



Slip No.MU - 2106

Makeup Examination June/July 2019

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

- Name of student:- ROHAN ANIL GAIKWAD
- Class & Branch : - Second Year M.Tech Computer Science and Engineering
- Exam Seat No:2018MTECSCO012 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	3CO612	Professional Elective-5 Human Computer I	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 500 /-			Total Amount :- ` 500/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 2106	Pay Slip No. :- MU - 2106
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ROHAN ANIL GAIKWAD	Name:- ROHAN ANIL GAIKWAD
Class & Branch:- Second Year M.Tech Computer Science and Engineering	Class & Branch:- Second Year M.Tech Computer Science and Engineering
Exam Seat No:- 2018MTECSCO012	Exam Seat No:- 2018MTECSCO012
Exam. Fee Rs Amount. : 500/-	Exam. Fee Rs Amount. : 500/-
In Words:- ` Five Hundred Only	In Words:- ` Five Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



Slip No.MU - 1861

Makeup Examination June/July 2019

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

- Name of student:- KUMBHAR PRASAD RAJENDRA
- Class & Branch : - First Year M.Tech Computer Science and Engineering
- Exam Seat No:2019MTECSCO006 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	3CO501	Research Methodology for Computer Scienc	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 1 X ` 500 /-</b>			<b>Total Amount :- ` 500/-</b>		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1861	Pay Slip No. :- MU - 1861
<b>Makeup Examination June/July 2019</b>	<b>Makeup Examination June/July 2019</b>
Name:- KUMBHAR PRASAD RAJENDRA	Name:- KUMBHAR PRASAD RAJENDRA
Class & Branch:- First Year M.Tech Computer Science and Engineering	Class & Branch:- First Year M.Tech Computer Science and Engineering
Exam Seat No:- 2019MTECSCO006	Exam Seat No:- 2019MTECSCO006
Exam. Fee Rs Amount. : 500/-	Exam. Fee Rs Amount. : 500/-
In Words:- ` Five Hundred Only	In Words:- ` Five Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



Slip No.MU - 1862

Makeup Examination June/July 2019

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

1. Name of student:- PATIL PRAJAKTA PRADEEP
2. Class & Branch : - First Year M.Tech Computer Science and Engineering
3. Exam Seat No:2019MTECSCO010 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			1	3CO521	Advanced Algorithms
2			2	3CO522	Soft Computing
3			3	3CO531	Professional Elective 3 Machine Learning
4			4	3CO535	Professional Elective 4 Theory and Appli
5			5	3CO541	Pre-Dissertation Work and Seminar
6			6	3CO581	Professional Elective 3 Machine Learning
7			7	3OE534	Open Elective Waste To Energy
8			8	3CO571	Advanced Algorithms Laboratory
9			9	3CO572	Soft Computing Laboratory
10			10	3CO585	Professional Elective 4 Theory and Appli
Exam Fee:- 10 X ` 500 /-			Total Amount :- ` 5000/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by \_\_\_\_\_ Cashier \_\_\_\_\_ Date \_\_\_\_\_

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1862	Pay Slip No. :- MU - 1862
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PATIL PRAJAKTA PRADEEP	Name:- PATIL PRAJAKTA PRADEEP
Class & Branch:- First Year M.Tech Computer Science and Engineering	Class & Branch:- First Year M.Tech Computer Science and Engineering
Exam Seat No:- 2019MTECSCO010	Exam Seat No:- 2019MTECSCO010
Exam. Fee Rs Amount. : 5000/-	Exam. Fee Rs Amount. : 5000/-
In Words:- ` Five Thousand Only	In Words:- ` Five Thousand Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by _____ Cashier _____	Checked by _____ Cashier _____

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