



SATHYABAMA

INSTITUTE OF SCIENCE AND TECHNOLOGY

(DEEMED TO BE UNIVERSITY)

Accredited "A++" Grade by NAAC | 12B Status by UGC | Approved by AICTE

www.sathyabama.ac.in

MINUTES OF THE EXTENSION MEETING

Date of Meeting : _____ Time: _____

(As per UGC Guidelines on Examination, D.O.No.F.1-1/2020 (Secy), Dated 29th April, 2020) held at Sathyabama Institute of Science & Technology , through Video Conferencing Mode)

Fee Details (Enclose Copy)

Date	Amount	Receipt No.

Scholar Details:

- Name : Mr./Ms. _____ Register Number : _____
- Year of Admission _____ FACULTY : _____
- Category : FULL TIME / PART TIME (Internal) / PART TIME (External)
- Official Address: _____ Residence Address: _____

- Mobile No: _____ Email: _____

Supervisor Details:

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

The following members were present

Sl. No.	Name of the Expert & MOBILE No.	OFFICE ADDRESS
1		
2		

PROPOSED RESEARCH TITLE: _____

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

A oral examination has been conducted and evaluated by the Doctoral Committee. The committee has given the following justification for 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 Doctoral Committee :

Signature & Name
of the Member

Signature & Name
of the Supervisor

Signature & Name
of the Member