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: ___________________________

________________________________________

Signature of Convener

________________________________________

Date: ___________________________

(Name)
Assessment Paper II 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

______________________________ Date: ____________________________

(Name)
Senate of Serampore College (University)
Department of Research / SATHRI
Assessment Paper II Submission Form

Name: ___________________________________________ Reg No: _______________________

Branch: _________________________________________ Doctoral Center: _________________

Title of the Assessment : _______________________

Date of Completion : _________________________

Comments of the Supervisor III : __________________________________________________________

Date of submission to Department of Research/SATHR: _______________________

________________________
Signature of Supervisor III

(Name)