

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.

	 Name of student:- SOYEL SHAIKH VALI SHAIKH Class & Branch : - First Year B. Tech Civil Engineering Exam Seat No:2017BTECV00031 4. Address Email :							
	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 Na	me		
1	4EN101	Basic Electronics Engineering	1 4MA102 Engineering Mathematics II			Ι		
2	4EL101	Basic Electrical Engineering	2	4AM101	Engineering Mechanics			
3	4MA101	Engineering Mathematics I	3	4CV101	Basic Civil Engineering			
4			4	4ME101	Basic Mechanical Engineer	ing		
5			5	4CH101	Chemistry for Civil and Me	chanical 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) :- MU - 1507 :- MU - 1507 Pay Slip No. Pay Slip No. 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



Total Amount :- ` 1200/-

Slip No.MU - 2052

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.

 Name of student:- MRUNAL MURLIDHAR BHOYE Class & Branch : - First Year B.Tech Civil Engineering Exam Seat No:2016BTECV00010 4. Address 					Affix recent photograph		
Email :Phone No./Mobile No.:						X	
	Courses of semester						
		Semester I			Semester II		
Sr.	r. Code Course Name Si		Sr.	Code	Course Na	me	
	4EN101	Basic Electronics Engineering	1 4MA102 Engineering Mathematics II				
	4MA101	Engineering Mathematics I	2	4AM101	Engineering Mechanics		
			3				

5 6

7 8

9

10

(* Late Fee

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

Exam Fee:- 4 X ` 300 /-

Receipt of Exam cell:

(Signature of student)

2 3

5

6

8

g 10

Checked by

Date:

Cashier

Date

/- + Exam Fee

/-)

RECEIPT (ACCOUNTS COPV) Т T

RECEIPT (ACCOUNTS COPY)		RECEIPT	(STUDENT COPY)	
WALCHAND COLLEGE OF F	NGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGI		
(An Autonomou	s Institute)	(An Auto	onomous Institute)	
Pay Slip No. :- MU - 2052		Pay Slip No. :- MU - 2	2052	
Makeup Examination June/J	uly 2019	Makeup Examination J	une/July 2019	
Name:- MRUNAL MURLIDHA	R BHOYE	Name:- MRUNAL MURLIDHAR BHOYE		
Class & Branch:- First Year B.7	ech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering		
Exam Seat No:- 2016BTECV00	010	Exam Seat No:- 2016BTECV00010		
Exam. Fee Rs Amount. : 1200/-		Exam. Fee Rs Amount. : 1200/-		
In Words:- ` One Thousand Tw	o Hundred Only	In Words:- ` One Thousand Two Hundred Only		
Date:-		Date:-		
Signature of student:-		Signature of student:-		
Checked by	Cashier	Checked by	Cashier	



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 FFS grade for concerned course/s.

Semester I	Semes	ter II			
Courses of semester					
5. Details of the courses for which I wish to appear for t					
Email :Phone No./Mobile No.:	X				
3. Exam Seat No:2018BTECV00018 4. Address	photograph x				
2. Class & Branch : - First Year B. Tech Civil Engineering		Affix recent			
1. Name of student:- AJIT SURESH TAWASE					

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

(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

/- + Exam Fee

/-)

RECEIPT (ACCOUNTS COPY)			RECEIPT (STUDENT COPY)		
WALCHAND COLLEGE OF ENGINEERING, SANGLI			WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autonome	ous Institute)		(An Auto	nomous Institute)	
Pay Slip No. :- MU - 1508			Pay Slip No. :- MU - 1	508	
Makeup Examination June	/July 2019		Makeup Examination J	une/July 2019	
Name:- AJIT SURESH TAWA	ASE		Name:- AJIT SURESH T	AWASE	
Class & Branch:- First Year E	B. Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering		
Exam Seat No:- 2018BTECV	00018		Exam Seat No:- 2018BTECV00018		
Exam. Fee Rs Amount. : 600/	-		Exam. Fee Rs Amount. : 600/-		
In Words:- ` Six Hundred On	ly		In Words:- ` Six Hundred Only		
Date:-			Date:-		
Signature of student:-			Signature of student:-		
		ΙΓ			
Checked by	Cashier		Checked by	Cashier	



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						
	2. Class & Branch : - First Year B. Tech Civil Engineering						
	3. Exam Se	at No:2018BTECV00062 4. Address				photograph	
	Email :	Phone No./Mobile No.:				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 Na	me	
	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

RECEIPT (ACCOUNTS COPY)			RECEIPT	(STUDENT COPY)	
WALCHAND COLLEGE (DF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autonoi	nous Institute)		(An Aut	conomous Institute)	
Pay Slip No. :- MU - 150	9		Pay Slip No. :- MU -	1509	
Makeup Examination June/July 2019			Makeup Examination	June/July 2019	
Name:- SAKSHI SANDEEP	KUMAR RAJOBA		Name:- SAKSHI SANDEEPKUMAR RAJOBA		
Class & Branch:- First Year	B.Tech Civil Engineering		Class & Branch:- First Year B. Tech Civil Engineering		
Exam Seat No:- 2018BTEC	V00062		Exam Seat No:- 2018BTECV00062		
Exam. Fee Rs Amount. : 30	0/-		Exam. Fee Rs Amount. : 300/-		
In Words:- ` Three Hundred	d Only		In Words:- ` Three Hundred Only		
Date:-			Date:-		
Signature of student:-			Signature of student:-		
Checked by	Cashier		Checked by	Cashier	



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	Affix recent
3. Exam Seat No:2018BTECV00068 4. Address	photograph
Email :Phone No./Mobile No.:	X
	l .

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) :- MU - 1510 :- MU - 1510 Pay Slip No. Pay Slip No. 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



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							
	Affix recent						
	3. Exam Se	at No:2018BTECV00085 4. Address				photograph	
	Email :	Phone No./Mobile No.:				X	
		Courses of	f sen	nester			
		Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Na	me	
1	4MA101	Engineering Mathematics I	1	4CH101	Chemistry for Civil and Me	echanical Engin	
2	4EL101	Basic Electrical Engineering	2	4MA102	Engineering Mathematics I	I	
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

RECEIPT (A	ACCOUNTS COPY)	RECEIPT (STUDENT COPY)			
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLE	WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autor	nomous Institute)	(An Au	tonomous Institute)		
Pay Slip No. :- MU - 1	511	Pay Slip No. :- MU -	1511		
Makeup Examination J	une/July 2019	Makeup Examination	June/July 2019		
Name:- NILISHA SANJA	Y TANDALE	Name:- NILISHA SANJ	AY TANDALE		
Class & Branch:- First Ye	ear B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering			
Exam Seat No:- 2018BTE	CV00085	Exam Seat No:- 2018B	Exam Seat No:- 2018BTECV00085		
Exam. Fee Rs Amount. :	1800/-	Exam. Fee Rs Amount. : 1800/-			
In Words:- ` One Thousa	nd Eight Hundred Only	In Words:- ` One Thou	In Words:- ` One Thousand Eight Hundred Only		
Date:-		Date:-			
Signature of student:-		Signature of student:-			
Checked by	Cashier	Checked by	Cashier		



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 Sea	at No:2018BTECV00086 4. Address				photograph	
	Email :	Phone No./Mobile No.:				X	
	5. Details o	of the courses for which I wish to appear for the	1e ex	amination:			
		Courses of	f sen	nester			
		Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Na	me	
1			1	4CH101	Chemistry for Civil and Me	echanical Engin	
2			2	4MA102	Engineering Mathematics I	Ι	
3			3	4AM101	Engineering Mechanics		
4			4	4ME101	Basic Mechanical Engineer	ing	
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) :- MU - 1512 :- MU - 1512 Pay Slip No. Pay Slip No. 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



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 Sea	at No:2019BTECV00003 4. Address				photograph		
	Email :	Phone No./Mobile No.:				X		
5. Details of the courses for which I wish to appear for the examination:								
		Courses o	f sen	nester				
		Semester I			Semester II			
Sr.	Code	Course Name	Sr.	Code	Course Na	me		
1			1	4CH101	Chemistry for Civil and Me	echanical Engin		
2			2	4MA102	Engineering Mathematics I	Ι		
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

RECEIPT (A	ACCOUNTS COPY)	RECEIP	RECEIPT (STUDENT COPY)			
WALCHAND COLLEGE	E OF ENGINEERING, SANGLI	WALCHAND COLLE	WALCHAND COLLEGE OF ENGINEERING, SANGLI			
(An Autor	nomous Institute)	(An Au	tonomous Institute)			
Pay Slip No. :- MU - 1	513	Pay Slip No. :- MU -	- 1513			
Makeup Examination J	une/July 2019	Makeup Examination	June/July 2019			
Name:- DIGHE SUSHAN	T EKNATH	Name:- DIGHE SUSHA	ANT EKNATH			
Class & Branch:- First Ye	ear B. Tech Civil Engineering	Class & Branch:- First	Class & Branch:- First Year B.Tech Civil Engineering			
Exam Seat No:- 2019BTE	ECV00003	Exam Seat No:- 2019B	Exam Seat No:- 2019BTECV00003			
Exam. Fee Rs Amount. :	1200/-	Exam. Fee Rs Amount.	: 1200/-			
In Words:- ` One Thousa	nd Two Hundred Only	In Words:- ` One Thou	sand Two Hundred Only			
Date:-		Date:-	Date:-			
Signature of student:-		Signature of student:-				
Checked by	Cashier	Checked by	Cashier			



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.

Semester I						
Courses of semester						
5. Details of the courses for which I wish to appear for						
Email :Phone No./Mobile No.:	X					
3. Exam Seat No:2019BTECV00004 4. Address	photograph x					
2. Class & Branch : - First Year B.Tech Civil Engineering	Affix recent					
1. Name of student:- DIGHE SIDDHESH BHAUSAHEB						

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) :- MU - 2053 :- MU - 2053 Pay Slip No. Pay Slip No. 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



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 FFS grade for concerned course/s.

Sr	Code	Course Name	Sr	Sr Code Course Name				
		Semester I			Semester II			
		Cours	ses of sen	nester				
	5. Details of the courses for which I wish to appear for the examination:							
	Email :	Phone No./Mobile No.:.				x		
	3. Exam Seat No:2019BTECV00008 4. Address							
	2. Class & Branch : - First Year B. Tech Civil Engineering							
	1. Name of	student:- PAWAR RAHUL ANNARAO						

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

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) :- MU - 1514 :- MU - 1514 Pay Slip No. Pay Slip No. 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



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 FFS grade for concerned course/s.

	1. Name of	student:- INGALE SHEWTA MAHADEV						
	2. Class & I		Affix recent					
	3. Exam Sea	at No:2019BTECV00011 4. Address				photograph		
	Email :	Phone No./Mobile No.:				X		
	5. Details o	f the courses for which I wish to appear for t	he exa	mination:				
	Courses of semester							
		Semester I			Semester II			
Sr.	Code	Course Name	Sr.	Code	Course Na	me		
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

e /-)

(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

RECEIPT (ACCOUNTS COPY)			RECEIPT (STUDENT COPY)			
WALCHAND COLLEGE (OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI			
(An Autonoi	nous Institute)		(An Aut	onomous Institute)		
Pay Slip No. :- MU - 151	5		Pay Slip No. :- MU -	1515		
Makeup Examination Jun	e/July 2019		Makeup Examination	June/July 2019		
Name:- INGALE SHEWTA	MAHADEV		Name:- INGALE SHEW	TA MAHADEV		
Class & Branch:- First Year	B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering			
Exam Seat No:- 2019BTEC	V00011		Exam Seat No:- 2019BTECV00011			
Exam. Fee Rs Amount. : 60	0/-		Exam. Fee Rs Amount. : 600/-			
In Words:- ` Six Hundred C	nly		In Words:- ` Six Hundred Only			
Date:-			Date:-			
Signature of student:-			Signature of student:-			
Checked by	Cashier		Checked by	Cashier		



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 Sea	at No:2019BTECV00018 4. Address				photograph	
	Email :	Phone No./Mobile No.:				X	
	5. Details of	f the courses for which I wish to appear for the	ne ex	amination:			
		Courses of	f sem	nester			
		Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Na	me	
1	4MA101	Engineering Mathematics I	1	4CH101	Chemistry for Civil and Me	chanical 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 /-

(* Late Fee /- + Exam Fee

/-)

Total Amount :- ` 900/-

(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) :- MU - 1516 :- MU - 1516 Pay Slip No. Pay Slip No. 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



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 FFS grade for concerned course/s.

	1. Name of	student:- SAHIL SACHIN PATIL					
	2. Class &		Affix recent				
	3. Exam Se	at No:2019BTECV00024 4. Address				photograph	
	Email :	Phone No./Mobile No.:				X	
	5. Details o	of the courses for which I wish to appear for	the exa	mination:			
	Courses of semester						
		Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Na	me	
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 /	-		Tota	l Amount :- ` 900/-	

(* Late Fee /- + Exam Fee

ee /-)

(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) :- MU - 1517 :- MU - 1517 Pay Slip No. Pay Slip No. 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



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 Se	at No:2019BTECV00027 4. Address				photograph	
	Email :	Phone No./Mobile No.:				X	
	5. Details o	of the courses for which I wish to appear for	the exa	mination:			
	Courses of semester						
		Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Na	me	
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 Auton	omous Institute)	(An Aut	tonomous Institute)	
Pay Slip No. :- MU - 15	518	Pay Slip No. :- MU -	1518	
Makeup Examination Ju	ine/July 2019	Makeup Examination	June/July 2019	
Name:- SAIRAJ BHAGWA	AN KHADE	Name:- SAIRAJ BHAGWAN KHADE		
Class & Branch:- First Ye	ar B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering		
Exam Seat No:- 2019BTE	CV00027	Exam Seat No:- 2019BTECV00027		
Exam. Fee Rs Amount. : 9	000/-	Exam. Fee Rs Amount. : 900/-		
In Words:- ` Nine Hundre	d Only	In Words:- ` Nine Hundred Only		
Date:-		Date:-		
Signature of student:-		Signature of student:-		
Checked by	Cashier	Checked by	Cashier	



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 FFS grade for concerned course/s.

	1. Name of	student:- JARI GAURAV SATISH					
	2. Class & Branch : - First Year B. Tech Civil Engineering					Affix recent	
	3. Exam Sea	at No:2019BTECV00045 4. Address				photograph	
	Email :	Phone No./Mobile No.:				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 Na	me	
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

ee /-)

(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

RECEIPT (A	CCOUNTS COPY)	RECEIPT	(STUDENT COPY)		
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND COLLEC	WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autone	omous Institute)	(An Aut	onomous Institute)		
Pay Slip No. :- MU - 15	19	Pay Slip No. :- MU -	1519		
Makeup Examination Ju	ne/July 2019	Makeup Examination .	June/July 2019		
Name:- JARI GAURAV SA	ATISH	Name:- JARI GAURAV	SATISH		
Class & Branch:- First Yea	r B.Tech Civil Engineering	Class & Branch:- First Year B. Tech Civil Engineering			
Exam Seat No:- 2019BTE	CV00045	Exam Seat No:- 2019BTECV00045			
Exam. Fee Rs Amount. : 6	00/-	Exam. Fee Rs Amount. : 600/-			
In Words:- ` Six Hundred	Only	In Words:- ` Six Hundre	In Words:- ` Six Hundred Only		
Date:-		Date:-			
Signature of student:-		Signature of student:-			
Checked by	Cashier	Checked by	Cashier		



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.

 Name of student:- SAWANDKAR PANDHARINATH E Class & Branch : - First Year B.Tech Civil Engineering Exam Seat No:2019BTECV00049 4. Address Email :	Affix recent photograph X			
Courses of semester				
Semester I				

	Semester 1			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:

Cashier

Date

RECEIPT (ACCOUNTS COPY) RECEIPT (STUDENT COPY) WALCHAND COLLEGE OF ENGINEERING, SANGLI WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) (An Autonomous Institute) :- MU - 1520 :- MU - 1520 Pay Slip No. Pay Slip No. 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

Checked	by
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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	Affix recent
3. Exam Seat No:2019BTECV00052 4. Address	photograph
Email :Phone No./Mobile No.:	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) :- MU - 1521 :- MU - 1521 Pay Slip No. Pay Slip No. 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



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 Se	at No:2019BTECV00063 4. Address				photograph x	
	Email :						
	5. Details of the courses for which I wish to appear for the examination:						
		Courses o	f sen	nester			
	Semester I Semester II						
Sr.	Code	Course Name	Sr.	Code	Course Na	me	
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

RECEIPT (A	CCOUNTS COPY)		RECEIPT	(STUDENT COPY)	
WALCHAND COLLEGE	OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Auton	omous Institute)		(An Au	tonomous Institute)	
Pay Slip No. :- MU - 1	522		Pay Slip No. :- MU -	1522	
Makeup Examination Ju	ine/July 2019		Makeup Examination	June/July 2019	
Name:- TAGONG NYITA	N		Name:- TAGONG NYI	TAN	
Class & Branch:- First Year B.Tech Civil Engineering			Class & Branch:- First Year B. Tech Civil Engineering		
Exam Seat No:- 2019BTE	CV00063		Exam Seat No:- 2019BTECV00063		
Exam. Fee Rs Amount. : 2	2100/-		Exam. Fee Rs Amount. : 2100/-		
In Words:- ` Two Thousa	nd One Hundred Only		In Words:- ` Two Thousand One Hundred Only		
Date:-			Date:-		
Signature of student:-			Signature of student:-		
		[
Checked by	Cashier		Checked by	Cashier	



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 FFS grade for concerned course/s.

	 Name of student:- LALUNG WAGE Class & Branch : - First Year B. Tech Civil Engineering Exam Seat No:2019BTECV00064 4. Address 					
	Email :					
Courses of semester						
	i	Semester I		1	Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	
1	4MA101	Engineering Mathematics I	1	4MA102	Engineering Mathematics I	Ι
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

(* 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) :- MU - 1523 :- MU - 1523 Pay Slip No. Pay Slip No. 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



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 FFS grade for concerned course/s.

	 Name of student:- TOPKAR ADITYA RAVINDRA Class & Branch : - First Year B.Tech Civil Engineering Exam Seat No:2019BTECV00077 4. Address Email :					Affix recent photograph x
Courses of semester						
Semester I Semester II						
Sr.	Code	Course Name	Sr.	Code	Course Na	me
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

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:

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Cashier

RECEIPT (A	CCOUNTS COPY)	RECE	IPT (STUDENT COPY)
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND COL	LEGE OF ENGINEERING, SANGLI
(An Autono	mous Institute)	(An	Autonomous Institute)
Pay Slip No. :- MU - 152	24	Pay Slip No. :- M	U - 1524
Makeup Examination Ju	1e/July 2019	Makeup Examinati	ion June/July 2019
Name:- TOPKAR ADITYA	RAVINDRA	Name:- TOPKAR AI	DITYA RAVINDRA
Class & Branch:- First Yea	r B. Tech Civil Engineering	Class & Branch:- Fir	rst Year B. Tech Civil Engineering
Exam Seat No:- 2019BTEC	2V00077	Exam Seat No:- 201	9BTECV00077
Exam. Fee Rs Amount. : 30	00/-	Exam. Fee Rs Amount. : 300/-	
In Words:- ` Three Hundre	d Only	In Words:- ` Three I	Hundred Only
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by	Cashier	Checked by	Cashier



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 & 1	Branch : - First Year B. Tech Civil Engineering		Affix recent		
	3. Exam Sea	at No:2019BTECV00078 4. Address				photograph
	Email :	Phone No./Mobile No.:				X
5. Details of the courses for which I wish to appear for the examination:						
		Courses o	f sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
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

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) :- MU - 1525 :- MU - 1525 Pay Slip No. Pay Slip No. 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



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.

	 Name of student:- KULKARNI BHAGYESH MILIND Class & Branch : - First Year B.Tech Civil Engineering Exam Seat No:2019BTECV00081 4. Address Email :					Affix recent photograph X
		Courses of				
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
	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

RECEIPT (A	CCOUNTS COPY)		RECEIPT	(STUDENT COPY)	
WALCHAND COLLEGE	OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGL		
(An Autono	omous Institute)		(An Autonomous Institute)		
Pay Slip No. :- MU - 15	26		Pay Slip No. :- MU -	1526	
Makeup Examination Ju	ne/July 2019		Makeup Examination	June/July 2019	
Name:- KULKARNI BHAC	YESH MILIND		Name:- KULKARNI BH	AGYESH MILIND	
Class & Branch:- First Yea	r B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering		
Exam Seat No:- 2019BTEC	CV00081		Exam Seat No:- 2019BTECV00081		
Exam. Fee Rs Amount. : 3	00/-		Exam. Fee Rs Amount. : 300/-		
In Words:- ` Three Hundre	ed Only		In Words:- ` Three Hundred Only		
Date:-			Date:-		
Signature of student:-		Signature of student:-			
Checked by	Cashier		Checked by	Cashier	



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 Sea	at No:2019BTECV00083 4. Address				photograph		
	Email :							
	5. Details o	f the courses for which I wish to appear for t	he ex	amination:				
		Courses o	f sen	nester				
		Semester I			Semester II			
Sr.	Code	Course Name	Sr.	Sr. Code Course Name		me		
1	4PH101	Physics for Civil and Mechanical Enginee	1	4CH101	Chemistry for Civil and Me	echanical Engin		
2	4MA101	Engineering Mathematics I	2	4MA102	Engineering Mathematics I	I		
3	4EL101	Basic Electrical Engineering	3	4AM101	Engineering Mechanics			
4	4EN101	Basic Electronics Engineering	4	4ME101	Basic Mechanical Engineer	ing		
5	4HS101	English for Professional Communication	5 4BS101 Elective on Basic Sciences: Biology for		: Biology for			
6			6					
7			7					
8			8					
9			9					
10			10					

Exam Fee:- 10 X ` 300 /-

(* Late Fee /- + Exam Fee

/-)

Total Amount :- ` 3000/-

(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

RECEIPT (A	CCOUNIS COPY)		RECEIPT	(STUDENT COPY)	
WALCHAND COLLEGE	OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGL		
(An Autono	omous Institute)		(An Autonomous Institute)		
Pay Slip No. :- MU - 15	27		Pay Slip No. :- MU -	1527	
Makeup Examination Ju	ne/July 2019		Makeup Examination	June/July 2019	
Name:- JUNAID HAMID	DAR		Name:- JUNAID HAMII	D DAR	
Class & Branch:- First Yea	r B.Tech Civil Engineering		Class & Branch:- First Year B.Tech Civil Engineering		
Exam Seat No:- 2019BTE	CV00083		Exam Seat No:- 2019BTECV00083		
Exam. Fee Rs Amount. : 3	000/-		Exam. Fee Rs Amount. : 3000/-		
In Words:- ` Three Thous	and Only		In Words:- ` Three Thousand Only		
Date:-			Date:-		
Signature of student:-			Signature of student:-		
		1			
Checked by	Cashier		Checked by	Cashier	



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 FFS grade for concerned course/s.

	1. Name of student:- ADAKE SUPRIYA SAMPAT						
	2. Class & Branch : - First Year B. Tech Civil Engineering						
	3. Exam Se	at No:2019BTECV00084 4. Address				photograph	
	Email :	Phone No./Mobile No.:				X	
	5. Details of	of the courses for which I wish to appear for t	he exa	mination:			
		Courses o	f sem	ester			
		Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Na	me	
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 :- `						

(* Late Fee /- + Exam Fee

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

RECEIPT (A	CCOUNTS COPY)	RECEIPT	(STUDENT COPY)
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND COLLE	GE OF ENGINEERING, SANGLI
(An Autono	omous Institute)	(An Au	tonomous Institute)
Pay Slip No. :- MU - 15	28	Pay Slip No. :- MU -	1528
Makeup Examination Ju	ne/July 2019	Makeup Examination	June/July 2019
Name:- ADAKE SUPRIYA	SAMPAT	Name:- ADAKE SUPRI	YA SAMPAT
Class & Branch:- First Yea	r B.Tech Civil Engineering	Class & Branch:- First Year B.Tech Civil Engineering	
Exam Seat No:- 2019BTE	CV00084	Exam Seat No:- 2019BTECV00084	
Exam. Fee Rs Amount. : 3	00/-	Exam. Fee Rs Amount. : 300/-	
In Words:- ` Three Hundre	ed Only	In Words:- ` Three Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by	Cashier	Checked by	Cashier