

Regional Workshop
Impact Evaluation of
Population, Health & Nutrition Programs

July 20 – 31, 2015

New Delhi, India

REFERENCE FORM

CONFIDENTIAL

TO BE COMPLETED BY REFREE

Name of applicant _____

The candidate named above has applied for the Regional Workshop on Impact Evaluation of Population, Health and Nutrition Programs. The workshop has been designed to build the capacity of professionals in Public Health Programs. It would be helpful to us in selecting candidates to have your evaluation of the applicant on the questions listed below. Under no circumstances should the completed form be returned to the applicant.

References should be received by **June 15, 2015** at the following address:

Ms. Sangeeta Tikyani, Sangeeta Tikyani
Head M & E Unit
Public Health Foundation of India (PHFI) Plot No. 47, Sector 44, Gurgaon,
Haryana -122002, India.

E-mail: metraining@phfi.org

TO BE COMPLETED BY REFEREE

1 How long have you known the applicant?

2 How well and in what capacity do you know the applicant ?

3 Please rate the applicant in terms of each of the following (one checkmark for each row):

	Exceptional	Well above Average	Above Average	Average	Below Average	Unable to Judge
1 - Leadership						
2 - Creativity						
3 - Initiative						
4 - Professional Experience						
5 - English language ability (if not an active speaker of English)						
6 - Self-expression						
7 - Overall intellectual ability						

4 What are the applicant's special academic/professional strengths and weaknesses?

5 What opportunities will the applicant have to apply workshop experience to ongoing activities in his or her current institution?

6 Has the applicant shown noteworthy qualities of leadership in the organization and execution of public health related or other work? If so, please cite examples.

7 Please describe one or two projects relevant to the workshop in which the applicant has participated and indicate his or her role in those projects.

8 Do you recommend the applicant for the workshop on Impact Evaluation of Population, Health & Nutrition Programs?

Recommend highly

Recommend

Recommend with reservation

Do not recommend

9 Any additional comments?

Signature

Date

Name and Position/Title (Please print)

Complete mailing address:

Tel/Fax No.

E-Mail