



ICAR-CENTRAL INSTITUTE OF FISHERIES EDUCATION

(University under Section 3 of UGC Act, 1956)
Panch Marg, Off Yari Road, Versova, Mumbai-400 061

STATEMENT OF CREDIT SEMINAR (Credit Seminar-I / Credit Seminar-II)*

Name of Student :..... Regn. No.:

Programme* : **Ph.D./M.F.Sc.** Batch:.....

Discipline :

Title of the Seminar :

.....

.....

Held on (**Date and time**):

Marks awarded for Credit Seminar:

{Out of 10.00 (in Numerals & in words)}

Signature (with Date) of Member/Faculty/Chairman BoS/HoD

Member/Faculty

Member/Faculty

Member/Faculty

Member/Faculty

Member/Faculty

Member/Faculty

(Chairman, BoS/Head of Division)

* Please tick correct one

To,
The Controller of Examinations
ICAR-CIFE, Mumbai - 400 061

For Office Use Only

Verified by Jt. CoE/ Dy. CoE	Controller of Examinations
------------------------------	----------------------------