



INDIAN INSTITUTE OF MANAGEMENT TIRUCHIRAPPALLI

POST GRADUATE PROGRAMME 2017-19

Letter of Recommendation

To be completed by the person providing Reference

Thank you for agreeing to fill out this recommendation letter.

Details about the applicant

I Know the applicant for..... years.

He/She has been (tick the appropriate answer)

A Student in my course(s)	<input type="checkbox"/>	A personal friend or acquaintance	<input type="checkbox"/>
My advisee	<input type="checkbox"/>	Others	<input type="checkbox"/> (PleaseSpecify) _____ _____

I would rank him/her as indicated below (please tick as appropriate)

Category	Excellent	Very good	Good	Fair Next	Poor Bottom	No basis For Judgment
Academic Strength						
Motivation						
Teaching Potential						
Research Potential						
Writing ability						
Speaking ability						
Overall Rating						

If the applicant's language is not English, please evaluate his/her English proficiency:

Very High	High	Average	Below Average	Not able to Judge

Please give the applicant's relative standing in your class/organization:

Top 5%	Top 10%	Top 25%	Upper 50%	Lower 50 %

How do you rate the applicant in overall ability and promise in comparison with other students/employees of your school/organization?

Very High	High	Average	Below Average	Not able to Judge

Strength of the candidate:

Weakness of the candidate:

Comments on the candidate's suitability to pursue a Post Graduate Programme

(please use additional sheets if necessary)

Details of the person providing reference

Name _____ Designation _____

Signature _____ Date _____

Affiliation _____

Address _____

Phone Number(s) _____ Email _____

Date _____

Signature _____