## 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.

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 eve	ery year)	
ntended Enrollment Status: Full-time		
wish to waive access to recommendation	n letters: yes No	
Please tick N / Y whichever is applicable)		
Signature of the Applicant		Date
•	e a short assessment of the applicant. We are p	
nstructions to recommender: Please write		particularly interested in the applicant's str
nstructions to recommender: Please write veakness and characteristics that would he	e a short assessment of the applicant. We are p	particularly interested in the applicant's str cant's ability to succeed in graduate school
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nstructions to recommender: Please write veakness and characteristics that would be ree to write comments on the back or us applicant in the following format  Criteria Analytical ability Depth of knowledge Verbal expression skills Writing expression skills Perseverance Maturity Imagination and creativity Potential as a teacher/Scholar/Researched overall academic potential If needed, please use additional Sheets for Name:	e a short assessment of the applicant. We are plet the faculty review committee judge the applicate your own letterhead and attach to this form.  Excellent Above Average Average  er  or detail information and comments if any)	particularly interested in the applicant's streamt's ability to succeed in graduate school Also please give your assessment regarding Below Average Poor Unable

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

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## RECOMMENDATION FORM -II

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	Sta	te	C	Country		
Telephone Number	emai	l address				
Degree objectives: Ph.D.	Post Graduate		Under C	Graduate		
Academic Session: (Starts from July eve	y 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	·		•			
weakness and characteristics that would h	•		•	•		
free to write comments on the back or us	your own letterhead and atta	ich to this form.	Also please give you	r assessme	ent regarding	
applicant in the following format						
	Excellent Above Average	ge 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/Researche						
Overall academic potential	adapati tafaan aree a					
(If needed, please use additional Sheets fo Name:	detail information and comme	nts if any)				
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