

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

Form B

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

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 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: