



**DEPARTMENT OF MATHEMATICS  
UNIVERSITY OF DELHI, DELHI – 110007**

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

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