TAMIL NADU PHYSICAL EDUCATION AND SPORTS UNIVERSITY Chennai -600127

APPLICATION FOR EXTENSION OF MAXIMUM DURATION **OF Ph.D. PROGRAMME**

(Kindly go through the Ph.D. Regulations before filling up the application form)

Name of the Candidate 1

- 2
- Registration Number Address for Communication 3

	Mobile Number	:		
4	Subject / Discipline in which			
	registered for Ph.D.	:		
5	Category of Ph.D Registered	:	Full-time	/ Part -time

:

:

2

- 6 Approved Ph.D Research Topic :
- 7 Date of registration for Ph.D. programme
- 8 Office Communication No. & Date : (Enclose Xerox copy)
- 9 Date of expiry of maximum period :
- 10 University Department / Approved Research Centre where the research work is being undertaken 1
- 11 Name, Designation & address of the Research Supervisor 2

(Endors	sement in Research Section, R3)			
	t : Rs : umber : : :		Pated :	
Amoun	For Office Use Only : Details	s c	of Payment	
	:			
20	Signature of the Head of the University Department /Principal of the Approved Research Centre with remarks (with Office seal)			
19	Signature of the Supervisor :			
18	Recommendations of Doctoral Committee (Enclose Copy of Doctoral Committee recommendation)	:		
17	Specific recommendations of the Supervisor (Enclose Letter)			
16	Signature of the Candidate	:		
15	Whether the candidate has paid entire tuition fee and Last fee paid date : (Endorsement in Research Section, R3)			
14	Period of extension of time required at Present	:	From :	To :
13	Details of extensions already obtained: (if any) (Enclose Copy of the extensions Letter) :		From :	To :
12	Specific reasons for not completing the research work within the prescribed period :			