## BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE Pilani-333031

## Department of Pharmacy Semester I / II, 20\_\_ - \_\_

										Date://
To, The He Dept of	ead, f Pharmacy,									
Sub: Issue of Recommendation Letter										
Sir,										
Myself									(	Name), bona fide Pharmacy program,
reques	t of the Institut t you to		sue	me the	(Da	te of admiss recommer	sion) in B ndation	. Pha lett	rm (Hons) / M. P er for the	Pharmacy program, purpose of
Below a	are my details:	:								
1.	Name and ID	No:								
2.	Current CGP	A:			_					
3.	Proposed area of Higher studies:									
4.	Name of University: 1 2									
	Name of University: 1								, ,	
5.	On campus courses completed (relevant to proposed area of higher studies) (Include projects, etc.):									
	Course No & Title					Sem / Year	Grade obtained			
6	Off Compute	oroio ete	aamn	lotod (rolov	ont	to propose	d area of	hiah a	or otudioo) Ev Inte	o woods in /DC 1/DC III.
6. [	Off Campus projects completed (releva  Course No & Title Title of project				anı	Summer term / year Place of worl				
	Course No &	TILLE	Tille	or project		Summ	iei teiiii /	yeai	Flace of Work	Grade obtained
7.	Co-curricular activities on campus (Organized by students / Clubs etc):									
	a. Name of the activity:									
	b. Time / Duration:									
	<ul><li>c. Your participation as:</li><li>d. Special achievement, if any:</li></ul>									
	d. Opeolare	ioi iio voi	110111, 11	arry.						
					T	hanking Yo	u.			
Yours F	Faithfully,	(Sign)								
		(Sigil)								