**FORM-IX**

**TEZPUR UNIVERSITY**

***(Application Form for extension of time for submission of Ph.D. thesis)***

***(To be filled in by the student)***

1. Name and Roll No.:

2. School:

3. Department:

4. Category (please tick): Full time/Part time/Sponsored/Project Fellow

5. a) Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Name of Co-Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation\_\_\_\_\_\_\_\_\_\_\_

6. Date of admission:

7. Date of submission of Research Plan:\_\_\_\_\_\_\_\_\_\_\_ semester No.\_\_\_\_\_Year\_\_\_\_\_\_

8. Title of the work:

9. Duration of extension sought

10.Reasons for the extension sought

11.Justification for the utilization of the extended time

Forwarded by Supervisor Signature of Student

Signature

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

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| For Office Use only |
| **Recommended by Chairman, DRC/CRC**  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sig. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_  **Approved by, AC vide resolution No.\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_**  **Chairman, AC** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date.\_\_\_\_\_\_\_\_\_ |