Assessment Paper I Submission Form

Name: _____________________________ Reg No: __________________________

Branch: _____________________________ Doctoral Center: ________________

Title of the Assessment: _____________________________

Date of Completion: _____________________________

Comments of the Convener: _____________________________

Date of submission to Department of Research/SATHR: ________________

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Signature of Convener

________________________
(Name)

Date: ________________
Senate of Serampore College (University)
Department of Research / SATHRI
Assessment Paper I Submission Form

Name: ________________________________ Reg No: ____________________

Branch: _______________________________ Doctoral Center: ______________

Title of the Assessment: __________________________

Date of Completion: __________________________

Comments of the Supervisor II: __________________________

Date of submission to Department of Research/SATHRI: __________________________

________________________________________
Signature of Supervisor II

________________________________________
(Name)

Date: __________________________
Senate of Serampore College (University)
Department of Research / SATHRI

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Branch: ___________________________________________ Doctoral Center: ________________

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Date of Completion: ______________________________________________________________

Comments of the Supervisor III: __________________________________________________

Date of submission to Department of Research/SATHR: ________________________________

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Signature of Supervisor III

(Name)