Form No.: DOAD-IP-204



## भारतीय प्रौद्योगिकी संस्थान कानपुर **Indian Institute of Technology Kanpur** अधिष्ठाता प्रशासन कार्यालय

Office of Dean, Administration

	Dogwood for Extension	n of Amnointm	ant made the	h Calastian	Cor		LLaa	Da	ıte:		
1.	Request for Extension Project No.	n or Appointm	ent made throug	n Selection	COL	nmı	itee				
2.	Project Title										
3.	Project Completion Date										
4.	Name of Employee			P.F. No.							
5.	Designation			Mob. No.							
6.	Salary Range				1 1					1 1	
7.	Current Salary per month	₹	(Consolidate	ed)							
8.	Date of Joining										
9.	Date of Term Expiry										
10.	Justification for Extension										
11.	Extension desired (Maximum one year)	From:	То	:							
12.	Proposed Salary	₹	(	Consolidat	ed)						
ttach	a copy of last received offer	letter									
	Name and Sign	ature of Head/	Faculty-in-charg	e/Officer-ii	n-cha	arge					
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## For DOAD Office use

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

## **Guidelines for Extension:**

The maximum length of service for a project employee in a Project or several Projects shall not exceed five years.