

(DEEMED TO BE UNIVERSITY)
Accredited "A++" Grade by NAAC | 12B Status by UGC | Approved by AICTE

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

	(To be filled	in by the sup	ervisor)	Date:
1. Name of Research Scholar: .				
2. Reg. No:				
3. Programme:				
Name of Supervisor & Address (Mobile No. & Mail Id) to which the communication is to be sent regarding contact of Extension Meeting				
Name of the DC Members & Address (Mobile No. & Mail Id) to which the communication is to be sent regarding contact of Extension Meeting	1.		2.	
4. Research Status:				
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:	Тс):
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:		fice use only		

Recommendations from Board of Research: Recommended / Not Recommended

Signature & Name of the Member Secretary