
2nd Floor, AU Engineering College Main Block, Andhra University,
Visakhapatnam-530003, Andhra Pradesh, INDIA

FORMAT FOR LETTER OF RECOMMENDATION

SUMMER INTERNSIP PROGRAMME (SIP - 2025)



Name of the Applicant:

Department & Subject area selected by the Applicant for SIP - 2025:

Name of the faculty member recommending the applicant:

Address of faculty member:

Title/Position:

Institution:

Course and Year of Applicant:

I know the applicant for \_\_\_\_\_\_\_\_\_ years as an undergraduate/postgraduate student

I know the applicant Quite well Fairly well Not so well

Summary of evaluation (Please tick appropriate boxes)

|  |  |
| --- | --- |
| Topic | Out of \_\_\_\_\_ students in the class/department (please indicate) |
| Outstanding (Top 5%) | High(5-10%) | Medium(10-20%) | Low(below 20%) | Not known |
| General Scientific Aptitude |  |  |  |  |  |
| Scientific inquisitiveness |  |  |  |  |  |
| Subject knowledge |  |  |  |  |  |
| Innovative thinking |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Communication/Writing skills |  |  |  |  |  |

Applicant’s strong qualities: Applicant’s weaknesses:

 1. 1.

 2. 2.

 3. 3.

Other Remarks:

 Signature of faculty member

Date and Place: with seal of institute