INDIAN INSTITUTE OF TECHNOLOGY ROPAR
Approval For Extension

1. Name of PhD Scholar :
2. Deptt./Centre :
3. Entry No. :
4. Date of Registration :
5. PhD Programm Category (Regular/ERP/Part-time):
6. Previous Degree details (BE/B.Tech./ME/M.Sc. /MA/MS/ M. Phil./ M. Tech./M.Pharm):-
7. Course work details :

   No. of Credit Required:- Credit Earned:-

8. Extension requested for

   □ Comprehensive Examination (Written/Oral) □ Thesis Proposal Seminar
   □ Synopsis Seminar □ Thesis Submission
   PhD Tenure/Registration
   □ 5-7 years □ Beyond 7 years
9. Date of Thesis Proposal Seminar (if applicable):
10. Date of Synopsis Seminar (if applicable) :
11. Earlier extension if any- details (attach approval copy):
12. Reason for extension (attach the document if space is insufficient):

13. Extension required up to period (DD/MM/YY):

Date: **Signature of Research Scholar**

Name and Signature of Doctoral Committee

Doctoral Committee	Name	Signature
Chairperson		
Supervisor		
Supervisor		
Joint Supervisor/Coordinator (for ERP)		
Member		
Member		
Member		

ACPGR Member of the Department/Centre **Head of the Department/Centre**

Dean/ Associate Dean (PG & Research)