Annexure 22

FORM FOR EXTENSION AFTER SYNOPSIS

(To be Filled-in by the Research Scholar)

Date: _____

1. Name of Research Scholar : _____

2. Registration No. : _____

3. Name of the Department/school: _____

4. Name of the Supervisor : _____

5. Title of the Thesis : _____

6. Research Status

Date of Admission	
Date of Synopsis Submission	
Reasons for extension sought	
Period for which extension is sought (maximum of 2 months)	

Signature of the current Supervisor: _____

For the office use only

Recommendations from DRC: **Recommended / Not Recommended**

Signature of Director, Research

Approved by Director Research:

Signature of the Vice Chancellor: