

CENTURION UNIVERSITY OF TECHNOLOGY AND MANAGEMENT, ODISHA

APPOINTMENT OF CO-SUPERVISORS

Important Information for all applicants

- a) This form should be used for appointment of External Supervisor for PhD candidates
- b) The purpose of this form is to ensure that the interests of the external supervisor, the candidate and the College are adequately protected.
- c) This form will be kept in student record.
- d) Please provide a copy of the External Supervisor's CV and ID proof of the appointee's position.

Procedure:-

- 1. Candidate need to complete Sections A,B and (if applicable) C
- 2. **Section C**-This section needs to be completed by **Person making this request** along with the approval from Vice Chancellor and Coordinator.

Section A-Student Information	n (whom the Co- Supervisor	will supervise)			
Candidate's Last Name:		Candidate's Registration No:			
Candidate's First Name:					
Thesis Working Title:					
Primary Supervisor:					
Date of Initial Enrolment:					
Expected Date of Completion:					
Section B-Details of Co- Super	rvisor(who is to be appointed)			
Name of the Co-Supervisor:					
Address of the Co- Supervisor	:				
Name of appointee's universit	y or institution and appointe	e's position:			
Period of Co- Supervisor com	mence on:				
Supervisor Name:					

Signature:		Date:	
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Section C- Other Details			
Person making this request	:		
Please explain why the pers	on is appropriate:		
Name:			
Signature:		Date:	
Approved by Vice Chancell	or		
Name:			
Signature:		Date:	