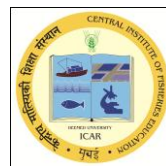




# ICAR-CENTRAL INSTITUTE OF FISHERIES EDUCATION

(Deemed-to-be 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 FOR FIELD TRAINING

Programme : **M.F.Sc.**

Batch : .....

Discipline : ..... Presentation held on (Date and Time) .....

Sr. No.	Name of the student	Regn. No.	Marks (out of 10)*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

\*HoD/Chairman, BoS is requested to write marks up to two digits from decimal (e.g. if mark is given as 8.5 then in that case please write as 8.50).

Signature (with Date) of the Members and Chairman, BoS

**Member (BoS)**

**(Member (Bos))**

**Member (Bos)**

Name : .....

Name : .....

Name : .....

**Member (BoS)**

**(Member (Bos))**

**Member (Bos)**

Name : .....

Name : .....

Name : .....

**Chairman (BoS)**

Name : .....

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