

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

Name : _____ Reg No: _____

Branch: _____ Doctoral Center: _____

Assessment Paper Number : (Please tick) I _____, II _____, III _____

Title of the Assessment :

Date of Completion : _____ Date of submission to SATHRI office: _____

Comments of the Convener of the Supervisory Committee

1. Content :

2. Methodology:

3. Bibliography:

4. Whether asked for revision?

5. Over all remarks

Signature of Convener

(Name)

Date: _____

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Comments of the member of the Supervisory Committee:

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Signature of Supervisor II

(Name)

Date: _____

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Signature of Supervisor III

(Name)

Date: _____

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Certificate of completion of Assessment Paper

This is to certify that Rev/ Mr/Ms _____

DTh student in the branch of _____

has successfully completed his/her Assessment paper number (Please tick)

I _____, II _____, III _____, under my supervision and he/she has worked as per our
comments and suggestions. I am fully satisfied with the scholarship of the candidate.

Signature

Date: _____

Name of the Convener _____

Address: _____

Email: _____ Contact number: +91- _____