

REQUEST LETTER FOR EXTENSION

From

Name Address 1
Address 2
District with pin code Phone No:

To

The Director,
Centre for Research,
Manonmaniam Sundaranar University, Tirunelveli – 12.

Sir/Madam

Name of the Scholar & Reg.No.	
Category.	
Change of Category (if any) (Copy enclosed)	
Subject & Date of Commencement	
Name of the Supervisor	
Name of the Co-Supervisor (if applicable)	
Date of FDP availed (Enclose copy of this Office Letter) (If applicable)	
Request for Extension	First / Second / Third
Maximum Period ended on	Yes/No
Extension already granted	
Details for payment of fee	
Name of Bank, Place, Amount, DD/Challan No., Date	

Yours Faithfully

Signature of the Candidate

Enclosures:

- 1.Demand Draft/ Challan
- 2.Ph.D Commencement Order

Supervisor (Signature with Seal)

**Joint Supervisor (Signature with Seal)
(If applicable)**

Signature of the Research Centre Head with Seal

(FOR OFFICE USE ONLY)

First / Second / Third Extension from _____ to _____

has been granted to Mr./Ms. _____,

Reg. No. _____ .

Jr.Asst

Supdt.

A.R

Director

Copy to:

1. Name & Address of the Supervisor
2. Name & Address of the Joint Supervisor (if applicable)
3. Name ,Reg.No and Address of the candidate