

Date:

ICAR-CENTRAL INSTITUTE OF FISHERIES EDUCATION



Signature of the Examiner:

Name: ____

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

OFFICE OF THE CONTROLLER OF EXAMINATIONS

STATEMENT OF MARKS

F.Sc. (SEM	I – I / SEM - II) Course No	Course Title :					8101.			_ Credits: (1+1/2+2		
Regn. No.						PRAC	CTICAL					
	Name of the Candidates	Assign -ment	First Test* (5)	THEO Mid term* (15)	Final Exam		Total	Assign- ment	Record	Final Practical*	Total	Grand total
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