Annexure 7

MINUTES OF REQUEST FOR EXTENSION

Date of Meeting: _____ Time: _____

Scholar Details:

Name : Mr./Ms._____

Registration Number : _____

Year of Admission : _____

Department/School : _____

Category : FULL TIME / PART TIME (Internal) / PART TIME (External)

Mobile No: _____Email :_____

Supervisor Details:

- Name of the Supervisor:
- Name of the Co-Supervisor (if any):

The following members were present.

Sl. No.	Name of the Expert & Mobile No.	Office Address
1		
2		

PROPOSED RESEARCH TITLE:

_____

_____

The RAC committee has approved the area of research proposed and directed the candidate to go ahead with the literature review and suggested registering for the following courses.

An oral examination has been conducted and evaluated by the RAC Committee. The committee has given the following justification for the extension of research work. After evaluating the performance and presentation thoroughly, the committee recommends to extension of registration of (Candidate Name) Mr./ Ms. _____ for Six months from _____ to _____.

Justifications by RAC Committee:

Signature & Name of Internal Member - 1

Signature & Name of Internal Member - 2

Signature & Name of External Member

Signature & Name of Supervisor

Signature & Name of Co-Supervisor (If any)

Director-Research (Academics)

Vice-Chancellor (Alliance University)