



SCHOOL OF PLANNING AND ARCHITECTURE

(Deemed to be a University)

4, Block-B, Indraprastha Estate, New Delhi – 110 002

Tel.No.011- 23702375 – 80, Fax No.011 23702383

Email : admission@spa.ac.in, Gram : SCHOOLPLAN

LETTER OF RECOMMENDATION

Dear Referee,

The School of Planning and Architecture is very grateful to you for having accepted to give this letter of recommendation; we thank you for your time.

We greatly value your assessment of the candidate's abilities for the chosen course of study and state that this letter of recommendation is a very important component of the admission process. The letter of recommendation is a confidential document, whose contents will not be divulged to the candidate.

Sincerely,

Prof. Ranjit Mitra
Director

Instructions to Referees

Please fill the Letter of Recommendation Form in your own handwriting and tick the appropriate box, where provided. Please complete this form and return it to the applicant with your signature in a sealed envelope. Kindly affix your official seal with your signature.

1. Name of the Candidate Mr./Ms./Mrs. : _____
2. Course of Study applied for : _____
3. Duration for which you have known the Candidate and in what capacity : _____
4. Your evaluation of the candidate is based : _____
On a comparative group of _____ students
5. Among the student's that you have known, how would you rank the candidate's academic abilities : Top 10% Top 25% Top 50%
6. How would you rank the candidates in the Following : _____

		Excellent	Very Good	Good	Average	Below Average
i.	Diligence					
ii.	Creativity/ Innovation					
iii.	Oral Communication					
iv.	Writing/Drawing skills					
v.	Analytical skills					
vi.	Leadership					
vii.	Team work					
viii.	Co-curricular activities					
ix.	Overall Performance					

7. Suitability of the candidate for the chosen course of study.

Very suitable Suitable Not Sure Unsuitable

8. Your recommendation of the candidate and his/her ability and motivation for pursuing the desired course of study, the candidate strengths and weaknesses: (Kindly write with in 300 words)

Name of Referee : _____
Position : _____
Institute/Office : _____
Address : _____
Email : _____ Phone : _____

Seal of Institution/ Office
Date and Place : _____

Signature