



Makeup Examination June/July 2019

Slip No.MU - 1573

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:- SALONI SUNIL AMBI
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00004 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

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

| Courses of semester | | | | | |
|--------------------------------|--------|--|---------------------------------|--------|---------------------------------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4PH102 | Physics for Electrical and Electronics E | 1 | 4MA102 | Engineering Mathematics II |
| 2 | 4MA101 | Engineering Mathematics I | 2 | 4AM102 | Introduction to Engineering Mechanics |
| 3 | 4EL101 | Basic Electrical Engineering | 3 | | |
| 4 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1573 | | Pay Slip No. :- MU - 1573 | |
| Makeup Examination June/July 2019 | | Makeup Examination June/July 2019 | |
| Name:- SALONI SUNIL AMBI | | Name:- SALONI SUNIL AMBI | |
| Class & Branch:- First Year B.Tech Electronics Engineering | | Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2018BTEEN00004 | | Exam Seat No:- 2018BTEEN00004 | |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1578

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:- PRATIK SUNIL PATIL
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00031 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 | 4PH102 | Physics for Electrical and Electronics E | 1 | 4CH102 | Chemistry for Electrical and Electronics |
| 2 | 4HS101 | English for Professional Communication | 2 | 4MA102 | Engineering Mathematics II |
| 3 | 4MA101 | Engineering Mathematics I | 3 | 4AM102 | Introduction to Engineering Mechanics |
| 4 | 4EL101 | Basic Electrical Engineering | 4 | 4CV101 | Basic Civil Engineering |
| 5 | 4ME101 | Basic Mechanical Engineering | 5 | | |
| 6 | | | 6 | | |
| 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 - 1578 | Pay Slip No. :- MU - 1578 |
| Makeup Examination June/July 2019 | Makeup Examination June/July 2019 |
| Name:- PRATIK SUNIL PATIL | Name:- PRATIK SUNIL PATIL |
| Class & Branch:- First Year B.Tech Electronics Engineering | Class & Branch:- First Year B.Tech Electronics Engineering |
| Exam Seat No:- 2018BTEEN00031 | Exam Seat No:- 2018BTEEN00031 |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1582

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:- ADITYA PRAKASHRAO VILHEKAR
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00053 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 | 4PH102 | Physics for Electrical and Electronics E | 1 | 4CH102 | Chemistry for Electrical and Electronics |
| 2 | 4MA101 | Engineering Mathematics I | 2 | 4MA102 | Engineering Mathematics II |
| 3 | 4EL101 | Basic Electrical Engineering | 3 | 4AM102 | Introduction to Engineering Mechanics |
| 4 | 4ME101 | Basic Mechanical Engineering | 4 | 4CV101 | Basic Civil Engineering |
| 5 | | | 5 | 4BS102 | Elective on Basic Sciences: Material Sci |
| 6 | | | 6 | | |
| 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 (An Autonomous Institute) | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) |
| Pay Slip No. :- MU - 1582 | Pay Slip No. :- MU - 1582 |
| Makeup Examination June/July 2019 | Makeup Examination June/July 2019 |
| Name:- ADITYA PRAKASHRAO VILHEKAR | Name:- ADITYA PRAKASHRAO VILHEKAR |
| Class & Branch:- First Year B.Tech Electronics Engineering | Class & Branch:- First Year B.Tech Electronics Engineering |
| Exam Seat No:- 2018BTEEN00053 | Exam Seat No:- 2018BTEEN00053 |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1587

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:- VENKATESHA APPASAHEB YASHWANT
- Class & Branch : - First Year B.Tech Electronics Engineering
- Exam Seat No:2018BTEEN00069 4. Address _____
- Email :.....Phone No./Mobile No.:.....
- Details of the courses for which I wish to appear for the examination:

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

| 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 (An Autonomous Institute) | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) |
| Pay Slip No. :- MU - 1587 | Pay Slip No. :- MU - 1587 |
| Makeup Examination June/July 2019 | Makeup Examination June/July 2019 |
| Name:- VENKATESHA APPASAHEB YASHWANT | Name:- VENKATESHA APPASAHEB YASHWANT |
| Class & Branch:- First Year B.Tech Electronics Engineering | Class & Branch:- First Year B.Tech Electronics Engineering |
| Exam Seat No:- 2018BTEEN00069 | Exam Seat No:- 2018BTEEN00069 |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1590

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:- RAVAL KRUTIKA DEEPAK
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00003 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

Affix recent photograph
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| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) |
| Pay Slip No. :- MU - 1590 | Pay Slip No. :- MU - 1590 |
| Makeup Examination June/July 2019 | Makeup Examination June/July 2019 |
| Name:- RAVAL KRUTIKA DEEPAK | Name:- RAVAL KRUTIKA DEEPAK |
| Class & Branch:- First Year B.Tech Electronics Engineering | Class & Branch:- First Year B.Tech Electronics Engineering |
| Exam Seat No:- 2019BTEEN00003 | Exam Seat No:- 2019BTEEN00003 |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1593

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:- KATHAR GAURAV KRISHNA
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00011 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

Affix recent
photograph
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| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) |
| Pay Slip No. :- MU - 1593 | Pay Slip No. :- MU - 1593 |
| Makeup Examination June/July 2019 | Makeup Examination June/July 2019 |
| Name:- KATHAR GAURAV KRISHNA | Name:- KATHAR GAURAV KRISHNA |
| Class & Branch:- First Year B.Tech Electronics Engineering | Class & Branch:- First Year B.Tech Electronics Engineering |
| Exam Seat No:- 2019BTEEN00011 | Exam Seat No:- 2019BTEEN00011 |
| 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 | Checked by |
| Cashier | Cashier |

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



Makeup Examination June/July 2019

Slip No.MU - 1598

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:- PATKI UTKARSH SUBHASH
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00016 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

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

| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4ME101 | Basic Mechanical 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) | |
|--|---------|
| WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1598 | |
| Makeup Examination June/July 2019 | |
| Name:- PATKI UTKARSH SUBHASH | |
| Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00016 | |
| Exam. Fee Rs Amount. : 300/- | |
| In Words:- ` Three Hundred Only | |
| Date:- | |
| Signature of student:- | |
| Checked by | Cashier |

| RECEIPT (STUDENT COPY) | |
|--|---------|
| WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1598 | |
| Makeup Examination June/July 2019 | |
| Name:- PATKI UTKARSH SUBHASH | |
| Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00016 | |
| Exam. Fee Rs Amount. : 300/- | |
| In Words:- ` Three Hundred Only | |
| Date:- | |
| Signature of student:- | |
| Checked by | Cashier |

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



Makeup Examination June/July 2019

Slip No.MU - 1600

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 VISHAL VISHNU
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00019 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

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

| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1600 | | Pay Slip No. :- MU - 1600 | |
| Makeup Examination June/July 2019 | | Makeup Examination June/July 2019 | |
| Name:- PAWAR VISHAL VISHNU | | Name:- PAWAR VISHAL VISHNU | |
| Class & Branch:- First Year B.Tech Electronics Engineering | | Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00019 | | Exam Seat No:- 2019BTEEN00019 | |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1602

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:- NIKAM VAIBHAV MANOHAR
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00020 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

Affix recent photograph
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| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1602 | | Pay Slip No. :- MU - 1602 | |
| Makeup Examination June/July 2019 | | Makeup Examination June/July 2019 | |
| Name:- NIKAM VAIBHAV MANOHAR | | Name:- NIKAM VAIBHAV MANOHAR | |
| Class & Branch:- First Year B.Tech Electronics Engineering | | Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00020 | | Exam Seat No:- 2019BTEEN00020 | |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1607

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:- NASEERHUSEN JAKIRHISEN MULLA
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00038 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

Affix recent photograph
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| 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 (An Autonomous Institute) | | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1607 | | Pay Slip No. :- MU - 1607 | |
| Makeup Examination June/July 2019 | | Makeup Examination June/July 2019 | |
| Name:- NASEERHUSEN JAKIRHISEN MULLA | | Name:- NASEERHUSEN JAKIRHISEN MULLA | |
| Class & Branch:- First Year B.Tech Electronics Engineering | | Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00038 | | Exam Seat No:- 2019BTEEN00038 | |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1610

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:- PRAJWAL HEMANTRAO DESHMUKH
- Class & Branch : - First Year B.Tech Electronics Engineering
- Exam Seat No:2019BTEEN00048 4. Address _____
- Email :.....Phone No./Mobile No.:.....
- Details of the courses for which I wish to appear for the examination:

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

| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) |
| Pay Slip No. :- MU - 1610 | Pay Slip No. :- MU - 1610 |
| Makeup Examination June/July 2019 | Makeup Examination June/July 2019 |
| Name:- PRAJWAL HEMANTRAO DESHMUKH | Name:- PRAJWAL HEMANTRAO DESHMUKH |
| Class & Branch:- First Year B.Tech Electronics Engineering | Class & Branch:- First Year B.Tech Electronics Engineering |
| Exam Seat No:- 2019BTEEN00048 | Exam Seat No:- 2019BTEEN00048 |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1611

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:- GORWADE SAMIKSHA SANJAY
- Class & Branch : - First Year B.Tech Electronics Engineering
- Exam Seat No:2019BTEEN00058 4. Address _____
- Email :.....Phone No./Mobile No.:.....
- Details of the courses for which I wish to appear for the examination:

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

| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1611 | | Pay Slip No. :- MU - 1611 | |
| Makeup Examination June/July 2019 | | Makeup Examination June/July 2019 | |
| Name:- GORWADE SAMIKSHA SANJAY | | Name:- GORWADE SAMIKSHA SANJAY | |
| Class & Branch:- First Year B.Tech Electronics Engineering | | Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00058 | | Exam Seat No:- 2019BTEEN00058 | |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1614

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:- ADITI SINGH
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00060 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

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

| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1614 | | Pay Slip No. :- MU - 1614 | |
| Makeup Examination June/July 2019 | | Makeup Examination June/July 2019 | |
| Name:- ADITI SINGH | | Name:- ADITI SINGH | |
| Class & Branch:- First Year B.Tech Electronics Engineering | | Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00060 | | Exam Seat No:- 2019BTEEN00060 | |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1616

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:- GADEKAR NIKHIL RAMCHANDRA
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00061 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

Affix recent photograph
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| Courses of semester | | | | | |
|---------------------|--------|--|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4EL101 | Basic Electrical Engineering | 1 | | |
| 2 | 4ME101 | Basic Mechanical Engineering | 2 | | |
| 3 | 4HS101 | English for Professional Communication | 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 (An Autonomous Institute) | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) |
| Pay Slip No. :- MU - 1616 | Pay Slip No. :- MU - 1616 |
| Makeup Examination June/July 2019 | Makeup Examination June/July 2019 |
| Name:- GADEKAR NIKHIL RAMCHANDRA | Name:- GADEKAR NIKHIL RAMCHANDRA |
| Class & Branch:- First Year B.Tech Electronics Engineering | Class & Branch:- First Year B.Tech Electronics Engineering |
| Exam Seat No:- 2019BTEEN00061 | Exam Seat No:- 2019BTEEN00061 |
| 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 | Checked by |
| Cashier | Cashier |

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



Makeup Examination June/July 2019

Slip No.MU - 1618

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 YOGESH CHETAN
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00070 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

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

| 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 (An Autonomous Institute) | | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1618 | | Pay Slip No. :- MU - 1618 | |
| Makeup Examination June/July 2019 | | Makeup Examination June/July 2019 | |
| Name:- PATIL YOGESH CHETAN | | Name:- PATIL YOGESH CHETAN | |
| Class & Branch:- First Year B.Tech Electronics Engineering | | Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00070 | | Exam Seat No:- 2019BTEEN00070 | |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1620

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:- NIRMAL NIKHIL NIVRUTTI
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00074 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

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

| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1620 | | Pay Slip No. :- MU - 1620 | |
| Makeup Examination June/July 2019 | | Makeup Examination June/July 2019 | |
| Name:- NIRMAL NIKHIL NIVRUTTI | | Name:- NIRMAL NIKHIL NIVRUTTI | |
| Class & Branch:- First Year B.Tech Electronics Engineering | | Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00074 | | Exam Seat No:- 2019BTEEN00074 | |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1622

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:- KHABADE SHREYAS JITENDRA
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00075 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

Affix recent photograph
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| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4MA101 | Engineering Mathematics I | 1 | | |
| 2 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) |
| Pay Slip No. :- MU - 1622 | Pay Slip No. :- MU - 1622 |
| Makeup Examination June/July 2019 | Makeup Examination June/July 2019 |
| Name:- KHABADE SHREYAS JITENDRA | Name:- KHABADE SHREYAS JITENDRA |
| Class & Branch:- First Year B.Tech Electronics Engineering | Class & Branch:- First Year B.Tech Electronics Engineering |
| Exam Seat No:- 2019BTEEN00075 | Exam Seat No:- 2019BTEEN00075 |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1625

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:- PHADATARE VAISHNAVI SATISH
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00077 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

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

| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1625 | | Pay Slip No. :- MU - 1625 | |
| Makeup Examination June/July 2019 | | Makeup Examination June/July 2019 | |
| Name:- PHADATARE VAISHNAVI SATISH | | Name:- PHADATARE VAISHNAVI SATISH | |
| Class & Branch:- First Year B.Tech Electronics Engineering | | Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00077 | | Exam Seat No:- 2019BTEEN00077 | |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1629

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:- NINAD NILESH JOSHI
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00078 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

Affix recent photograph
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| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4EL101 | Basic Electrical Engineering | 1 | | |
| 2 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1629 | | Pay Slip No. :- MU - 1629 | |
| Makeup Examination June/July 2019 | | Makeup Examination June/July 2019 | |
| Name:- NINAD NILESH JOSHI | | Name:- NINAD NILESH JOSHI | |
| Class & Branch:- First Year B.Tech Electronics Engineering | | Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00078 | | Exam Seat No:- 2019BTEEN00078 | |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1631

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:- MALAVADKAR SONAL SUBHASH
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00088 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

Affix recent photograph
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| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4ME101 | Basic Mechanical 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 (An Autonomous Institute) | | WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1631 | | Pay Slip No. :- MU - 1631 | |
| Makeup Examination June/July 2019 | | Makeup Examination June/July 2019 | |
| Name:- MALAVADKAR SONAL SUBHASH | | Name:- MALAVADKAR SONAL SUBHASH | |
| Class & Branch:- First Year B.Tech Electronics Engineering | | Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00088 | | Exam Seat No:- 2019BTEEN00088 | |
| 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



Makeup Examination June/July 2019

Slip No.MU - 1634

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:- KHOT ADITI GANPATI
2. Class & Branch : - First Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00089 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. Details of the courses for which I wish to appear for the examination:

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

| Courses of semester | | | | | |
|---------------------|--------|------------------------------|-------------|------|-------------|
| Semester I | | | Semester II | | |
| Sr. | Code | Course Name | Sr. | Code | Course Name |
| 1 | 4EL101 | Basic Electrical Engineering | 1 | | |
| 2 | 4ME101 | Basic Mechanical 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) | |
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| WALCHAND COLLEGE OF ENGINEERING, SANGLI | |
| (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1634 | |
| Makeup Examination June/July 2019 | |
| Name:- KHOT ADITI GANPATI | |
| Class & Branch:- First Year B.Tech Electronics Engineering | |
| Exam Seat No:- 2019BTEEN00089 | |
| Exam. Fee Rs Amount. : 600/- | |
| In Words:- ` Six Hundred Only | |
| Date:- | |
| Signature of student:- | |
| Checked by _____ | Cashier _____ |

| RECEIPT (STUDENT COPY) | |
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| WALCHAND COLLEGE OF ENGINEERING, SANGLI | |
| (An Autonomous Institute) | |
| Pay Slip No. :- MU - 1634 | |
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