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

Form B

<u>Permission to Work beyond 12 AM on Official Days/ Holidays</u> <u>in Laboratories of Academic Building in Old and New Campuses</u>

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 1 ST year/ 2 nd year;
	Ph.D. 1 ST year/2 nd year/3 rd year/4 th year/5 th year:
7.	Batch:
8.	Division:
9.	DATE(S) OF WORKING BEYOND 12 AM ON OFFICIAL DAYS/ 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:	