

**ASSAM AGRICULTURAL UNIVERSITY**

Faculty: \_\_\_\_\_

College.....

**FORM OF APPLICATION FOR CONTINUATION OF POST GRADUATE PROGRAMME  
BEYOND THE PRESCRIBED LIMIT**

To

The Director, Post-Graduate Studies  
Assam Agricultural University,  
Jorhat – 785 013  
(Through the Major Adviser)

Sir,

I, Sri/Smt. \_\_\_\_\_, a student of \_\_\_\_\_ programme majoring in  
\_\_\_\_\_ could not complete my programme within the  
prescribed minimum period due to \_\_\_\_\_.

I do hereby request you kindly to allow me to continue in the next Semester commencing from

\_\_\_\_\_.

Signature of the student:

Roll No.:

Recommendation of -

1. Major Adviser & Chairperson (Cite specific reasons):

Signature of Major Adviser & Chairperson.....

2. Head of the Department:

\_\_\_\_\_  
Signature of Head of the Department

Allowed/Not Allowed

\_\_\_\_\_  
Signature of DPGS

Assam Agricultural University  
Jorhat/Khanapara