## 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):
- 3. I know him/her

fairly well

not so well

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).

very well

	Outstanding	High	Medium	Low	Do not know
General intelligence					
General scientific knowledge					
Motivation for research					
Mathematical ability					
Experimental skills					
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 h	ave 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)	v)			
	iii)		vi)	vi)			
6.	I feel that his/her grade	es do / do n	ot represent hi	s/her level of ability.			
7.	Any other remarks (Yo	ou may attach a sepa	rate page, if necessa	ry) :			

8.	In summary, I would give the applicant a	very strong	strong	average	poor
	recommendation for NIUS (PHYSICS) pr	ogramme.			

Name:		Signature:	
Date:	E-mail:		
Designation:	Phone No.:		
Address:			