

EXTENSION OF PROJECT DURATION

3 copies of the proposal to be sent through Head of the Institution to reach two months prior to the approved completion date.

1. Name of the project with project code
2. Name of the Principal Implementing / Sub-implementing Agency
3. Name of Project Leader/Coordinator/ Principle Investigator
4. Date of start of the project
5. Scheduled date of completion of the project
6. Approved objective(s)
7. Approved work programme alongwith schedule
8. Details of work done alongwith approved time schedule of work plan (Bar chart)
9. Revised Bar Chart / PERT Network of activities alongwith justification for indicated items of time schedule.
10. Time Extension proposed and reasons for seeking the extension
11. Total cost of the project and actual expenditure incurred (Form-III, IV & V).

Signature of Project Leader

Signature of Project Coordinator

Name.....

Name.....

Designation.....

Designation.....