

HOMI BHABHA CENTRE FOR SCIENCE EDUCATION, TIFR
V. N. Purav Marg, Mankhurd, Mumbai - 400 088, INDIA

National Initiative on Undergraduate Science (NIUS) PHYSICS programme

CONFIDENTIAL ASSESSMENT FORM

Instructions to the Referee: Your assessment regarding the applicant is valuable to us. Please fill out this form, seal it in an envelope and sign across the seal, before handing it over to the applicant. The confidentiality of the report may kindly be maintained. An honest and candid appraisal of the students abilities will be most appreciated. We thank you for sparing your valuable time.

1. Name of the applicant:.....

2. I have known the applicant for..... year/s and month/s

as i) a school student ii) a junior college student iii) an undergraduate student

iv) others (please specify):

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3. I know him/her

<input type="checkbox"/>	very well
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<input type="checkbox"/>	fairly well
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<input type="checkbox"/>	not so well
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4. Please evaluate the applicant with regard to the following abilities and mark the appropriate column. (Please mark only those where you have direct knowledge).

	Outstanding	High	Medium	Low	Do not know
General intelligence					
General scientific knowledge					
Motivation for research					
Mathematical ability					
Experimental skills and abilities					
Capacity of independent thinking					
Perseverance in difficulty					
Ability to work with others					
Reading and comprehension					
Oral expression in English					
Written expression in English					

5. a) I consider the applicant to be

among the
top 1%

between
2 - 5%

between
5 - 10%

between
10 - 20%

below
20%

out of students I have known in..... years.

b) If you are recommending more than one student this year for the NIUS (PHYSICS) programme, please rank them in decreasing order of merit.

i)

iv)

ii)

v)

iii)

vi)

6. I feel that his/her grades represent his/her level of ability.

7. Any other remarks (You may attach a separate page, if necessary) :

8. In summary, I would give the applicant a
recommendation for NIUS (PHYSICS) programme.

Name:..... Signature:

Date: E-mail:.....

Designation:..... Phone No.:.....

Address:

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