

3.15 Format for recommending continuation of Institute Fellowship (performance rating to be done by supervisor and HOD/ Instructor-in-charge and discussed in DRC meeting)

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI, _____

CAMPUS

ACADEMIC GRADUATE STUDIES & RESEARCH DIVISION

RECOMMENDATION FOR CONTINUATION OF INSTITUTE FELLOWSHIP

Name of research scholar: _____

ID No. _____

Department: _____

Performance rating (kindly rate by putting tick (✓) in the appropriate box. 1 is lowest and 5 is highest performance):

Sr. No.	Activity	1	2	3	4	5
1	Performance in PhD work					
2	Performance in teaching work allotted					

Recommendation:

1. Institute Fellowship: Yes/No

Reason for recommendation/ remarks:

(Name)_____

(Supervisor(s))

Date:

(Name)_____

(DRC Convener)

Date:

(Name)_____

(HOD)

Date: