



GURU NANAK DEV UNIVERSITY, AMRITSAR
(Ph.D. Extension Form)

Request/Application for _____ **Extension for submission of Thesis in the subject of** _____

1. Name of the Candidate: _____ Male/Female _____
2. Father Name: _____
3. Mobile No.: _____
4. Date of Ph.D. Registration: _____
5. Supervisor Name, Designation & Department: _____

6. Full-Time/Part-Time: _____
7. Extension to be required : From _____ to _____
8. Tentative Ph.D. Topic as per Registration Letter: _____

9. Reason for Extension: _____

10. In case of Third Extension (for Male)/Fourth (for Female) special circumstances are to be mentioned: _____

Signature of the Candidate

Recommended

(Signature of the Supervisor
& Co-supervisor)

Signature of the Head of Department
(with office stamp)

Encl:

1. Copy of Registration Letter.
2. Extension Letters (If availed).

Assistant Registrar (Registration)