

Department of \_\_\_\_\_

No: \_\_\_\_\_

Date: \_\_\_\_\_

Subject: **Additional Period for the Completion of PhD Thesis**

The Vice Chancellor is requested to grant additional period for the completion of PhD thesis of the following scholar.

1.	Name of Student	
2.	Registration Number	
3.	Thesis Title	
4.	Supervisor (Name/Designation)	
5.	Date of Provisional Admission to PhD Program	
6.	Course Work Completed vide	COE Notification No. _____ Dated _____
7.	Date of Approval of Synopsis from ASRB	
8.	Last Progress Report Submitted ( tick appropriate box )	January – June, Year _____ <input type="checkbox"/> July – December, Year _____ <input type="checkbox"/>
9.	Additional Period Already Availed (if any)	From _____ To _____ vide Notification No. _____ Dated _____
10.	Additional Period Requested (with dates)	
11.	Full Justification for Additional Period	

Supervisor: \_\_\_\_\_

Chairperson, Department of \_\_\_\_\_

Dean of Faculty: \_\_\_\_\_

Director ORIC: \_\_\_\_\_

Vice Chancellor: \_\_\_\_\_