Senate of Serampore College (University)
Department of Research / SATHRI
Assessment Paper III 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

________________________

(Date)

(Name)
Senate of Serampore College (University)
Department of Research / SATHRI
Assessment Paper III 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/SATHR: ____________________________

________________________________________
Signature of Supervisor II

______________________________ Date: ________________
(Name)
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

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(Date)

(Name)