

DELHI TECHNOLOGICAL UNIVERSITY

(Formerly Delhi College of Engineering)
Shahbad Daulatpur, Main Bawana Road, Delhi-42

PROFORMA FOR PH.D. EXTENSION

A. TO BE FILLED BY THE RESEARCH SCHOLAR

Name of the Research Scholar:				
Registration No.:				
Mobile Number & E-mail:				
Department:				
Discipline:				
Type of Program (Part Time/Full Time):				
Nature of Fellowship: (DTU/UGC/CSIR/DST/DBT/QIP/ADF/Project/ICCR/Other)				
Date of Joining the Ph.D. Program:				
Date of SRC/Comprehensive Examination:				
Title of Research Work:				
Broad Area of Research Work:				
Name of Supervisor(s):	(Supervisor) (Joint-Supervisor) (if any)		visor) (if any)	
Period of extension required		/ t	0	/
	(month)	(year)	(month)	(year)
Reason for not completion of Ph.D. work in the time frame (may attach separate sheet, if required)				
Details of Journal and Conference papers comn Ph.D. tenure (Details of authors, title, Journal, V				ed during the
1.				
2.				
Date: Signature of th	e Research	Scholar:		



Supervisor

Name:

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Joint-Supervisor-II (if any)

Name:

B. CONSENT OF SUPERVISOR(S)

I/We the undersigned(s) have carefully gone through the above proposal for extension of Ph.D. tenure. In this reference, I/We hereby give my/our consent.

Joint-Supervisor-I (If any)

Name:

Designation:	Designation:		Designation:		
Department:	Department:		Department:		
	Institute/University:		Institute/University:		
Signature:	Signature:		Signature:		
Date:	Date:		Date:		
	(To be filled by Cl	nairperson, DRC			
_			considered the application in respect of		
for the period of	Registration Nofor Ph.D. extens				
-					
Remarks (if any): Signatures of DRC Members					
1.	2.	3.	3.		
4.	5.	6.	6.		
7.	8.	9.	9.		
10.	11.	12	12.		
Date:					
Signature of HoD:	Signature	of Chairperson,	DRC:		
*The Approval/Rejection of DR	C is to be supported l	ov DRC meeting	minutes.		
