



Slip No.MU - 2102

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:- SUMIT SHIVAJI SONAWANE
- Class & Branch : - Second Year M.Tech Mechanical Design Engineering
- Exam Seat No:2018MTEMEDE010 4. Address _____
- Email : Phone No./Mobile No.:
- 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	3DE611	Professional Elective-5 Advanced Finite	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 - 2102	Pay Slip No. :- MU - 2102
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SUMIT SHIVAJI SONAWANE	Name:- SUMIT SHIVAJI SONAWANE
Class & Branch:- Second Year M.Tech Mechanical Design Engineering	Class & Branch:- Second Year M.Tech Mechanical Design Engineering
Exam Seat No:- 2018MTEMEDE010	Exam Seat No:- 2018MTEMEDE010
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 - 2103

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:- RISHIKESH VASANTRAO GAIKWAD
- Class & Branch : - Second Year M.Tech Mechanical Design Engineering
- Exam Seat No:2018MTEMEDE023 4. Address _____
- Email : Phone No./Mobile No.:
- 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	3DE611	Professional Elective-5 Advanced Finite	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 - 2103	Pay Slip No. :- MU - 2103
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RISHIKESH VASANTRAO GAIKWAD	Name:- RISHIKESH VASANTRAO GAIKWAD
Class & Branch:- Second Year M.Tech Mechanical Design Engineering	Class & Branch:- Second Year M.Tech Mechanical Design Engineering
Exam Seat No:- 2018MTEMEDE023	Exam Seat No:- 2018MTEMEDE023
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 - 1818

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:- JAMDAR AKSHAY CHANDRASHEKHAR
- Class & Branch : - First Year M.Tech Mechanical Design Engineering
- Exam Seat No:2019MTEMEDE032 4. Address _____
- Email :.....Phone No./Mobile No.:.....
- 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	3DE502	Advanced Stress Analysis	1		
2	3DE503	Advanced Vibrations and Acoustics	2		
3	3DE518	Professional Elective 2 Process Equipmen	3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 3 X ` 500 /-			Total Amount :- ` 1500/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1818	Pay Slip No. :- MU - 1818
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- JAMDAR AKSHAY CHANDRASHEKHAR	Name:- JAMDAR AKSHAY CHANDRASHEKHAR
Class & Branch:- First Year M.Tech Mechanical Design Engineering	Class & Branch:- First Year M.Tech Mechanical Design Engineering
Exam Seat No:- 2019MTEMEDE032	Exam Seat No:- 2019MTEMEDE032
Exam. Fee Rs Amount. : 1500/-	Exam. Fee Rs Amount. : 1500/-
In Words:- ` One Thousand Five Hundred Only	In Words:- ` One Thousand Five Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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