REQUEST FOR EXTENSION

(10 Copies to be Sent Six Months Prior to the Date of Expiry of the Project)

1 DST Reference No  :

2 Name of the Investigator  :

3 Title of the Project

4 Approved duration of the Project from ---------to-------------

5 Requested extension from ---------------------- -to-----------

6 Original objectives (quoted from project proposal)
   a
   b
   c

7 Results achieved so far (in relation to attainment of objectives)

8 Clear statement of objectives that have not been achieved so far but will be achieved during the extended period with Milestones.

9 Milestone of the extension period with bar-chart:

10 Financial implications:

   A Total Sanctioned Amount:
   B Total Expenditure upto last month:
   C Expected Expenditure during extended period:

   C.1 Salaries (at the existing level)
       Existing level means average of last 6 to12 months expenditure
   C.2 Consumables (at the existing level)
   C.3 Travel (if absolutely necessary)
   C.4 Contingencies
   D Expected amount to be refunded to DST
      OR
      Expected amount in addition to sanctioned amount

Name & Signature of the PI

Date: