



# SATHYABAMA

INSTITUTE OF SCIENCE AND TECHNOLOGY  
(DEEMED TO BE UNIVERSITY)

Accredited with Grade "A" by NAAC  
Jeppiaar Nagar, Rajiv Gandhi Salai, Chennai – 600 119, Tamil Nadu, India



## CENTRE FOR ACADEMIC RESEARCH

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

*(To be filled in by the supervisor)*

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

1. Name of Research Scholar: .....

2. Reg. No: .....

3. Programme:

Name of <b>Supervisor</b> & Address (Mobile No. & Mail Id ) to which the communication is to be sent regarding contact of Extension Meeting		
Name of the <b>DC Members</b> & 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: ..... To: .....
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: \_\_\_\_\_

### For the office use only

Recommendations from Board of Research:	Recommended / Not Recommended
Signature & Name of the Member Secretary	