



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

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.: .....

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	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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(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	Checked by
Cashier	Cashier

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



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**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		
<b>Exam Fee:- 9 X ` 300 /-</b>			<b>Total Amount :- ` 2700/-</b>		

(\* 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. :- <b>MU - 1578</b>		Pay Slip No. :- <b>MU - 1578</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
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. : <b>2700/-</b>		Exam. Fee Rs Amount. : <b>2700/-</b>	
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**



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**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		
<b>Exam Fee:- 9 X ` 300 /-</b>			<b>Total Amount :- ` 2700/-</b>		

(\* 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. :- <b>MU - 1582</b>	Pay Slip No. :- <b>MU - 1582</b>
<b>Makeup Examination June/July 2019</b>	<b>Makeup Examination June/July 2019</b>
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. : <b>2700/-</b>	Exam. Fee Rs Amount. : <b>2700/-</b>
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**



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

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.

1. Name of student:- VENKATESHA APPASAHEB YASHWANT

2. Class & Branch : - First Year B.Tech Electronics Engineering

3. Exam Seat No:2018BTEEN00069 4. Address \_\_\_\_\_

Email :.....Phone No./Mobile No.:.....

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

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

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

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

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

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	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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(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	Checked by
Cashier	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.: .....

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	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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(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.: .....

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	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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1598	Pay Slip No. :- MU - 1598
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PATKI UTKARSH SUBHASH	Name:- PATKI UTKARSH SUBHASH
Class & Branch:- First Year B.Tech Electronics Engineering	Class & Branch:- First Year B.Tech Electronics Engineering
Exam Seat No:- 2019BTEEN00016	Exam Seat No:- 2019BTEEN00016
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**



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**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.: .....

**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	4ME101	Basic Mechanical Engineering	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 1 X ` 300 /-</b>			<b>Total Amount :- ` 300/-</b>		

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

(Signature of student)      Date:

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

**Receipt of Exam cell:**

Checked by                      Cashier              Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No.    :- <b>MU - 1600</b>		Pay Slip No.    :- <b>MU - 1600</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
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. : <b>300/-</b>		Exam. Fee Rs Amount. : <b>300/-</b>	
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**





WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

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.:.....

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	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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(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.: .....

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

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

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

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

1. Name of student:- PRAJWAL HEMANTRAO DESHMUKH  
2. Class & Branch : - First Year B.Tech Electronics Engineering  
3. Exam Seat No:2019BTEEN00048 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	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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(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	Checked by
Cashier	Cashier

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



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**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.**

1. Name of student:- GORWADE SAMIKSHA SANJAY  
2. Class & Branch : - First Year B.Tech Electronics Engineering  
3. Exam Seat No:2019BTEEN00058 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	4ME101	Basic Mechanical Engineering	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 1 X ` 300 /-</b>			<b>Total Amount :- ` 300/-</b>		

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

(Signature of student)      Date:

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

**Receipt of Exam cell:**

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- <b>MU - 1611</b>		Pay Slip No. :- <b>MU - 1611</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
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. : <b>300/-</b>		Exam. Fee Rs Amount. : <b>300/-</b>	
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**



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**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.:.....

**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	4ME101	Basic Mechanical Engineering	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 1 X ` 300 /-</b>			<b>Total Amount :- ` 300/-</b>		

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

(Signature of student)      Date:

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

**Receipt of Exam cell:**

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- <b>MU - 1614</b>		Pay Slip No. :- <b>MU - 1614</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
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. : <b>300/-</b>		Exam. Fee Rs Amount. : <b>300/-</b>	
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**



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**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.: .....

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

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL101	Basic Electrical Engineering	1		
2	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		
<b>Exam Fee:- 3 X ` 300 /-</b>			<b>Total Amount :- ` 900/-</b>		

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

(Signature of student)      Date:

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

**Receipt of Exam cell:**

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- <b>MU - 1616</b>		Pay Slip No. :- <b>MU - 1616</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
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. : <b>900/-</b>		Exam. Fee Rs Amount. : <b>900/-</b>	
In Words:- ` Nine Hundred Only		In Words:- ` Nine Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by	Cashier	Checked by	Cashier

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



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.:.....

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

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

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

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

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

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



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**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.:.....

**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	4ME101	Basic Mechanical Engineering	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 1 X ` 300 /-</b>			<b>Total Amount :- ` 300/-</b>		

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

(Signature of student)      Date:

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

**Receipt of Exam cell:**

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No.    :- <b>MU - 1620</b>		Pay Slip No.    :- <b>MU - 1620</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
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. : <b>300/-</b>		Exam. Fee Rs Amount. : <b>300/-</b>	
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**





**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**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.:.....

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

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA101	Engineering Mathematics I	1		
2	4ME101	Basic Mechanical Engineering	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 2 X ` 300 /-</b>			<b>Total Amount :- ` 600/-</b>		

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

(Signature of student)      Date:

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

**Receipt of Exam cell:**

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 1622		Pay Slip No. :- MU - 1622	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
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. : <b>600/-</b>		Exam. Fee Rs Amount. : <b>600/-</b>	
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**



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**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.: .....

**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	4ME101	Basic Mechanical Engineering	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 1 X ` 300 /-</b>			<b>Total Amount :- ` 300/-</b>		

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

(Signature of student)      Date:

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

**Receipt of Exam cell:**

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No.    :- <b>MU - 1625</b>		Pay Slip No.    :- <b>MU - 1625</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
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. : <b>300/-</b>		Exam. Fee Rs Amount. : <b>300/-</b>	
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.:.....

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

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL101	Basic Electrical Engineering	1		
2	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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(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	Checked by
Cashier	Cashier

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



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**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.: .....

**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	4ME101	Basic Mechanical Engineering	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 1 X ` 300 /-</b>			<b>Total Amount :- ` 300/-</b>		

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

(Signature of student)      Date:

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

**Receipt of Exam cell:**

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No.    :- <b>MU - 1631</b>		Pay Slip No.    :- <b>MU - 1631</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
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. : <b>300/-</b>		Exam. Fee Rs Amount. : <b>300/-</b>	
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**



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**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.: .....

**Affix recent  
photograph**  
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5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL101	Basic Electrical Engineering	1		
2	4ME101	Basic Mechanical Engineering	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 2 X ` 300 /-</b>			<b>Total Amount :- ` 600/-</b>		

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

(Signature of student)      Date:

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

**Receipt of Exam cell:**

Checked by                      Cashier              Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No.    :- <b>MU - 1634</b>		Pay Slip No.    :- <b>MU - 1634</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
Name:- KHOT ADITI GANPATI		Name:- KHOT ADITI GANPATI	
Class & Branch:- First Year B.Tech Electronics Engineering		Class & Branch:- First Year B.Tech Electronics Engineering	
Exam Seat No:- 2019BTEEN00089		Exam Seat No:- 2019BTEEN00089	
Exam. Fee Rs Amount. : <b>600/-</b>		Exam. Fee Rs Amount. : <b>600/-</b>	
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**