

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):

Last Name/Surname

First Name

Middle Name

Mailing Address:

Pin Code/Zip Code

State

Country

Telephone Number

email address

Degree objectives:

Ph.D.

Post Graduate

Under 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

JADAVPUR UNIVERSITY

Faculty Council of Science
Kolkata - 700 032, India

RECOMMENDATION FORM –II

Submit Recommendation.
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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):

Last Name/Surname

First Name

Middle Name

Mailing Address:

Pin Code/Zip Code

State

Country

Telephone Number

email address

Degree objectives:

Ph.D.

Post Graduate

Under 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

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Name: _____

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Address of Recommender: _____

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

Signature with official Stamp _____

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