**FORM-IX**

**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

***(Application Form for Extension of Time for Submission of Ph.D. Thesis)***

***(To be filled in by the scholar)***

1. Name:

2. Department:

3. Category (please tick): Full time/ Part time/ Sponsored/ Project Fellow

4. a) Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Name of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation: \_\_\_\_\_\_\_\_\_\_\_

5. Date of admission:

6. Date of Registration:

7. Date of submission of Research Plan: \_\_\_\_\_\_\_\_\_\_\_ No. of Semester completed:

8. Title of the work:

9. Duration of extension sought:

10. Reasons for the extension sought:

11. Justification for the utilization of the extended time:

Forwarded by Supervisor Signature of Scholar

Signature

Date:\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| For Office Use only |
| Remarks by Chairman, DRC/CRC  Sig. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_  Recommended/Not Recommended  Dean(AA)  **Approved/Not Approved**  **Chairman, Senate** |