



**CENTURION UNIVERSITY OF TECHNOLOGY AND MANAGEMENT,
ODISHA**

EXTENSION/ RENEWAL OF REGISTRATION

Section A-Candidate Information			
Candidate's Last Name:		Candidate's ID No:	
Candidate's First Name:			
PhD Registration No:			
Thesis Working Title:			

Section B- Information			
Scheduled Period of Completion of the Work:			
Reasons for Non-completion in Due Time:			
Expected time of Completion of Work:			
Expected timeframe for submission of thesis and period of extension sought:			
Signature of Candidate:		Date:	
Recommendation of the Supervisor:			
Signature of the Supervisor:		Date:	
Recommendation of the DSC:			
Signature of the Chairman, DSC:		Date:	