



ODISHA UNIVERSITY OF TECHNOLOGY AND RESEARCH
Techno Campus, Mahalaxmi Vihar, Ghatikia, Bhubaneswar-751029.

Form No: OUTR-PhD-26/14.2.c

Part A: APPLICATION FOR DISCONTINUATION FROM Ph.D. PROGRAM

Name of the Research Scholar	
Enrollment No. and Date	
Registration No. and Date	
Name of the School/ Department	
Topic of the Research work	
Details of research paper/s published (if any) (Attach proof)	
Progress Done so far	
Reason for discontinuation	

Signature of the Scholar
Date:

Part-B: Recommendation of the DSC

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

Signature of members of DSC

(Chairperson, DSC)