

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



(University under Section 3 of UGC Act, 1956)
Panch Marg, Off Yari Road, Versova, Mumbai-400 061, India

## OFFICE OF THE CONTROLLER OF EXAMINATIONS ( M.F.Sc./ Ph.D.)\* Comprehensive Re-examination Application Form

Name of Student :				Regn. <b>1</b>	No.:	
Programme* : M.F.Sc./ Ph.D.			Batch:			
Discipline : Division						
Paper(s) for which th	e student is	applying i	now	for Comprehe	ensive Re-exa	nmination
	Ph.D.  Applying for Comprehensive Exam  (Write Code of the papers you had opted)				Applying for Comprehensive Exam (Write Code of the papers you had opted)	
Discipline  (AQ/FBT/ FGB/FNT/FPB/ AAH/AEM/FRM/ PHT /FEX/FEC)  (Write one of the above in below column)						
	MAJOR MAJOR		R	MINOR	MAJOR	MINOR
	PAPER * I	PAPER	- II	PAPER III	PAPER * I	PAPER - II
Note: Students of older batches apply, through HoD, on or be every February.  Deposit Rs		iber of Acade				
Signature with date  SPACE FOR DDO/CASHIER			(Signature of the Student)  Date:			
			(Signature of the Major Advisor)  (in case of Ph.D. student)  Date:			
			Forwarded by HoD  (Signature of the Head of Division)  Date:			

## \*Please tick correct one

To, The Controller of Examinations ICAR-CIFE, Mumbai - 400 061

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