSITY

Faculty Council of Science

Kolkata - 700 032, India

RECOMMENDATION FORM - I

Submit Recommendation.
Please photocopy additional
forms as needed.

Instructions to Applicant: Please complete the information below and
then give this form to the person who will write recommendation on
your behalf.

Name of the Applicant (in block letters):

Mailing Address:

Pin Code/Zip Code
Telephone Number

State
email address

Country

Degree objectives:

Ph.D.

M.Phil.

Post Graduate

Academic Session: (Starts from July every year)

Intended Enrollment Status: Full-time

I wish to waive access to recommendation letters: yes No

(Please tick N / Y whichever is applicable)

Signature of the Applicant.....Date.....

Instructions to recommender: Please write a short assessment of the applicant. We are particularly interested in the applicant's strength, weakness and characteristics that would help the faculty review committee judge the applicant's ability to succeed in graduate school. Feel free to write comments on the back or use your own letterhead and attach to this form. Also please give your assessment regarding the applicant in the following format

| | Excellent | Above Average | Average | Below Average | Poor | Unable |
|---|-----------|---------------|---------|---------------|------|--------|
| Criteria | | | | | | |
| Analytical ability | | | | | | |
| Depth of knowledge | | | | | | |
| Verbal expression skills | | | | | | |
| Writing expression skills | | | | | | |
| Perseverance | | | | | | |
| Maturity | | | | | | |
| Imagination and creativity | | | | | | |
| Potential as a teacher/Scholar/Researcher | | | | | | |
| Overall academic potential | | | | | | |

(If needed, please use additional Sheets for detail information and comments if any)

Name: _____

Institution Affiliation: _____

Address of Recommender: _____

Date: _____ Telephone: _____ Fax: _____ E-mail: _____

Signature with official Stamp _____

NB: Attach these with the Application Form in a closed envelop

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