



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

SEMESTER PROGRESS REPORT

Category	FT/PT
Reg. No.	

Period ending June 30/ December 31

The progress report shall be submitted by the Scholar accompanied with a report on the work carried out during this period (atleast300 words) duly signed by the scholar and counter signed by the Supervisor and Joint Supervisor (if applicable)

1. Particulars of Research Scholar :
 Name and Registration No :
 E-mail ID &contact Phone Number :
 Designation (Where applicable) :
 Institutions Where Employed :

2. Registration Details
 (a) Category of registration : Full time/Part-Time (Int. /Ext.)
 (b) Date of Provisional registration :
 (c) Whether provisional registration confirmed :
 Yes/No If
 yes, give reference No. and date :

3. Name of the Dept. Where the research in conducted :
4. Particulars of the Supervisor/Joint Supervisor :

	Name & Designation	Institution(s) where employed with Address
Supervisor		
Joint Supervisor		

5. Area Work/ Tentative title of the Proposed Research Work

6. Details of research progress

<i>Details</i>	<i>Yes</i>	<i>No</i>	<i>Details</i>	<i>Yes</i>	<i>No</i>
Progress report enclosed			Attended seminar/conference		
Prescribed course works Completed If yes, No. of coursed completed			Papers Published (if Yes attach copies)		
Seminar Presentation, If yes, No. of presentation give					

7. Date of Payment of Semester fees :
(Copy should be enclosed)

8. Any difficulty faced during this period :

Signature of the Scholar with Date
Scholar* (Name in Capitals)

Signature of the Chair person

SUPERVISOR'S REMARKS		
I	Work Progress	Satisfactory / Not Satisfactory
II	Expected time of completion	

Certify that the research articles published / to be published in journals are the original work of the scholar. Further, no part of the research paper(s) is copied from any thesis of research articles already published by others. I (we) fully aware that the act of plagiarism will lead to cancel of registration and other disciplinary actions as per Rules and Regulation of CUTM.

Signature of the Joint Supervisor
(if applicable)

Signature of the Supervisor
(Name with seal)