

**3.14 Format for forwarding continuation of Institute fellowship**

**BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI, \_\_\_\_\_**

**CAMPUS**

**DEPARTMENT OF \_\_\_\_\_**

Date:

To,

Associate Dean, AGSRD,

BITS Pilani, \_\_\_\_\_ campus.

We are forwarding herewith the recommendations for continuation of Institute fellowship for following candidates for your kind perusal and necessary action. The recommendation forms for these candidates are attached herewith.

Sr. No.	ID. No	Name of the candidate

\_\_\_\_\_  
(Name) \_\_\_\_\_

(DRC Convener)

Date:

\_\_\_\_\_  
(Name) \_\_\_\_\_

(HOD)

Date: