



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

PhD Semester Progress Review Report

Category	Full Time /Part Time
Reg. No.	

1. Particulars of Research Scholar :
 Name and Registration No :
 E-mail ID & contact Phone Number :
 Designation (if applicable) :
 Institutions Where Employed :
2. Registration Details
 (a) Category of registration : Full time/Part-Time
 (b) Date of Admission :
 (c) Whether provisional registration confirmed : Yes/No. If yes, give reference No. and date
 :
3. Name of the Dept. where the research is conducted :
4. Particulars of the Supervisor/Co-Supervisor :

	Name and Designation	Institution(s) where employed with Address
Supervisor		
Co-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>
The prescribed coursework completed. If yes, name of course completed			Attended seminar/conference		
Seminar Presentation: If yes, No. of presentation given			Papers Published (if Yes, attach copies)		

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

8. Any difficulty faced during this period :

Signature of the Scholar with Date

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 or research articles already published by others. I (we) know that plagiarism will lead to the cancellation of registration and other disciplinary actions as per the Rules and Regulations of CUTM.

Signature of the Supervisor

Signature of the Co-Supervisor /
other RAC Member

Signature of the other RAC members

Comments of SRC Members:

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of the SRC Members