



भारतीय प्रौद्योगिकी संस्थान कानपुर
Indian Institute of Technology Kanpur
अधिष्ठाता प्रशासन कार्यालय
Office of Dean, Administration

Date:

Request for Project Extension

S No.	Particular	Details
1.	Project No.	
2.	Project Title	
3.	Project Start Date	
4.	Extension desired	From: To:
5.	Financial commitment letter from Account Section	
6.	Any relevant additional details on extension sought/ sanctioned	

Signatures

Name and Signature of Head/Faculty-in-charge/Officer-in-charge
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For use of DOAD Office Only

				Approved
Dealing Assistant	Jr. Supdt./ Supdt.	Asst. Registrar (Admin.)	Deputy Registrar (Admin.)	Dean, Administration