

REQUEST FOR NO-COST EXTENSION

1. DBT's 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. Reasons for not achieving the objectives within proposed time frame
 10. Remarks of host institute, if any:
11. The recommendation of the host institute

Name:

Name:

Signature of the Fellow

**Signature with seal
of the Competent
Authority of Host
Institute**

Date:

Date: