

Date:

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



Signature of the Examiner:

Name: \_\_\_\_\_

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

## **OFFICE OF THE CONTROLLER OF EXAMINATIONS**

## **STATEMENT OF MARKS**

Regn. No.		THEORY					. (	PRACTICAL				
	Name of the Candidates	Assign -ment (6.5)	First Test* (6.5)	Mid term* (20)		Exam (34)	Total (67)	Assignment (3)	Record (10)		Total (33)	Grand total (100
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