



Centurion University of Technology and Management, Odisha

Feedback Form for Fulltime Research Scholars

Date: - DD. MM. YYYY

Panel Member (Internal / External/Coordinator/Supervisor): -

Name of Applicant		
Address		
Qualification/ Experience(year)		
Mail Id		
Regd. Number		
Department		
Topic of Research		
Present professional status		
Internal staff/ External		
NET/ICAR/GATE qualified/ any other (Year)		
JRF qualified/not qualified		
Ph.D. registered in any other University		
If yes, name the University(year of enrollment)		
Course work completed (Year)		
Full time / Part time		
Internal Supervisor		
External Supervisor(if interdisciplinary subject)		
Comments from the Panel Members		

Signature