



# 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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### MINUTES OF THE EXTENSION MEETING

Date of Meeting : \_\_\_\_\_ Time: \_\_\_\_\_ Fee Details (Enclose Copy)

D.D. No.,	D.D. Date	Bank	Amount

#### 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