



# DARUL HUDA ISLAMIC UNIVERSITY

Hidaya Nagar, Chemmad, Tirurangadi  
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## PG SECTION

Ref. No.

Date:

### APPLICATION FOR EXTENDING THESIS SUBMISSION

Enrl. No:

Name:

PG Admission Date:

PG Academic Year:

Department:

Semester:

Thesis Subject:

Current Research Requirement:

Reason for Extending:

Name and Sign of the Applicant:

Proposed Resubmission Date:

**The candidate has been allowed to extend his thesis requirement and he has met all PG Regulations.**

Head of the Department	Murshid	Research Panel
Name & Sign	Name & Sign	Name & Sign

*(For Office Only)*

Fee Received by, Amount, Date	Remarks
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