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# DEPARTMENT OF MATHEMATICS

# UNIVERSITY OF DELHI, DELHI – 110007

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**Extension of Ph.D. Registration for 6 months after completion of 5 years**

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| --- | --- |
| **Research Scholar’s details** | |
| **Name:** | **Enrolment Number:** |
| **Email:** | **Mobile:** |
| **Date of initial registration:** | **Period of extension required:** |
| **Period and type of leave (if any):** |

|  |  |  |
| --- | --- | --- |
| **Supervisor:** |  | |
| **Co-supervisor (if any):** |  | |
| **Total No of Publications: \_\_\_\_** | **In SCI/SCIE journals \_\_\_\_ In Scopus but not SCI/SCIE \_\_\_\_ Others \_\_\_\_\_\_** | |
| **Present status of the research:**  (including the current status of the writing of thesis): |  | |
| **Justification for the extension:**  (Also attach separate letter duly signed by research scholar and supervisor) |  | |
| **Signature of Research Scholar** | | **Signature of Supervisor(s)** |
| **Recommendation of the Departmental Research Committee** | | |
| **Extension Recommended: Yes/No. If No, the reason:**  **Head of the Department** | | |

**Attachments:**

1. Copy of joining report
2. Memorandum issued by BRS
3. List of publications (include names of all authors; MR/ZBL numbers, Impact factor, MCQ, Scimago if any)
4. Reprints/preprints/acceptance letters

**Note:** All the attachments must be properly indexed