SANGAM UNIVERSITY™

where Aspiration meets Opportunity

Research & Development Cell

Ph.D. Re-Registration/ Extension Form

1. Particulars of the Research Scholar

Particulars	Details
Name of the Research Scholar	
Enrollment No.	
School/Department	
Full-Time / Part-Time	
Date of Original Registration	
Title of Research Work	
Name of Research Supervisor	
Name of Research Co-Supervisor (if any)	
Date of Application for Extension	
Period of Extension Sought	
Expected Date of Thesis Submission	
Mobile No. & E-mail ID	

2. Present Status of Research Work

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3. Reason for Seeking Ph.D. Extension

Declaration by the Research Scholar

I hereby declare that the information furnished above is true and correct. I undertake to abide by the provisions of the UGC Regulations and the rules of the University.

Place: _____
Date: _____

Signature of Research Scholar

Recommendation of the Research Supervisor

Certified that the progress of research work is satisfactory and the candidate is recommended for extension for a period of _____.

Any Remarks:

Date and Signature of Research Supervisor

Recommendation of Research Advisory Committee (RAC)

The RAC, in its meeting held on _____, recommends extension of the scholar for a period of _____.

S.No.	RAC Members	Name & Signature
1	Chairperson (Dean)	
2	Supervisor	
3	Subject Expert	
4	Member 1	
5	Member 2	
6		

Approval

Approved / Not Approved

Date: _____

Dean (Research)

President