



# ICAR-CENTRAL INSTITUTE OF FISHERIES EDUCATION

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



## OFFICE OF THE CONTROLLER OF EXAMINATIONS

### ( M.F.Sc./ Ph.D.)\* Re-examination Application Form

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

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

Discipline : ..... Division .....

#### Courses for which the student is applying now for Re-examination

Sr. No.	Course No.	Course of I <sup>st</sup> Semester (***) or II <sup>nd</sup> Semester (***)	Name of the Course	Last Exam appeared (Month & Year)	Applying for Final Exam/ Mid-term/ Practical Examination
1					
2					
3					
4					
5					
6					

**Note** : Apply for First Semester (\*\*) final Re-examination in **October (For M.F.Sc.)** and **November (For Ph.D.)** and for Second Semester (\*\*\*) final Re-examination in **May (For M.F.Sc.)** and **June (For Ph.D.)** to appear in respective semester of the next academic Session. The last date will be announced during the above mentioned respective months.

Deposit Rs.....

(Dy. CoE/ Jt. CoE/ CoE)

Signature with date

SPACE FOR DDO/ CASHIER

(Signature of the Student)

Date :

Recommended by Major Advisor

(Signature of the Major Advisor)

(in case of Ph.D. student)

Date :

Forwarded by HoD

(Signature of the Head of Division)

Date :

\*Please tick correct one

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

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