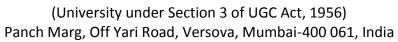


## **ICAR-CENTRAL INSTITUTE OF FISHERIES EDUCATION**





## **OFFICE OF THE CONTROLLER OF EXAMINATIONS**

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

Name of Student :		Regn. No.:	
Programme*: <b>Ph.D./M.F.Sc.</b>		Batch:	
Discipline :			
Title of the Seminar :	9)		
Held on ( <b>Date and time</b> ):			
Marks awarded for Credit Sem	ninar:		
{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	
* Please tick correct one	(Chairman, I	BoS/Head of Division)	
To, The Controller of Examination ICAR-CIFE, Mumbai - 400 061	S		

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