



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

APPLICATION FORM FOR TRANSCRIPT

M.F.Sc. / Ph.D.

Regn.No:

Name of the student: (In CAPITAL).....

Father's Name: (In CAPITAL)

Mother's Name: (In CAPITAL)

Discipline : Batch:

Present Address:

.....

Mobile No: Email ID :

Deposit Rs.....

(In case of Duplicate Transcript
on the loss of Original)*

(Dy. CoE/ Jt. CoE/ CoE)

Signature with date

SPACE FOR DDO/CASHIER

(Signature of the Student)

(In original) with date

* After producing Affidavit on Rs. 100/- Stamp paper, Original Police Report and Advertisement in Newspaper.

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

For Office Use Only

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