DHANAMANJURI UNIVERSITY
MANIPUR

APPLICATION FOR EXTENSION/RE-REGISTRATION FOR PH.D. RESEARCH PERIOD BEYOND FOUR/SIX YEAR (Tick which is applicable) (To be submitted in triplicate)

1. Name of the Candidate : .....
2. DMU Registration No. & Date : .....
3. Present Occupation : .....
4. Address for correspondence : .....
5. Name of Research Guide (s) : .....
6. Department : .....
7. School : .....
8. Ph.D. Registration No. & Date : .....
9. Approved title of the thesis : .....

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10. Extension (beyond 6 years prayed upto) : .....
11. Re-Registration (beyond 6 years prayed upto) : .....
12. Reason(s) for Extension of Research Period : .....

Place: .....
Date: .....

Signature of the applicant

RECOMMENDATION OF THE SUPERVISOR/HEAD OF DEPARTMENT

Signature of the Head of Department
(With seal)

Signature of the Supervisor

RECOMMENDATION OF THE DEAN

Place: .....

Date: .....

Signature of the Dean
(With seal)