

REQUEST FOR EXTENSION

(5 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:
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