Form: PRF/EXT

POSTGRADUATE RESEARCH FELLOWSHIPS

REQUEST FOR AN EXTENSION OF THE FELLOWSHIP GRANTED PERIOD

Name of the Student	
Name of the Degree: Ph. D / M Phill / M. Sc / MA	**Fellowship No.:**
Awarding date:	**Period:**
Extensions already granted	
No. of progress reports submitted	
Period of Extension required	
Justification for the request: (Attach a separate sheet if the space given is inadequate.)	
Signature of the Student:	**Recommendation of the Supervisor:**
Recommendation of the Head of the Department or Chairman/ Faculty Higher Degrees Committee or Chairman/Board of Study:	**Recommendation of the Dean of Faculty or Director/PG Institute:**

(Approved at the 202nd SRC held on 20-02-2025)