

Extension of Institute Research Assistantship
(for Fourth-Year PhD Students)

Student's Roll No : |_|_|_|_|_|_|_|_|_|_|_|_|

Student's Name : _____

Broad Area of Research : _____

Period for which Extension of Assistantship is applied : First Six Months / Last Six Months / Whole Year

Date of Application for Extension : |_|_|_|_|_|_|_|_|_|_|_|_| (dd-mm-yyyy)

Application for Last Six month Assistantship : |_|_|_|_|_|_|_|_|_|_|_|_| (dd-mm-yyyy)

Effective Date for Extension : |_|_|_|_|_|_|_|_|_|_|_|_| (dd-mm-yyyy)

Total Period of Assistantship Enjoyed : |_|_|_|_|_|_|_|_|_|_|_|_| (dd-mm-yyyy)

Data Collection : Complete / Incomplete

Analysis : Complete / Incomplete

Experimental Works : Complete / Incomplete

Any Other (Please specify) : _____

Work to be done : _____

Seminar Given : Yes / No

Signature of the Supervisor

Signature of the Co-Supervisor (if any)

Signature of DSC Member

Signature of DSC Member

Signature of DSC Member

Signature of DSC Member

Signature of DSC Member

Signature of DSC Member