

Performa for Extension in Time limit of PhD Studies

(To be filled in by the supervisor)

1. Name of Scholar: 2. Pin No.
3. Email: 4. Contact No.
5. Name of Supervisor:
6. Email: 7. Contact No.
8. Name of Department:
9. Name of University.....

10. Present Studies Status:

Date of award of HEC Scholarship						
Date of Enrollment in MS/M.Phil /Direct PhD						
Completion date of MS/M.Phil						
Conversion date into PhD if MS/M.Phil leading to PhD student						
Date of Start of PhD						
BASR Approval Date						
Research Topic						
Current Status of in PhD Studies	Course Work	Research Work	Thesis Writing	Submission	Evaluation	PhD Completed
Expected date of PhD completion/Completed (D.M.Y)						

11. Academic Progress and Achievements made till to date (Please attach details of Research Publication etc)

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12. Reasons for Delay (Please attach details)

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13. Extension required Months Year:

14. Period of Extension Date: From: (Day.....Month.....Year) To
(DayMonth.....Year.....)

15. Proposed activity plan and targets for the extended time period:

Quarter 1	Quarter 2	Quarter 3	Quarter 4

16. Expected Completion Date: (Day _____ Month _____ Year _____).

17. Comprehensive Remarks and recommendation of Supervisor:

Signature & Stamp by Supervisor: _____

Signature & Stamp by Chairman of the department: _____