



Slip No.MU - 1507

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- SOYEL SHAIKH VALI SHAIKH
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2017BTECV00031 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EN101	Basic Electronics Engineering	1	4MA102	Engineering Mathematics II
2	4EL101	Basic Electrical Engineering	2	4AM101	Engineering Mechanics
3	4MA101	Engineering Mathematics I	3	4CV101	Basic Civil Engineering
4			4	4ME101	Basic Mechanical Engineering
5			5	4CH101	Chemistry for Civil and Mechanical Engin
6			6	4BS102	Elective on Basic Sciences: Material Sci
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 9 X ` 300 /-			Total Amount :- ` 2700/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Two Thousand Seven Hundred Only) and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1507	Pay Slip No. :- MU - 1507
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SOYEL SHAIKH VALI SHAIKH	Name:- SOYEL SHAIKH VALI SHAIKH
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2017BTECV00031	Exam Seat No:- 2017BTECV00031
Exam. Fee Rs Amount. : 2700/-	Exam. Fee Rs Amount. : 2700/-
In Words:- ` Two Thousand Seven Hundred Only	In Words:- ` Two Thousand Seven Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 2052

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- MRUNAL MURLIDHAR BHOYE
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2016BTECV00010 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EN101	Basic Electronics Engineering	1	4MA102	Engineering Mathematics II
2	4MA101	Engineering Mathematics I	2	4AM101	Engineering Mechanics
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 4 X ` 300 /-			Total Amount :- ` 1200/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One Thousand Two Hundred Only) and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 2052		Pay Slip No. :- MU - 2052	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- MRUNAL MURLIDHAR BHOYE		Name:- MRUNAL MURLIDHAR BHOYE	
Class & Branch:- First Year B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering	
Exam Seat No:- 2016BTECV00010		Exam Seat No:- 2016BTECV00010	
Exam. Fee Rs Amount. : 1200/-		Exam. Fee Rs Amount. : 1200/-	
In Words:- ` One Thousand Two Hundred Only		In Words:- ` One Thousand Two Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by Cashier		Checked by Cashier	

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1508

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- AJIT SURESH TAWASE
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2018BTECV00018 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL101	Basic Electrical Engineering	1	4CH101	Chemistry for Civil and Mechanical Engin
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Six Hundred Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 1508		Pay Slip No. :- MU - 1508	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- AJIT SURESH TAWASE		Name:- AJIT SURESH TAWASE	
Class & Branch:- First Year B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering	
Exam Seat No:- 2018BTECV00018		Exam Seat No:- 2018BTECV00018	
Exam. Fee Rs Amount. : 600/-		Exam. Fee Rs Amount. : 600/-	
In Words:- ` Six Hundred Only		In Words:- ` Six Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by Cashier		Checked by Cashier	

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1509

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- SAKSHI SANDEEPKUMAR RAJOBA
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2018BTECV00062 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL101	Basic Electrical Engineering	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three Hundred Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 1509		Pay Slip No. :- MU - 1509	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- SAKSHI SANDEEPKUMAR RAJOBA		Name:- SAKSHI SANDEEPKUMAR RAJOBA	
Class & Branch:- First Year B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering	
Exam Seat No:- 2018BTECV00062		Exam Seat No:- 2018BTECV00062	
Exam. Fee Rs Amount. : 300/-		Exam. Fee Rs Amount. : 300/-	
In Words:- ` Three Hundred Only		In Words:- ` Three Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by Cashier		Checked by Cashier	

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1510

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- VIKARANT SANTOSH UBHE
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2018BTECV00068 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4PH101	Physics for Civil and Mechanical Enginee	1	4CH101	Chemistry for Civil and Mechanical Engin
2	4MA101	Engineering Mathematics I	2	4MA102	Engineering Mathematics II
3	4EL101	Basic Electrical Engineering	3		
4	4EN101	Basic Electronics Engineering	4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 6 X ` 300 /-			Total Amount :- ` 1800/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One Thousand Eight Hundred Only) and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1510	Pay Slip No. :- MU - 1510
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- VIKARANT SANTOSH UBHE	Name:- VIKARANT SANTOSH UBHE
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2018BTECV00068	Exam Seat No:- 2018BTECV00068
Exam. Fee Rs Amount. : 1800/-	Exam. Fee Rs Amount. : 1800/-
In Words:- ` One Thousand Eight Hundred Only	In Words:- ` One Thousand Eight Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1511

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- NILISHA SANJAY TANDALE
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2018BTECV00085 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA101	Engineering Mathematics I	1	4CH101	Chemistry for Civil and Mechanical Engin
2	4EL101	Basic Electrical Engineering	2	4MA102	Engineering Mathematics II
3	4EN101	Basic Electronics Engineering	3	4BS102	Elective on Basic Sciences: Material Sci
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 6 X ` 300 /-			Total Amount :- ` 1800/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One Thousand Eight Hundred Only) and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1511	Pay Slip No. :- MU - 1511
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- NILISHA SANJAY TANDALE	Name:- NILISHA SANJAY TANDALE
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2018BTECV00085	Exam Seat No:- 2018BTECV00085
Exam. Fee Rs Amount. : 1800/-	Exam. Fee Rs Amount. : 1800/-
In Words:- ` One Thousand Eight Hundred Only	In Words:- ` One Thousand Eight Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1512

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- PIYUSH MANOJ MATHAKARI
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2018BTECV00086 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1			1	4CH101	Chemistry for Civil and Mechanical Engin
2			2	4MA102	Engineering Mathematics II
3			3	4AM101	Engineering Mechanics
4			4	4ME101	Basic Mechanical Engineering
5			5	4BS102	Elective on Basic Sciences: Material Sci
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 5 X ` 300 /-			Total Amount :- ` 1500/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One Thousand Five Hundred Only) and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1512	Pay Slip No. :- MU - 1512
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PIYUSH MANOJ MATHAKARI	Name:- PIYUSH MANOJ MATHAKARI
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2018BTECV00086	Exam Seat No:- 2018BTECV00086
Exam. Fee Rs Amount. : 1500/-	Exam. Fee Rs Amount. : 1500/-
In Words:- ` One Thousand Five Hundred Only	In Words:- ` One Thousand Five Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1513

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- DIGHE SUSHANT EKNATH
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00003 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1			1	4CH101	Chemistry for Civil and Mechanical Engin
2			2	4MA102	Engineering Mathematics II
3			3	4AM101	Engineering Mechanics
4			4	4BS102	Elective on Basic Sciences: Material Sci
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 4 X ` 300 /-			Total Amount :- ` 1200/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One Thousand Two Hundred Only) and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1513	Pay Slip No. :- MU - 1513
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- DIGHE SUSHANT EKNATH	Name:- DIGHE SUSHANT EKNATH
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2019BTECV00003	Exam Seat No:- 2019BTECV00003
Exam. Fee Rs Amount. : 1200/-	Exam. Fee Rs Amount. : 1200/-
In Words:- ` One Thousand Two Hundred Only	In Words:- ` One Thousand Two Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 2053

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- DIGHE SIDDHESH BHAUSAHEB
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00004 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4PH101	Physics for Civil and Mechanical Enginee	1	4CH101	Chemistry for Civil and Mechanical Engin
2	4MA101	Engineering Mathematics I	2	4MA102	Engineering Mathematics II
3	4EL101	Basic Electrical Engineering	3	4AM101	Engineering Mechanics
4	4EN101	Basic Electronics Engineering	4		
5	4HS101	English for Professional Communication	5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 8 X ` 300 /-			Total Amount :- ` 2400/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Two Thousand Four Hundred Only) and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 2053	Pay Slip No. :- MU - 2053
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- DIGHE SIDDHESH BHAUSAHEB	Name:- DIGHE SIDDHESH BHAUSAHEB
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2019BTECV00004	Exam Seat No:- 2019BTECV00004
Exam. Fee Rs Amount. : 2400/-	Exam. Fee Rs Amount. : 2400/-
In Words:- ` Two Thousand Four Hundred Only	In Words:- ` Two Thousand Four Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1514

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- PAWAR RAHUL ANNARAO
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00008 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL101	Basic Electrical Engineering	1	4CH101	Chemistry for Civil and Mechanical Engin
2	4EN101	Basic Electronics Engineering	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 3 X ` 300 /-			Total Amount :- ` 900/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Nine Hundred Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1514	Pay Slip No. :- MU - 1514
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PAWAR RAHUL ANNARAO	Name:- PAWAR RAHUL ANNARAO
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2019BTECV00008	Exam Seat No:- 2019BTECV00008
Exam. Fee Rs Amount. : 900/-	Exam. Fee Rs Amount. : 900/-
In Words:- ` Nine Hundred Only	In Words:- ` Nine Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1515

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- INGALE SHEWTA MAHADEV
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00011 4. Address _____
Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL101	Basic Electrical Engineering	1		
2	4EN101	Basic Electronics Engineering	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Six Hundred Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 1515		Pay Slip No. :- MU - 1515	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- INGALE SHEWTA MAHADEV		Name:- INGALE SHEWTA MAHADEV	
Class & Branch:- First Year B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering	
Exam Seat No:- 2019BTECV00011		Exam Seat No:- 2019BTECV00011	
Exam. Fee Rs Amount. : 600/-		Exam. Fee Rs Amount. : 600/-	
In Words:- ` Six Hundred Only		In Words:- ` Six Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by Cashier		Checked by Cashier	

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1516

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- PATIL PRATHMESH PRATAP
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00018 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA101	Engineering Mathematics I	1	4CH101	Chemistry for Civil and Mechanical Engin
2	4EN101	Basic Electronics Engineering	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 3 X ` 300 /-			Total Amount :- ` 900/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Nine Hundred Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 1516		Pay Slip No. :- MU - 1516	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- PATIL PRATHMESH PRATAP		Name:- PATIL PRATHMESH PRATAP	
Class & Branch:- First Year B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering	
Exam Seat No:- 2019BTECV00018		Exam Seat No:- 2019BTECV00018	
Exam. Fee Rs Amount. : 900/-		Exam. Fee Rs Amount. : 900/-	
In Words:- ` Nine Hundred Only		In Words:- ` Nine Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by Cashier		Checked by Cashier	

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1517

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- SAHIL SACHIN PATIL
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00024 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4PH101	Physics for Civil and Mechanical Enginee	1		
2	4MA101	Engineering Mathematics I	2		
3	4EN101	Basic Electronics Engineering	3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 3 X ` 300 /-			Total Amount :- ` 900/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Nine Hundred Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 1517		Pay Slip No. :- MU - 1517	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- SAHIL SACHIN PATIL		Name:- SAHIL SACHIN PATIL	
Class & Branch:- First Year B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering	
Exam Seat No:- 2019BTECV00024		Exam Seat No:- 2019BTECV00024	
Exam. Fee Rs Amount. : 900/-		Exam. Fee Rs Amount. : 900/-	
In Words:- ` Nine Hundred Only		In Words:- ` Nine Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by Cashier		Checked by Cashier	

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1518

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- SAIRAJ BHAGWAN KHADE
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00027 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4PH101	Physics for Civil and Mechanical Enginee	1		
2	4MA101	Engineering Mathematics I	2		
3	4EL101	Basic Electrical Engineering	3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 3 X ` 300 /-			Total Amount :- ` 900/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Nine Hundred Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1518	Pay Slip No. :- MU - 1518
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SAIRAJ BHAGWAN KHADE	Name:- SAIRAJ BHAGWAN KHADE
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2019BTECV00027	Exam Seat No:- 2019BTECV00027
Exam. Fee Rs Amount. : 900/-	Exam. Fee Rs Amount. : 900/-
In Words:- ` Nine Hundred Only	In Words:- ` Nine Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1519

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- JARI GAURAV SATISH
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00045 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL101	Basic Electrical Engineering	1		
2	4EN101	Basic Electronics Engineering	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Six Hundred Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1519	Pay Slip No. :- MU - 1519
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- JARI GAURAV SATISH	Name:- JARI GAURAV SATISH
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2019BTECV00045	Exam Seat No:- 2019BTECV00045
Exam. Fee Rs Amount. : 600/-	Exam. Fee Rs Amount. : 600/-
In Words:- ` Six Hundred Only	In Words:- ` Six Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1520

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- SAWANDKAR PANDHARINATH BHAGWAN
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00049 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA101	Engineering Mathematics I	1	4CH101	Chemistry for Civil and Mechanical Engin
2	4EL101	Basic Electrical Engineering	2		
3	4EN101	Basic Electronics Engineering	3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 4 X ` 300 /-			Total Amount :- ` 1200/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One Thousand Two Hundred Only) and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1520	Pay Slip No. :- MU - 1520
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SAWANDKAR PANDHARINATH BHAGWAN	Name:- SAWANDKAR PANDHARINATH BHAGWAN
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2019BTECV00049	Exam Seat No:- 2019BTECV00049
Exam. Fee Rs Amount. : 1200/-	Exam. Fee Rs Amount. : 1200/-
In Words:- ` One Thousand Two Hundred Only	In Words:- ` One Thousand Two Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1521

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- BOBADE HANUMANT SHESHNGAR
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00052 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4PH101	Physics for Civil and Mechanical Enginee	1	4CH101	Chemistry for Civil and Mechanical Engin
2	4MA101	Engineering Mathematics I	2		
3	4EL101	Basic Electrical Engineering	3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 4 X ` 300 /-			Total Amount :- ` 1200/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One Thousand Two Hundred Only) and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1521	Pay Slip No. :- MU - 1521
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- BOBADE HANUMANT SHESHNGAR	Name:- BOBADE HANUMANT SHESHNGAR
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2019BTECV00052	Exam Seat No:- 2019BTECV00052
Exam. Fee Rs Amount. : 1200/-	Exam. Fee Rs Amount. : 1200/-
In Words:- ` One Thousand Two Hundred Only	In Words:- ` One Thousand Two Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1522

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- TAGONG NYITAN
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00063 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA101	Engineering Mathematics I	1	4CH101	Chemistry for Civil and Mechanical Engin
2	4EL101	Basic Electrical Engineering	2	4MA102	Engineering Mathematics II
3	4EN101	Basic Electronics Engineering	3	4AM101	Engineering Mechanics
4			4	4BS101	Elective on Basic Sciences: Biology for
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 7 X ` 300 /-			Total Amount :- ` 2100/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Two Thousand One Hundred Only) and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1522	Pay Slip No. :- MU - 1522
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- TAGONG NYITAN	Name:- TAGONG NYITAN
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2019BTECV00063	Exam Seat No:- 2019BTECV00063
Exam. Fee Rs Amount. : 2100/-	Exam. Fee Rs Amount. : 2100/-
In Words:- ` Two Thousand One Hundred Only	In Words:- ` Two Thousand One Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1523

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- LALUNG WAGE
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00064 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA101	Engineering Mathematics I	1	4MA102	Engineering Mathematics II
2	4EL101	Basic Electrical Engineering	2		
3	4EN101	Basic Electronics Engineering	3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 4 X ` 300 /-			Total Amount :- ` 1200/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One Thousand Two Hundred Only) and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1523	Pay Slip No. :- MU - 1523
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- LALUNG WAGE	Name:- LALUNG WAGE
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2019BTECV00064	Exam Seat No:- 2019BTECV00064
Exam. Fee Rs Amount. : 1200/-	Exam. Fee Rs Amount. : 1200/-
In Words:- ` One Thousand Two Hundred Only	In Words:- ` One Thousand Two Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1524

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- TOPKAR ADITYA RAVINDRA
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00077 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA101	Engineering Mathematics I	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three Hundred Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 1524		Pay Slip No. :- MU - 1524	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- TOPKAR ADITYA RAVINDRA		Name:- TOPKAR ADITYA RAVINDRA	
Class & Branch:- First Year B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering	
Exam Seat No:- 2019BTECV00077		Exam Seat No:- 2019BTECV00077	
Exam. Fee Rs Amount. : 300/-		Exam. Fee Rs Amount. : 300/-	
In Words:- ` Three Hundred Only		In Words:- ` Three Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by Cashier		Checked by Cashier	

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1525

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- MULLA AFIYA MANSUR
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00078 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EN101	Basic Electronics Engineering	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three Hundred Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 1525		Pay Slip No. :- MU - 1525	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- MULLA AFIYA MANSUR		Name:- MULLA AFIYA MANSUR	
Class & Branch:- First Year B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering	
Exam Seat No:- 2019BTECV00078		Exam Seat No:- 2019BTECV00078	
Exam. Fee Rs Amount. : 300/-		Exam. Fee Rs Amount. : 300/-	
In Words:- ` Three Hundred Only		In Words:- ` Three Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by Cashier		Checked by Cashier	

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1526

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- KULKARNI BHAGYESH MILIND
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00081 4. Address _____
Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA101	Engineering Mathematics I	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three Hundred Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 1526		Pay Slip No. :- MU - 1526	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- KULKARNI BHAGYESH MILIND		Name:- KULKARNI BHAGYESH MILIND	
Class & Branch:- First Year B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering	
Exam Seat No:- 2019BTECV00081		Exam Seat No:- 2019BTECV00081	
Exam. Fee Rs Amount. : 300/-		Exam. Fee Rs Amount. : 300/-	
In Words:- ` Three Hundred Only		In Words:- ` Three Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by Cashier		Checked by Cashier	

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1527

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- JUNAID HAMID DAR
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00083 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4PH101	Physics for Civil and Mechanical Enginee	1	4CH101	Chemistry for Civil and Mechanical Engin
2	4MA101	Engineering Mathematics I	2	4MA102	Engineering Mathematics II
3	4EL101	Basic Electrical Engineering	3	4AM101	Engineering Mechanics
4	4EN101	Basic Electronics Engineering	4	4ME101	Basic Mechanical Engineering
5	4HS101	English for Professional Communication	5	4BS101	Elective on Basic Sciences: Biology for
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 10 X ` 300 /-			Total Amount :- ` 3000/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three Thousand Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1527	Pay Slip No. :- MU - 1527
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- JUNAID HAMID DAR	Name:- JUNAID HAMID DAR
Class & Branch:- First Year B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering
Exam Seat No:- 2019BTECV00083	Exam Seat No:- 2019BTECV00083
Exam. Fee Rs Amount. : 3000/-	Exam. Fee Rs Amount. : 3000/-
In Words:- ` Three Thousand Only	In Words:- ` Three Thousand Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

credit to: **Examination fee (EXAM CELL) A/C**



Slip No.MU - 1528

Makeup Examination June/July 2019

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- ADAKE SUPRIYA SAMPAT
2. Class & Branch : - First Year B.Tech Civil Engineering
3. Exam Seat No:2019BTECV00084 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL101	Basic Electrical Engineering	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

(* Late Fee /- + Exam Fee /-)

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three Hundred Only)
and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 1528		Pay Slip No. :- MU - 1528	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- ADAKE SUPRIYA SAMPAT		Name:- ADAKE SUPRIYA SAMPAT	
Class & Branch:- First Year B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering	
Exam Seat No:- 2019BTECV00084		Exam Seat No:- 2019BTECV00084	
Exam. Fee Rs Amount. : 300/-		Exam. Fee Rs Amount. : 300/-	
In Words:- ` Three Hundred Only		In Words:- ` Three Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by Cashier		Checked by Cashier	

credit to: **Examination fee (EXAM CELL) A/C**