

3.16 Format for recommending extension of time limit for submission of thesis (to be submitted subsequent to completion of 5 years after PhD qualifying examination)

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI, _____

CAMPUS

DEPARTMENT OF _____

RECOMMENDATION FOR EXTENSION OF TIME LIMIT FOR SUBMISSION OF THESIS

Date:

To,

Associate Dean, AGSRD,

BITS Pilani, _____ campus.

We are forwarding herewith the recommendations for extension of time limit for submitting PhD thesis for following candidates for your kind perusal and necessary action. The request letters for these candidates duly forwarded by their supervisor(s) are attached herewith. The progress of these candidates has been evaluated by DAC members.

| Sr. No. | ID. No | Name of the candidate | Name of the supervisor(s) | Extension requested upto | Expected date of thesis submission |
|---------|--------|-----------------------|---------------------------|--------------------------|------------------------------------|
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(Name)_____

(DRC Convener)

Date:

(Name)_____

(HOD)

Date:

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE PILANI, HYDERABAD CAMPUS

Date:

Name of the student:

ID No.

Supervisor:

Department:

Progress of the PhD Thesis & Reason for request of extension (If required enclose supportive documents):

Extension requested upto:

Signature of the Student

Recommendation of Supervisor:

Name and Signature Supervisor(s)