

## **Department of Computer Science and Engineering**

Karunya INSTITUTE OF TECHNOLOGY AND SCIENCES

(Declared as Deemed to be University Under Sec. 3 of the UGC Act.1956)

AICTE Approved & NAAC Accredited

Karunya Nagar, Coimbatore -641 114/ Phone : 0422 2614370,71

## **Application for the issue of Recommendation letters for Higher Studies**

STUDENT INFORMATION			PARENT INFORMATION	
FULL NAME:			NAME:	
REG NO:		stamp size	ADDRESS:	
DEGREE/DEPARTMENT:		photo		
YEAR/SECTION:			RHONENO	
PHONE NO:			PHONE NO: EMAIL ADDRESS:	
EMAIL ADDRESS:				
CREDENTIALS				
B.Tech ACADEMIC PERFORMANCE (PROOF TO BE ATTACHED)			GRE SCORE: (PROOF TO BE ATTACHED)	
SEM   1   2   3   4   5	6 6 7 8	3	TOEFL/IELTS SCORE: (PROOF TO BE ATTACHED)	
M.Tech ACADEMIC PERFORM (PROOF TO BE ATTACHED)	IANCE	AWARDS	AWARDS/PRIZES: (PROOF TO BE ATTACHED)	
SEM         1         2         3         4           SGPA	CGPA:		INDUSTRY CERTIFICATION: (PROOF TO BE ATTACHED)	
UNIVERSITY APPLYING FOR (SPECIFY COUNTRY ALSO)  1.	COURSES OPTING FOR 1.		EXTRA CURRICULAR ACTIVITIES/ ANY OTHER RELEVANT DETAILS (PROOF TO BE ATTACHED)	
2.	2.			
3.	3.			
4.				
I hereby declare that the entries in this form are true to the best of my knowledge and belief. I understand that the recommendation will be cancelled if any of the information is found to be false or incorrect.				
Date: Signature:				
NO. OF RECOMMENDATION LETTERS NEEDED: (MAXIMUM 3 ONLY)	NAME(S) OF THE FACULTY FE WHOM LOR IS REQUIRED. 1. 2. 3.		OM (OFFICE USE ONLY)  DISPATCHED ON:	
	J.		DISTATCHED ON.	