REQUEST FOR EXTENSION

(5 Copies to be sent six months prior to the Date of Completion of the Project)

1. DST Reference No:
2. Name of the Principal Investigator (PI):
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:
9. Financial implications:
   A. Total Sanctioned Amount:
   B. Total expected expenditure till the end of present sanctioned duration:
   C. Expected expenditure during extended period:
      C.1 Manpower costs (at the existing level)
         Existing level means average of last 6-12 months expenditure
      C.2 Consumables (at 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 the sanctioned amount.

Name and Signature of PI