REQUEST FOR EXTENSION OF Ph. D. DURATION

1. Name of Candidate……………………… …………………………………………………….

2. Enrollment No: ……………… ……………………………………… .……………………..

3. Faculty and Area of Study ……………………………………………………………………..

4. Date of Admission: … ……………………………………………………………………



# DETAILS OF PROGRESS OF Ph. D. WORK (as on date)

Pre-Ph.D. Course Work :………………… ………………………………………………………

………………………… …………… ……………… …………… ………………………… …. Research Progress :……………………… …………… ……………… …….……… ……………

…………… ………………………… …………… ……………… ……………… …. Publications:………………… …………… ……………… …………… …………………………

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# REASONS OF EXTENSION OF DURATION

(May attach an additional sheet, if necessary)

Periods of Extensions already Granted: ……… ……………… …………… ……………

Period up to which Extension is requested: ………………… …………… ……………..

# Signature

Ph. D. Candidate



RECOMMENDATIONS OF THESIS SUPERVISOR(S)

(May attach an additional sheet, if necessary)

Enclosures:

Recommendation of RDC:

Approval of Vice Chancellor: