



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

**FORMAT FOR LETTER OF RECOMMENDATION  
SUMMER INTERNSHIP 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:**

- 1.
- 2.
- 3.

**Applicant's weaknesses:**

- 1.
- 2.
- 3.

**Other Remarks:**

**Date and Place:**

**Signature of faculty member  
with seal of institute**