

INDIAN INSTITUTE OF TECHNOLOGY BOMBAY Department of _____

Request for Extension of Annual Progress Seminar ((APS) Date:
NAME:	ROLL NO:
PROGRAMME:	EXISTING CATEGORY:
BASIC QUALIFICATION:	CREDITS COMPLETED / CPI:
DATE OF JOINING:	DATE OF CONFIRMATION :
DATE OF LAST APS :	CURRENT REGISTRATION :
NAME OF SUPERVISOR: Prof	NAME OF CO-SUPERVISOR(s) / EXTERNAL SUPERVISOR Prof Prof
EXTENSION OF APS REQUIRED TILL :	WHETHER ON MEDICAL GROUNDS : YES / NO (If YES, Medical certificate to be attached)
ANY PREVIOUS EXTENSION OF APS GRANTED : YES / NO	IF YES, DATE OF PREVIOUS EXTENSION GRANTED TILI
REASON /JUSTIFICATION:	
ENCLOSURES (if any):	
Faculty Advisor/Supervisor (Signature with Date)	Faculty Advisor/Supervisor (Signature with Date)
RECOMMENDATION OF DPGC/IDPC/PGC :	
======================================	Convener, DPGC/IDPC/PGC Signature (with Date & Stamp) FFICE USE ONLY ====================================
REMARKS, IF ANY:	
	Signature of OS/AR Date ://

ACADEMIC OFFICE CONTACT NOS.: PG : 7044, 7046, 7059, 7066, 7924 : 4014/15/16, 7045, 7058

Convener, PGAPEC