



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

Transfer to other University

- 1. Candidate Name** :
- 2. Registration Number** :
- 3. Title of the Thesis** :
- 4. Supervisor Name** :
- 5. Co-Supervisor Name** :
- 6. Department** :
- 7. Date of Admission** :
- 8. Dues Clearance** :
- 9. Reason** :
- 10. Recommendation of the Supervisor:**
- 11. Recommendation of the DAC** :
- 12. Period of Time Spend**

Signature
Vice Chancellor
Date:
Seal:

NB

Following attachments to be provided:

- a) One-page summary of the work completed
- b) An outline of the work remaining
- c) The most recent progress report