

Request for Extension for Submission of Synopsis & Thesis

Name of Scholar	
UID	
School	
Department	
Date of Registration	
Date of Previous extension (if any)	
Details of completed work	
Details of remaining work	
Sir, It is requested to grant the extension formonths (should not be more then 12 months)	
Signature of Scholar	
Recommendation by the Supervisor	
Signature	
Recommendation by the RDC	
Signature of the Convener	
Extension allowed / not allowed	
Dean (R&HE)	