

**INDIAN INSTITUTE OF TECHNOLOGY
(BANARAS HINDU UNIVERSITY)
VARANASI – 221 005**

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here

**Application Form for Admission to
M.Tech. / M.Pharm. / Ph.D. Programme**
(See Instructions for filling this application form)

I. Department/School	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					IV. Student Status	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
II. Admission for Degree	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					V. Financial Status	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
III. Category	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					VI. Physically Challenged	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

Codes for I-VI are given in Instructions.

1. **Name of the Applicant:** Mr./Ms.
(in Block Letters)

2. **Father's Name:**
(in Block Letters)

3. **Mother's Name:**
(in Block Letters)

4. **Sex:** Male/Female

5. **Marital Status:** Married/Unmarried

6. **Nationality:** If foreign national, Passport No.

7. **Date of Birth:**

D	D	M	M	Y	Y
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8. **Place of Birth :**

9. **Address for Correspondence:**.....
.....

Phone No..... Mobile No. E-Mail

10. **Permanent Address:**

Phone No..... Mobile No. E-Mail

11. **Application Fee :** (Through online www.onlinesbi.com/prelogin/icollecthome.htm)

Amount Rs. e-Receipt No. Date

N.B. An amount of Rs.500/- for General/OBC/PC candidates or Rs. 250/- for SC/ST candidates per programme (M.Tech./M.Pharm./Ph.D.) should be paid. Photocopy of the e-Receipt must be attached with the Application Form. If the candidate is applying to more than one Department/School, he/she needs to pay the fee only once.

12. Details of Academic Record/Research Experience:

A. Whether qualified GATE/GPAT/CSIR/UGC NET or any other fellowship exam --- YES/NO

<i>Exam Name</i>	<i>Exam discipline</i>	<i>GATE/GPAT Score and/or CSIR/UGC NET Rank</i>	<i>Year</i>

Note: For M.Tech./ M.Pharm programmes, a valid GATE/GPAT score is required.

B. Qualifying degree (*) already obtained or in progress

<i>Institute/College (Name and Address)</i>	<i>University (Name and Address)</i>	<i>Discipline</i>	<i>Degree</i>	<i>Exam Date</i>	<i>Final Results declared/ Expected by</i>	<i>Pass Marks % or Grade Point Average</i>
<i>% Marks or Grade Point Average</i>	<i>Sem. I</i>	<i>Sem. II</i>	<i>Sem. III</i>	<i>Sem. IV</i>	<i>Sem. V</i>	<i>Overall % or Grade Point Average (If degree completed)</i>
	<i>Sem. VI</i>	<i>Sem. VII</i>	<i>Sem. VIII</i>	<i>Sem. IX</i>	<i>Sem. X</i>	

C. Other qualifications : High school onwards (*) (Do not include the Degree listed in 12B)

<i>Institute/College (Name and Address)</i>	<i>University (Name and Address)</i>	<i>Discipline</i>	<i>Degree</i>	<i>% Marks or Grade Point</i>	<i>Date of Completion</i>

* Attach attested copies of score card, certificates, mark sheets, etc.

D. Working experience ():**

<i>Date (from – to)</i>	<i>Employer</i>	<i>Position</i>	<i>Nature of Work</i>

*** A candidate presently working in an organization must provide a Certificate from the employer as per Forms I, II, III & IV whichever is applicable or copy of his/her resignation letter submitted to the employer.*

E. Number of technical papers/books:

(provide details separately)

Published in Journals

Published in Proceedings

Published as Articles

Published as Books

13. Department/School and specializations therein (in order of preference), which the candidate wants to join

1. Department/School
- Specialization (i) (ii)..... (iii).....(iv).....
2. Department/School
- Specialization (i) (ii)..... (iii).....(iv).....
3. Department/School
- Specialization (i) (ii)..... (iii).....(iv).....
4. Department/School
- Specialization (i) (ii)..... (iii).....(iv).....

14. Names and addresses of two referees from whom confidential letters of references have been obtained in sealed and signed envelopes by the candidate . (For Ph.D. applicants only)

1.	2.
.....
.....
.....

15. Declaration by the Applicant

Certified that all the information provided by me on this form is correct to the best of my knowledge and belief. I understand that any willful misinterpretation of facts will result in my dismissal from the Institute. If admitted, I shall abide by all the rules and regulations of the Institute.

Date:

Signature:

INSTRUCTIONS FOR FILLING THIS FORM

1. The completed Application Form must reach on or before Wednesday, April 23, 2014.
2. Either TYPE or PRINT the entries on the form neatly.
3. Go through the codes given below, and fill them carefully in the boxes on Page-1.
4. All items marked with an asterisk (*) require you to submit an attested copy of the same. PLEASE DO NOT SEND ORIGINALS. Documents for which attested copies are required are given in the checklist. Please tick the items in this checklist that you are attaching with this form.
5. The application fee of **Rs. 500/-** for General/OBC/PC candidates or **Rs. 250/-** for SC/ST candidates must be paid through online on www.onlinesbi.com/prelogin/icollecthome.htm.

CODES (FOR ITEMS I-VI on Page 1)

I (Department/School Codes):

Department of Chemistry = **CM**; Department of Mathematical Sciences = **MA**; Department of Physics = **PY**; Department of Ceramic Engineering = **CR**; Department of Chemical Engineering and Technology = **CH**; Department of Civil Engineering = **CE**; Department of Computer Science & Engineering = **CS**; Department of Electrical Engineering = **EE**; Department of Electronics Engineering = **EC**; Department of Mechanical Engineering = **ME**; Department of Metallurgical Engineering = **MT**; Department of Mining Engineering = **MN**; Department of Pharmaceutics = **PH**; School of Biochemical Engineering = **BC**; School of Biomedical Engineering = **BM**; School of Materials Science and Technology = **MS**.

II (Admission for Degree): **MT** = M.Tech., **MP** = M.Pharm., **PH** = Ph.D.

III (Category): **SC*** = Scheduled Caste (**certificate required*), **ST*** = Scheduled Tribe (**certificate required*), **OBC*** = Other Backward Class (**Certificate of OBC Non-Creamy Layer required, which is dated not earlier than six months*), **GE** = General, **FN** = Foreign National.

IV (Student Status): Full-Time Regular = **FT**, Full-time **Sponsored** = **SP**, Part-Time = **PT**, External Registration = **EX**.

V (Financial Status): Full-Time Sponsored (*) = **SP**, Institute Assistantship requested = **IA**, Other = **OT**.

VI Physically Challenged = **PC**.

CHECKLIST (SEND ONLY ATTESTED COPIES, NOT-ORIGINAL ONES)

1. Date of Birth (DOB) Certificate or High School (Class-X) Certificate with DOB (Required for all candidates)	
2. SC/ST/OBC Certificate if applicable	
3. Certificate of Physical Status (type of disability to be attached), if applicable	
4. Certificate of medical fitness from any Medical Registered Practitioner (in original)	
5. Sponsorship Certificate for sponsored candidates	
6. GATE/GPAT/CSIR/UGC/DBT/ICMR Score Card (if applicable)	
7. Copies of mark/grade sheets	
8. No Objection/Relieving Certificate from employer (for employed candidates) OR Copy of Resignation Letter	
9. The e-receipt for application fee of Rs.500/- or Rs.250/- as applicable.	
10. Two letters of reference	
11. One self-addressed envelope of 23 cm x 10 cm. stamped worth Rs.22/-	

Mailing Address for Submission of Application:

The Convener, Department Postgraduate Committee (DPGC)

Department / School of (mention the one where you are seeking admission)

Indian Institute of Technology (BHU), Varanasi – 221005, INDIA.

[Please submit original application along with the **photocopy of the e-receipt of online payment** to the Department/School which is your first preference and mail copies (up to and including Page 4 of this Form) **along with the photocopy of the e-receipt of online payment** to other preferred Departments/Schools]

Format of SC/ST Certificate

FORM OF THE CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTE AND SCHEDULED TRIBE CANDIDATES IN SUPPORT OF THEIR CLAIM

1. This is to certify that Shri/Shrimati/Kumari* _____ son/daughter* of _____ of Village/Town* _____ in District/Division* _____ of State/Union Territory* _____ belongs to the _____ Caste/Tribe* which is recognised as a Scheduled Caste/Scheduled Tribe* under:-

The Constitution (Scheduled Castes) Order, 1950

*The Constitution (Scheduled Tribes) Order, 1950

*The Constitution (Scheduled Castes) (Union Territories) Order, 1951

*The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002].

*The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956;

*The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;

*The Constitution (Dadara and Nagar Haveli) Scheduled Castes, Order, 1962;

*The Constitution (Dadara and Nagar Haveli) Scheduled Tribes, Order, 1962;

*The Constitution (Pondicherry) Scheduled Castes Order, 1964;

*The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;

*The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;

*The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968;

*The Constitution (Nagaland) Scheduled Tribes Order, 1970;

*The Constitution (Sikkim) Scheduled Castes Order, 1978;

*The Constitution (Sikkim) Scheduled Tribes Order, 1978;

*The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989;

*The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990;

*The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;

*The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991;

2. This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes* Certificate issued to Shri/Shrimati* _____ father/mother* of Shri/Shrimati/Kumari* _____ of Village/Town* _____ in District/Division* _____ of the State/Union Territory* _____ who belong to the Caste/Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* _____ issued by the _____ dated _____.

3. Shri/Shrimati/Kumari* _____ and/or* his/her* family ordinarily reside(s)** in village/town* _____ of _____ District/Division* of the State/Union Territory* of _____.

Signature _____

Designation _____

(with seal of Office)

Place _____ State/Union Territory* _____

Date _____

***Please delete the word(s) which are not applicable.**

IMPORTANT NOTES

1. The term “ordinarily reside(s)** used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

2. Officers competent to issue Caste/Tribe certificates:

(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/City Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) Sub-Divisional Officer of the area where the candidate and/or his family normally reside(s).

(v) Administrator/Secretary to Administrator/Development Officer (Lakshdweep Island).

3. Certificate issued by any other authority will be rejected.

Format of OBC Certificate

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION TO CENTRAL EDUCATION INSTITUTES UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Km. _____ Son/Daughter of Shri/Smt. _____ of Village/Town _____ District/Division _____ in the _____ State belongs to the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.

Shri/Smt./Km. _____ and/or his family ordinarily reside(s) in the _____ District/Division of _____ State. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004.

Dated:

District Magistrate/
Deputy Commissioner, etc.
Seal

NOTE:

- (a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar' and
 - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

Form – I

Sponsorship Certificate for Sponsored Candidates
(This should be typed on the letterhead of the sponsoring organization)

Reference No.:

Date:

To
The Director
Indian Institute of Technology (BHU)
Varanasi

Subject: Sponsoring Our Employee as a Full Time Candidate for
M.Tech./M.Pharm./Ph.D. Programme

Dear Sir,

We hereby sponsor Mr./Ms.., son/daughter of
Shri..... & Smt., who is a permanent
employee in our organization, for joining M.Tech./M.Pharm./Ph.D. programme in the Department/School
of at your Institute as a full-time student.

It is certified that he/she has completed two years of service in our organization/Institute as a regular
employee.

He/she will be granted study leave for four/six semesters with full pay if admitted to the
M.Tech./M.Pharm. or Ph.D. programmes. It is further certified that he/she will be taken back on his/her
employment on the same post after the completion of his/her M.Tech./M.Pharm./Ph.D. programme and
Form – 16 will be issued to him/her during his/her study leave period every year.

**Signature, Name and Seal of the
Sponsoring Authority**

Form – II

**No Objection Certificate for Part-Time Candidates
(Project Staff of the Institute)**

(This should be provided by the concerned Principal Investigator of the Project)

Reference No.:

Date:

To
The Director
Indian Institute of Technology (BHU)
Varanasi

Through: Head of the Department/Coordinator of School
Subject: No-Objection Certificate

Dear Sir,

I have no objection if Mr./Ms....., a project employee on the post of in the project working under me in the Department/School of, is admitted to the M.Tech./M.Pharm./Ph.D. programme in the Department/School of

I agree to allow him/her to attend the classes and/or carry out his course and research work as are required under the rules and regulations governing the P.G. programmes of the Institute provided he/she will continue the work of the project for the entire duration of the project.

**Signature, Name and Seal of the
Principal Investigator**

Forwarded by

**Signature with date & seal of the
Head of the Department/Coordinator of School**

Form – III

**No Objection Certificate for Part-Time Candidates
(Permanent Staff of the Institute)**

(This should be typed on the letterhead of the concerned
Head of the Department/Coordinator of School)

Reference No.....

Date :

To
The Director
Indian Institute of Technology
(Banaras Hindu University)
Varanasi

Subject : No objection certificate

Dear Sir,

I have no objection if Mr./Ms. a
permanent faculty of the Department/School ofIIT (BHU)
working as, is admitted to the M.Tech./M.Pharm./Ph.D. programme in
the Department/School of

It is certified that he/she is a permanent employee of our department working since

He/she will be allowed to attend classes and carry out research work as required under the rules and
regulations governing P.G. programmes of the Institute. In addition he/she will also be doing his/her other
assigned duties.

**Signature with date & seal of the
Head of the Department/Coordinator of School**

Form – IV

Sponsorship Certificate for External Registration Category

1. *This should be typed on the letterhead of the sponsoring organization*
2. *Strike off the options that are not applicable.*

Reference No.:

Date:

To
The Director
Indian Institute of Technology (BHU)
Varanasi

Subject: Sponsoring an Employee for M.Tech./M.Pharm./Ph.D. Programme for External Registration Category

1. Name of the sponsoring organization:
2. Address:
3. Name of the applicant:
4. Designation of the applicant:
5. Present status of the applicant:
6. Division/Section where research work is proposed to be done:
7. Available local supervisor:
(Bio-data of local supervisor is being enclosed giving details as designation, qualification, research experience with areas of research etc. along with their consent for research guidance)
8. Details of relevant facilities which will be made available to the candidate:

It is certified that the applicant has completed two years of service in our organization/institute as a regular employee.

- (a) If the applicant is admitted to the M.Tech./M.Pharm. programme, we agree to relieve him/her to be available at IIT (BHU), Varanasi for the minimum residency period required to complete the course work and also from time to time after that, for thesis evaluation examination and discussions with internal supervisor from IIT (BHU).
- (b) If the applicant is admitted to the Ph.D. programme, we agree to relieve him/her to enable him/her to stay on the campus of IIT (BHU), Varanasi to (i) complete the required course work, (ii) pass the comprehensive examination and to (iii) give the state-of-the-art seminar. He/she will also be permitted to visit IIT (BHU) from time to time for discussions with internal supervisor from IIT (BHU) as well as for evaluation of his progress during the course of his/her thesis work which he/she will be carrying out at our organization.

The applicant will be permitted to carry out dissertation/thesis work under the guidance of the above-mentioned local supervisor at our organization leading to the M.Tech./M.Pharm./Ph.D. degree. The necessary facilities with us will be provided for the purpose.

We agree to relieve him/her with study leave for the above said period with full pay and we will take him/her back into service after the expiry of his/her leave.

**Signature, Name and Seal of the
Sponsoring Authority**

Form – V

(Format of the Certificate to be submitted by the candidates who are unable to produce the final mark-sheet of the qualifying Examination at the time of written test/ interview)

CERTIFICATE

This certificate must be signed by the Principal/ Registrar/ Director of the Institution from which the candidate wrote his/her qualifying examination.

This is to certify that Mr./Ms. _____
(Name of the Candidate)

_____ has appeared in the final examination of _____
(Examination Roll No.) (B.Tech./B.Pharm./M.Tech./M.Pharm./B.S./M.Sc./M.A.)

in _____ (including all papers in theory,
(Discipline)
practical, Project, oral, etc.) in all subjects and has no back papers for any semester/year in which he/ she is yet to appear. He/She is only waiting for the results, which have not yet been declared by the University/ Institute.

(Signature and Name of the Signing Authority)

Date : _____

Position : _____

Name of the Institution : _____

(Seal of the Institution)

Form –VI

**Undertaking by M.Tech./M.Pharm./Ph.D. Candidates who have been offered admission
(to be submitted at the time of registration)**

Academic Year: _____ **Semester:** _____

I do hereby solemnly undertake to submit the following documents in the Academic Section on or before the Documents Submission Date as mentioned in the Academic Calendar of IIT (BHU) (about 8 weeks from the date of registration) on my admission to M.Tech./M.Pharm./Ph.D. programme.

1. Attested copy of the High School/Secondary School Examination indicating the date birth (being the only valid proof of age).
2. Attested copy of my final qualifying examination certificate: (B.Tech./B.Pharm./M.Tech./M.Pharm./B.S./M.Sc./M.A.
3. GATE Score with Admit Card/CSIR/UGC fellowship examination held on _____ along with a copy. I also solemnly affirm that I have not used the score earlier for admission any where else and got admission.
4. Medical Certificate.

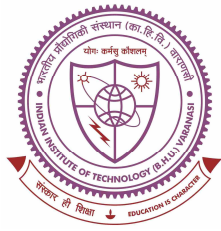
In case of my failure in submitting any of the above documents on or before the specified date, I am aware that my admission shall automatically stand cancelled.

Signature _____

Full Name of the Student _____

Programme _____

Department _____



**INDIAN INSTITUTE OF TECHNOLOGY
(BANARAS HINDU UNIVERSITY)
VARANASI-221 005
LETTER OF REFERENCE**

CONFIDENTIAL

Note to the Candidate:

Candidate may give this form to a referee who can help us with his assessment of the candidate's academic potential for Ph.D. The referee be requested to handover the sealed letter to the candidate.

Name of the Applicant : _____

Department/School to Which Admission Is Sought _____

Note for the Referee

To help us in the appraisal of the candidate's case for admission to a graduate programme at IIT (BHU), you are requested to fill in the following information to the best of your knowledge. This information will be treated as strictly confidential.

1. I have known the applicant for _____ years.

My knowledge of this student based on:

- Having him/her in one or more courses
- Knowing him/her personally
- Supervision of his/her thesis/project
- Inquiry and discussion with my colleagues

2. Performance in my Courses:

Course Title	No. of Students	Grade	Remarks

3. The candidate ranks approximately _____ in a class of about _____ students.

4. My rating of the candidate in following traits:

	Excellent	Good	Poor	Unable to judge
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experimental Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written and Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Any other remarks _____

6. To summarize, I would say that the applicant:

is likely to become a brilliant scholar or an outstanding leader in his/her area of research

is likely to do very well in the Ph. D. Programme

is likely to perform satisfactorily in the Ph.D. Programme

is not a good prospect for Ph.D. Programme

7. My recommendation :

I recommend him/her without any reservations

I recommend him/her

I do not recommend him/her

Name of the Referee _____ Signature _____

Designation/Position _____ Date _____

Address _____

_____ Pin Code _____

E-mail _____

Professional qualification of the Referee _____