

LETTER OF RECOMMENDATION – I

(Applicant may please complete the top section of this form before giving it to the Referee)

Name of Applicant: _____
First
Middle
Last

Date: _____ **Signature of Applicant** _____

To the Referee

..... (Name of the candidate)
 has applied for the Fellow Programme in Management (FPM) at MICA.

1. I have known the applicant for years.
2. He/she has been (please tick an appropriate option):

- | | |
|--|--|
| <input type="checkbox"/> A student in my course(s)
<input type="checkbox"/> A personal friend or acquaintance | <input type="checkbox"/> My advisee
<input type="checkbox"/> Other (Please specify) |
|--|--|

3. Compared with a typical group of students I have encountered at this institution or otherwise I would rank him/her as indicated below (please tick as appropriate):

CATEGORY	EXCELLENT Top 5%	V. GOOD Next 10%	GOOD Next 20%	FAIR Next 25%	POOR Bottom 40%	NO BASIS FOR JUDGEMENT
Academic Strength						
Motivation						
Teaching Potential						
Research Potential						
Speaking Ability						
Writing Ability						
OVERALL RATING						

4. Strength of the candidate:

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.....
.....

5. Weakness of the candidate:

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.....
.....

6. Comments on the suitability of the candidate to a doctoral programme (please use separate sheet(s), if desired):

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.....
.....

Date:

Signature of the referee

Name of the Referee: _____ Designation: _____

Organisation _____

Address:

Phone Number(s) _____ Mobile No _____

Email _____

LETTER OF RECOMMENDATION – II

(Applicant may please complete the top section of this form before giving it to the Referee)

Name of Applicant: _____
First
Middle
Last

Date: _____ **Signature of Applicant** _____

To the Referee

..... (Name of the candidate)
 has applied for the Fellow Programme in Management (FPM) at MICA.

1. I have known the applicant for years.
2. He/she has been (please tick an appropriate option):

<input type="checkbox"/> A student in my course(s) <input type="checkbox"/> A personal friend or acquaintance	<input type="checkbox"/> My advisee <input type="checkbox"/> Other (Please specify)
--	--

3. Compared with a typical group of students I have encountered at this institution or otherwise I would rank him/her as indicated below (please tick as appropriate):

CATEGORY	EXCELLENT Top 5%	V. GOOD Next 10%	GOOD Next 20%	FAIR Next 25%	POOR Bottom 40%	NO BASIS FOR JUDGEMENT
Academic Strength						
Motivation						
Teaching Potential						
Research Potential						
Speaking Ability						
Writing Ability						
OVERALL RATING						

4. Strength of the candidate:

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.....
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5. Weakness of the candidate:

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6. Comments on the suitability of the candidate to a doctoral programme (please use separate sheet(s), if desired):

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Date:

Signature of the referee

Name of the Referee: _____ Designation: _____

Organisation _____

Address:

Phone Number(s) _____ Mobile No _____

Email _____