

RE/ET/01



ALL INDIA INSTITUTE OF SPEECH AND HEARING

**REQUEST FOR EXTENSION OF TIME FOR
COMPLETION OF ARF PROJECTS**

1. Name of the Principal Investigators

2. Name of the Co-Investigators

3. Title of the Project with Project No.

4. Sanction Order Ref.

5. Date of Commencement of the Project

6. Duration of the Project

7. Due date of completion of the Project

8. Present Status of the Project (Indicating the major milestones)

9. Pending activities

P.T.O....

10. Duration of extension being sought indicating the date upto which extension is required in DD/MM/YYYY format
11. Indicate whether the request for extension of time for completion of the project
 - a) Is without additional funding

 - b) Is without additional funding but by reappropriation from savings effected in other heads of expenditure. If so, give the details

 - c) Is with additional funding. If so, indicate the additional funds required

The updated statement of expenditure duly vetted by Accounts Section is *enclosed herewith.*

Date :

Signature of the Principal Investigator

FOR USE BY COORDINATION SECTION

Head - Coordination Section

APPROVED / NOT APPROVED

DIRECTOR