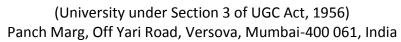


ICAR-CENTRAL INSTITUTE OF FISHERIES EDUCATION





OFFICE OF THE CONTROLLER OF EXAMINATIONS

STATEMENT OF CREDIT SEMINAR (Credit Seminar-I / Credit Seminar-II)*

Name of Student :		Regn. No.:	
Programme*: Ph.D./M.F.Sc.		Batch:	
Discipline :			
Title of the Seminar :	9)		
	₩.		
Held on (Date and time):	TO SELECTION OF THE PARTY.		
Marks awarded for Credit Sem	ninar:		
{Out of 10.00 (in Numerals &	in words)}		
Signature (with Date) of Member/Faculty/Chairman BoS/HoD			
Member/Faculty	Member/Faculty	Member/Faculty	
Member/Faculty	Member/Faculty	Member/Faculty	
* Please tick correct one	(Chairman, I	BoS/Head of Division)	
To, The Controller of Examination ICAR-CIFE, Mumbai - 400 061	S		

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