ICAR- CENTRAL INSTITUTE OF FISHERIES EDUCATION-MUMBAI BOYS/ GIRLS HOSTEL (OLD and NEW CAMPUSES)

<u>Form A</u>

Permission to Work beyond Office Hours/ Holidays in Laboratories of Academic **Building in Old and New Campuses**

Aunoattostel 1. Name of Student: 2. Room No. : 3. Mobile Number and Email ID : 4. Registration number: 5. Programme (M.F.Sc/Ph.D.): 6. Year: M.F.Sc 1ST year/ 2nd year; Ph.D. 1ST year/2nd year/3rd year/4th year/5th year: 7. Batch: 8. Division: 9. Date(s) of working beyond office hours / holidays: Time duration: From...... To...... 10. Department Lab No.: 11. Mobile Number of Parents : 12. Name of Major Advisor : 13. Name of Head of Division : 14. Signature of Major Advisor: 15. Signature of Head of Division: 16. Signature of Warden/Deputy Warden: 17. Signature of the student:

Date:

Place: