DEPARTMENT OF MATHEMATICS
UNIVERSITY OF DELHI, DELHI – 110007

Extension of Ph.D. Registration for 6 months after completion of 5 ½ years

Research Scholar's details	
Name:	**Enrolment Number:**
Email:	**Mobile:**
Date of initial registration:	**Period of extension required:**
Period of the first extension after 5 years:	
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
5. Draft of thesis

Note: All the attachments must be properly indexed