



APPLICATION FORM FOR EXTENSION OF TIME FOR SUBMISSION OF PH.D. THESIS

1. Name of the Ph.D. Student:
2. Ph.D. Registration No.:
3. Roll No.:
4. School:
5. Department:
6. Category (Please Tick): Full Time/Part Time
7. Name of the Guide: Affiliation:
8. Name of the Co-Guide: Affiliation:
9. Date of admission:
10. Date of submission of Synopsis (Plan of Research):
11. Number of six-monthly progress seminars presented till date:
12. Title of the proposed work:

13. Duration of extension sought (from the proposed date of completion of four years):
_____Years _____Months.
14. Reasons and justification for the extension sought:

Signature of the Ph.D. Student with date

Signature of the Guide with date

Signature of the Co-Guide with date



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Signatures and Recommendations from the DRC Members:

Name	Recommendations		Signature
	Recommended	Not Recommended	

(Name and Signature with Date)

Chairperson of SRC and DRC

Approval of the Vice-Chancellor

(Signature with Date)