

**PERMISSION FOR CONTINUING Ph.D. AFTER EXCEEDING THE MAXIMUM DURATION
6 YEARS FOR FULL TIME AND 7 YEARS FOR PART TIME (NOT MORE THAN 8 YEARS)**

Name (in Capital letters)					
Roll No.		Date of Registration			
Department					
Type of Registration	Full Time (Institute Scholarship (HTRA) / Other Fellowship (QIP / ICCR / JRF / CSIR / DST / DAE / NBHM / etc.) / Project / Non-Stipendiary) Part Time Internal(staff) / External (Industry with R&D) / External-On Campus Others (Specify)				
Guide					
Co-Guide (if any)					
Chairperson (DC)					
Internal Member 1					
Internal Member 2					
Allied Department Member					
External Member (DC) / if any					
Current Status of the Research Work	Coursework completed	Yes		CGPA	:
	Comprehensive examination completed	Yes		No	
	Date of Comprehensive Examination		:		
	A brief writeup on the current status of the Research work (<i>may attach separately</i>)				
Date of completion of 6 Years (Full time) / 7 Years (Part time)					

COURSE WORK DETAILS

Sl. No.	Course Code	Name of the Course	No. of Credits	Grade Obtained	Passed on session (mm/yy)

(Grade card needed to be attached)

Date of Previous DC Meetings	1	2	3	4

LIST OF PUBLICATIONS BASED ON Ph.D. RESEARCH WORK

*SCI Journals

Sl. No.	Title of the paper	Authors (in the order they appear on the paper)	Name of the Journal	Volume, Page No. & year of publication

*SCIE Journals

Sl. No.	Title of the paper	Authors (in the order they appear on the paper)	Name of the Journal	Volume, Page No. & year of publication

*SSCI Journals

Sl. No.	Title of the paper	Authors (in the order they appear on the paper)	Name of the Journal	Volume, Page No. & year of publication

*ESCI Journals

Sl. No.	Title of the paper	Authors (in the order they appear on the paper)	Name of the Journal	Volume, Page No. & year of publication

* AHCI Journals

Sl. No.	Title of the paper	Authors (in the order they appear on the paper)	Name of the Journal	Volume, Page No. & year of publication

*** Scopus Journals**

Sl. No.	Title of the paper	Authors (in the order they appear on the paper)	Name of the Journal	Volume, Page No. & year of publication

(Attach relevant documents)

Required time to complete the Ph.D. Programme	Upto _____ 20__
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OFFICE USE

Signature of the Superintendent (fees section) <i>Kindly contact the fees section / Academic Office for pending fee payments and fine</i>	
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RECOMMENDATIONS

Sl. No.	Name	Remarks / Recommendations	Signature with Date
1.	(Name) Research Guide		
2.	(Name) Co-Guide (if any)		
3.	(Name) Internal Member		
4.	(Name) Allied Department Member		
5.	(Name) External / Internal Member		
6.	(Name) Chairman (DC)		

Associate Dean (M.S. / Ph.D.)

Dean (Academic)