



ICAR-CENTRAL INSTITUTE OF FISHERIES EDUCATION

(Deemed-to-be University)
Panch Marg, Off Yari Road,
Andheri (West), Versova, Mumbai – 400 061
Tel: 022-26361446/7/8 Fax: 022-26361573
Web Site: www.cife.edu.in



F.No. 44-01/2023-24/Acad/Admission

Date: 14.11.2023

Notice

Dear Students

This is to inform you that the new academic year for the M. F. Sc (batch:2023-25) and PhD (batch: 2023-26) will start from 04.12.2023. All the new students must report to the institute along with their original certificates for verification and registration program as per the schedule below.

Program	Date & Time	Avenue
Document Verification	04.12.2023 (10.00 am -5.00 pm)	Room No. 421
Orientation	05.12.2023 (9.30 am-11.30 am)	Auditorium
Registration	05.12.2023 (11.30 – 12.00 noon)	Room no. 319
Commencement of Classes	06.12.2023 Time-table will be communicated soon	

You are also instructed to submit the following declaration forms and pay the fee as per the instructions given in page no.2.

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Sr. Registrar

-Sd-



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Fees (Per Annum)

Sl.No.	Details	I st Year	II nd Year
1	Caution Money (Refundable)	Rs. 3,000.00	-
2	Hostel Fees	Rs. 3,000.00	Rs. 3,000.00
3	Registration fees	Rs. 100.00	-
4	Tuition Fees	Rs. 10,000.00 *	Rs. 10,000.00 *
5	Other charges i) Student Union fee ii) Magazine iii) Welfare Fund iv) Sports fund v) Cultural & Literary Activities Fee	Rs. 300.00 Rs. 100.00 Rs. 200.00 Rs. 200.00 Rs. 200.00 Rs. 1,000/-**	Rs.300.00 Rs.100.00 Rs.200.00 Rs.200.00 Rs.200.00 Rs.1,000/- **
6	Examination Fees	Rs. 2,000.00	Rs. 2,000.00
7	Thesis evaluation	-	Rs. 800.00
8	Identity Card fee	Rs 100.00	-
9	Alumni Association	Rs. 500.00	-
10	Provisional Degree Certificate	-	Rs. 200.00
11	Transcript	-	Rs. 200.00
12	Original Degree Certificate	-	Rs. 1,000.00
13.	Medical Insurance	Rs. 2,000.00	Rs. 2,000.00
	TOTAL	Rs. 21,700.00	Rs. 20,200.00

*ICAR-CIFE, Mumbai reserves the right to revise the above fee [in future].

* As you have already paid Rs.10,000/- as a seat acceptance fee, now you need to pay Rs.11,700/- for the first year.

After document verification, you can pay the fee through online and the account details are given below. You need to submit the transaction receipt to the academic cell (email. pgsection@cife.edu.in).

Bank Details:

Account Name: ICAR-CIFE
Bank: State Bank of India
Account Number: 10132355212
IFSC Code: SBIN0003117

(Ph.D. students has to pay the fee for three years)



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DECLARATION FORM-1 [BY THE STUDENT]
[To be submitted at the time of document verification]

Date: _____

I,Son/Daughter of Sri/Smt....., Registration No.,do hereby solemnly affirm that:

1. I will abide by the rules and regulations of the Institute. I will also abide by modifications made in the rules and regulations from time to time by the Institute.
2. I will not join any coercive agitation for the purpose of forcing the hands of the authority to solve any problem.
3. I will not participate in any activity which has a tendency to disturb the peace and the orderly life of the Campus.
4. I will co-operate with the Institute authorities in maintaining discipline, academic standards and good order in the Campus.
5. I am fully aware that the campus accommodation [in hostels or elsewhere on campus] will be provided to me strictly for the duration of my academic programme only.
6. I will not misuse the CIFE official email and don't indulge in any activities that damage the reputation of CIFE. I will not post any adverse comments on CIFE in the social media.
7. I agree to subscribe to any insurance scheme in force in the Institute from time to time.
8. I will participate in outdoor sports, only in the designated playgrounds.

Full Name and Permanent Address	Address for correspondence
	[To be provided if different from permanent address]

Signature of the Student

Name in Hindi.....

Name in English [in CAPITAL Letters]

[As mentioned in Qualifying Certificate]



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DECLARATION FORM - 2 [BY THE PARENT/GUARDIAN

[To be submitted at the time of document verification]

Ido hereby endorse the undertaking given by my son/daughter/ward and I will advise him/her to observe the undertaking given in Declaration Form-1 as above. I also certify that the contact phone numbers and email IDs provided below are true to the best of my knowledge.

Sl. No.	Particulars	To be filled by the Parent/Guardian
A	Name of the Student	
B	Mother’s Full Name [including maiden name]	
C	Mobile / Contact Phone Number	
D	Mother’s Email ID [if available]	
E	Father’s Name	
F	Mobile / Contact Phone Number	
G	Father’s Email ID	
H	Postal Address [along with 2-Letter State Abbreviation and PIN Code]	
I	Details of Local Guardian [If available] [Name, Address & Contact details to be mentioned]	

Place:

Date:

[Signature of the Mother]

[Signature of Father/Guardian]

.....
Name [in Block Letters along with the Maiden Name]

.....
Name [in Block Letters]



DECLARATION FORM - 3 [FOR MEDICAL INSURANCE]

[To be submitted at the time of document verification]

Sl. No.	Particulars	To be filled by the Student/Parent/Guardian
1	Name of the Student	
2	PG Discipline Allocated	
3	a. Father's Full Name b. Father's email ID	a. b.
4	a. Mother's Full Name[along with maiden name]	a.
5	Student's Emergency Contact Number	
6	Student's Blood Group	
7	Postal Address	
8	Email ID	
9	Adverse Medical History Details [if any]	

[Signature of the Student]
Parents/Guardian]

[Signature of any one of the

Student's Name [in Block Letters]

Name [in Block Letters]



Date: _____

DECLARATION FORM-4
CoViD-Declaration Form

Name : _____

Age: _____ Gender: _____

Reg No.: _____ Allocated Discipline: _____

Present Residential Address: _____

Contact Phone No: _____

Arriving From: _____

Contact with any person expected to be suffering from CoViD-19 infection-: Yes / No

Currently having symptoms of: - {* Tick [] as applicable}

- Fever- Yes/No
- Sneezing- Yes/No
- Coughing- Yes/No
- Sore throat- Yes/No
- Shortness of Breath- Yes/No
- Generalised weakness- Yes/No
- Loose Motions- Yes/No

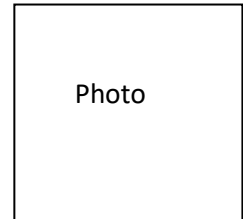
➤ I will strictly follow the social norms assigned by Health Ministry, Govt. Of India in order to prevent the spread of CoViD-19 infection.

Dated Signature of the student

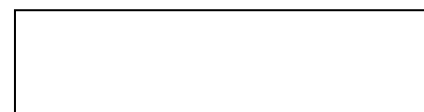
Dated Signature of the parent/guardian

Details for Identity Card (FILL IN BLOCK LETTERS – English only)

USIDNo. (for official use only) *If available*



1. Name :
2. Discipline :
3. Regd. No. :
4. Date of Birth :
5. Validity :
6. Aadhaar Card No. :
7. Address :
8. Blood Group :
9. Mobile No :
10. Emergency Mobile No :



Signature of Holder

Schedule for Document Verification

Date: 04.12.2023; Avenue: Room no.421-A, ICAR-CIFE New Campus

Discipline	Time
1. Aquaculture	9.30 - 10.00 am
2. Fisheries Resources Management	10.00 - 10.30 am
3. Fish Processing Technology	10.30 - 11.00 am
4. Fish Nutrition and Feed Technology	11.00 - 11.30 am
5. Fish Physiology and Biochemistry	11.30 - 12.00 noon
6. Fish Genetics and Breeding	12.00 – 12.30 pm
7. Fish Biotechnology	12.30 – 1.00 pm
8. Aquatic Environmental Management	2.00 - 2.30 pm
9. Aquatic Animal Health Management	2.30 – 3.00 pm
10. Fisheries Economics	3.00 – 3.30 pm
11. Fisheries Extension	3.30 – 4.00 pm

Contact details of the wardens (Boys & Girls)

Sr. No	Name	Additional Charge	Email
1	Dr. N. S. Nagpure, Principal Scientist	Chief Warden	nsnagpure@cife.edu.in
2	Dr. Rupam Sharma, Principal Scientist	Warden (Boys' Hostel)	rupams@cife.edu.in
3	Dr. Shashi Bhushan, Scientist	Deputy Warden (Boys' Hostel)	arunsharma@cife.edu.in
4	Dr. Paramita B. Sawant, Principal Scientist	Warden (Girls' Hostel)	paromita@cife.edu.in
5	Dr. N. Shamna, Scientist	Deputy Warden (Girls' Hostel)	shamna@cife.edu.in