ODISHA UNIVERSITY OF TECHNOLOGY AND RESEARCH

Techno Campus, Mahalaxmi Vihar, Ghatikia, Bhubaneswar-751029.

Form No: OUTR-PhD-23/13.2.c

PART A: APPLICATION FOR CHANGE OF TITLE OF THE RESEARCH WORK

Date: _____

Name of the Scholar:	
Enrollment No. with date:	
Registration No. with date:	
Name of School/ Department:	
Broad Area of the Research work:	
Present Title of the Research Work:	
Proposed Title of the work for Change of Title:	
Reasons for change of title:	
Justification for Change in the area / scope of research (give details)	
_____ **Signature of the Candidate**	_____ _____ **Supervisor** **Co-Supervisor** **Signature of Supervisor/ Co-Supervisor**

Part-B: Recommendation of the DSC

On request of the Scholar, the application of _____ is hereby _____ (**Recommended/ Not Recommended)** for change of Title of Research Work for the Ph.D. program as per details indicated above.

Signature of members of DSC **(Chairperson, DSC)**