Annexure 25

Request for Conduct of Extension Meeting beyond the Maximum Duration of Ph.D. Programme

(To be filled in by the supervisor)

Date: _____

1. Name of Research Scholar : _____
2. Registration No. : _____
3. Programme : _____
4. Research Status : _____

Name of **Supervisor** & Address (Mobile No. & Mail Id) to which the communication is to be sent regarding contact of Extension Meeting		
Name of the **RAC Members** & Address (Mobile No. & Mail Id) to which the communication is to be sent regarding contact of Extension Meeting	1.	2.
Duration of Ph.D Programme	From: _____ To: _____	
Any Break of Study given during the period of study	If Yes From: _____ To: _____	
Request for Extension (Not exceeding Six Months)	From: _____ To: _____	
Progress made with publication details: Reason for Extension: (Justifications to be enclosed & Certified by Supervisor) List of Publications made so far should be enclosed.		

Signature of Supervisor: _____

For the office use only

Recommendations from Center for Research: **Recommended / Not Recommended**

Signature & Name
of the Member Secretary