



**CSIR Technology Led Entrepreneurship Program**  
**Recommendation Form**  
**(To be filled in by the Research Supervisor)**

**Name & designation of the Candidate**

**Name of the Supervisor and Designation**

**Mailing address**

**E-mail address**

**Mobile no**

**To the Research Supervisor**

The person whose name appears above is applying for Entrepreneurial training program being organized by HRDG, CSIR. We appreciate your candid evaluation of this person's capacity for taking up specialized training in entrepreneurship and potential for leadership. This recommendation will be used for selection purposes only. Please fill out this form and attach a letter of recommendation addressing the questions below. We thank you for your efforts on behalf of the applicant.

**Please answer these questions in the space provided**

1 In what capacity and how long have you known the applicant?

2 If English is not the applicant's native language, please comment on his or her oral and written English proficiency

3 What are the applicant's most salient strengths as per the Item No. 8?

[Empty response box for item 3]

4 What areas can the applicant improve and what has he or she done to address these issues?

[Empty response box for item 4]

5 Please comment on the applicant's potential for leadership along with suitable illustrations

[Empty response box for question 5]

6 Please add any additional comments regarding the applicant that you think would assist the Screening Committee in making its decision.

[Empty response box for question 6]

7 Please rate the applicant on the following skills

	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO JUDGE
Written communication skills					
Oral communication skills					
Quantitative skills					
Problem-solving skills					
Decision-making skills					
Ability to work with others					
Initiative					
Maturity					
Creativity					

8 Evaluation of Applicant

Please appraise the candidate in terms of the qualities listed below

	No Basis For Judgment	Below Average	Average (Top 50%)	Good (Top 25%)	Very Good (Top 10%)	Outstanding (Top 5%)	Superior (Top 2%)	Truly Exceptional (Top 1%)
Analytical Skills								
Verbal Skills								
Self-Discipline								
Integrity								
Teamwork								
Managerial Potential								
Leadership Potential								
Ability to operate *								

\*In a culturally different environment

Your overall impression of the applicant

- Truly Exceptional (top 1%) \_\_\_\_\_
- Superior (top 2%) \_\_\_\_\_
- Outstanding (top 5%) \_\_\_\_\_
- Very Good (top 10%) \_\_\_\_\_
- Good (top 25%) \_\_\_\_\_
- Average (top 50%) \_\_\_\_\_
- Below Average \_\_\_\_\_

9 Do you recommend the applicant for admission to the Entrepreneurship Training program?

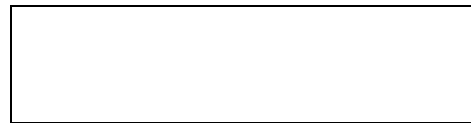
Strongly recommended

Recommended

Recommend with some reservations

Do not recommend

I certify that this recommendation form is filled in solely by me. Any input from the applicant was limited to the applicant's expression to me of his or her professional highlights and career goals.



Place  
Date

(Supervisor's signature)

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***Please return this form to the candidate in the envelope. Seal the envelope and sign across the flap. The candidate will submit it unopened with his or her application.***

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