

Application for Letter of Recommendation

AY: _____

Date : _____

SRN. : _____ PRN: _____

Student Name : _____

Mobile : _____ Email ID: _____

Faculty : _____ Department: _____

Programme Name : _____ Year: First/ Second/ Third/ Fourth/ Fifth

Proposed Universities Details: (Attach proofs of applications submitted)

| Sr. No. | Name of the University | Location/Country | Programme |
|---------|------------------------|------------------|-----------|
| 01 | | | |
| 02 | | | |
| 03 | | | |
| 04 | | | |
| 05 | | | |

Name(s) of Faculty Members from Letter of Recommendation:

| Sr. No. | Name of the Faculty Member | Department | Contact number |
|---------|----------------------------|------------|----------------|
| 01 | | | |
| 02 | | | |
| 03 | | | |

I am aware that the LOR is created only for the submission at foreign university/ ies to apply for higher studies. Any kind of misuse of Letter of Recommendation, either knowingly or unknowingly, I (applicant) will be responsible.

Encl:

1. All Semester Mark sheets

2. Proposed University applications submitted details Signature _____

Kindly collect signatures from following departments/ sections:

| Department/ Section | Details | Remark | Name & Sign of Official |
|-----------------------------|--------------------------------|--------|-------------------------|
| Student Facilitation Center | Documents Pending | | |
| Accounts Section | Fees Details (Pending Fees) | | |

(P.T.O.)

| Examination Section | Result Details (Pass/ Failed/ ATKT/ Not Appeared/ Not Applicable) | | | | Name & Sign of Official |
|---------------------|-------------------------------------------------------------------|--|----------|--|-------------------------|
| | SEM I | | SEM II | | |
| Year I | SEM I | | SEM II | | |
| Year II | SEM III | | SEM IV | | |
| Year III | SEM V | | SEM VI | | |
| Year IV | SEM VII | | SEM VIII | | |
| Year V | SEM IX | | SEM X | | |

| Department | Not Applied/ Placed/ Not Placed | If Placed, Pl provide details | Name & Sign of Official |
|---------------------------------|------------------------------------|----------------------------------|----------------------------|
| Training and Placements Cell | | | |

After receiving all above signatures, kindly submit this application to Student Facilitation Center, Room No. 1002, Main Building, VU.

For Office Use Only

Duly Completed Application Received Date: _____

Verified Students Details: Verified / Not Verified

Verified by (SFC Staff Name & Signature): _____

LOR Committee Remark

- Recommended for LOR :
- Not Recommended for LOR:
- Recommended subject to fulfillment of following condition(s):

Date: / / 20

Committee Member Name

Signature

1. : _____

2. : _____

3. : _____
