

**Dept. of                      CBIT (A)**

Date: \_\_\_\_\_

**Requisition for LORs**

Name of the Student: \_\_\_\_\_

Roll No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email ID: \_\_\_\_\_

Name of the Probable Universities for which student is applying:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

No. of Letter Heads Required from the Department: \_\_\_\_\_

Signature of the Student

Comments by Director-CDC: \_\_\_\_\_

Director-CDC

Faculty with whom the student is seeking LORs and their consent:

S. No.	Name of the faculty	Signature

Head of the Department

I acknowledge that \_\_\_\_\_ no. of letter heads have been received by me.

Signature of the Student