

CENTURION UNIVERSITY OF TECHNOLOGY AND MANAGEMENT, ANDHRA PRADESH <u>Application form</u>

## **Conversion from Fulltime Research Scholar to Part-time Research Scholar**

- 1. Research scholar Name :
- 2. Registration number :
- 3. Year of registration

:

:

- 4. Department
- 5. Supervisor Name :
  - Department address :

Mail ID & Mob No. :

6. Co supervisor Name ( if any): Department address :

Mail ID & Mob No. :

- 7. Date of joining as fulltime scholar :
- 8. Date of conversion to part-time scholar :

:

9. Research Topic

10. Progression till date :

- 11. Remaining work :
- 12. Reason for conversion :
- 13. No of research papers published : (Detail information)

Signature of the scholar

Signature of the supervisor

Signature of the co-supervisor

Approved Vice Chancellor