



APPLICATION FORM FOR GRANT OF EXTENSION IN SUBMISSION OF THESIS

Scholar details

1. Name : _____
2. Department/Centre : _____
3. Name of the:
 - I. Supervisor : _____
 - II. Co-supervisor : _____
4. Date of Registration : _____
5. Approved topic : _____
6. Period of extension to be granted: _____
7. Justification for extension

Signature of the Scholar

8. Recommendations of the
 - I. Supervisor/co-Supervisor

Signature
(Co-Supervisor)

Signature
(Supervisor)

Recommendations of DRC
If yes, recommended

Yes/No

(Attach document)

Signature of
Chairman/ Chairperson DRC

Recommendations of Dean of the School:

Dean Research

BORS/Vice Chancellor