



Slip No.MU - 1848

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:- VASIM JAHANGIR TAMBOLI
- Class & Branch : - Second Year M.Tech Electronics Engineering
- Exam Seat No:2018MTEEN00028 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	3EN502	Advanced Digital Signal Processing	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 - 1848	Pay Slip No. :- MU - 1848
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- VASIM JAHANGIR TAMBOLI	Name:- VASIM JAHANGIR TAMBOLI
Class & Branch:- Second Year M.Tech Electronics Engineering	Class & Branch:- Second Year M.Tech Electronics Engineering
Exam Seat No:- 2018MTEEN00028	Exam Seat No:- 2018MTEEN00028
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 - 1849

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:- NIKITA DILIP KOLEKAR
- Class & Branch : - First Year M.Tech Electronics Engineering
- Exam Seat No:2019MTEEN0002 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	3EN503	Embedded System Design	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 - 1849	Pay Slip No. :- MU - 1849
<b>Makeup Examination June/July 2019</b>	<b>Makeup Examination June/July 2019</b>
Name:- NIKITA DILIP KOLEKAR	Name:- NIKITA DILIP KOLEKAR
Class & Branch:- First Year M.Tech Electronics Engineering	Class & Branch:- First Year M.Tech Electronics Engineering
Exam Seat No:- 2019MTEEN0002	Exam Seat No:- 2019MTEEN0002
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 - 1854

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:- VALEKAR ANANTA RESHIM
- Class & Branch : - First Year M.Tech Electronics Engineering
- Exam Seat No:2019MTEEN0004 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	3EN503	Embedded System Design	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 - 1854	Pay Slip No. :- MU - 1854
<b>Makeup Examination June/July 2019</b>	<b>Makeup Examination June/July 2019</b>
Name:- VALEKAR ANANTA RESHIM	Name:- VALEKAR ANANTA RESHIM
Class & Branch:- First Year M.Tech Electronics Engineering	Class & Branch:- First Year M.Tech Electronics Engineering
Exam Seat No:- 2019MTEEN0004	Exam Seat No:- 2019MTEEN0004
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 - 1857

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:- MORE RAHAEL SANJAY
2. Class & Branch : - First Year M.Tech Electronics Engineering
3. Exam Seat No:2019MTEEN0008 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	3EN502	Advanced Digital Signal Processing	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 - 1857	Pay Slip No. :- MU - 1857
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- MORE RAHAEL SANJAY	Name:- MORE RAHAEL SANJAY
Class & Branch:- First Year M.Tech Electronics Engineering	Class & Branch:- First Year M.Tech Electronics Engineering
Exam Seat No:- 2019MTEEN0008	Exam Seat No:- 2019MTEEN0008
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 - 1858

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:- BORGAONKAR PRIYANKA KRANTIKUMAR
- Class & Branch : - First Year M.Tech Electronics Engineering
- Exam Seat No:2019MTEEN0015 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	3EN502	Advanced Digital Signal Processing	1		
2	3EN511	Professional Elective 1 Embedded Linux P	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 500 /-			Total Amount :- ` 1000/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One 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 - 1858	Pay Slip No. :- MU - 1858
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- BORGAONKAR PRIYANKA KRANTIKUMAR	Name:- BORGAONKAR PRIYANKA KRANTIKUMAR
Class & Branch:- First Year M.Tech Electronics Engineering	Class & Branch:- First Year M.Tech Electronics Engineering
Exam Seat No:- 2019MTEEN0015	Exam Seat No:- 2019MTEEN0015
Exam. Fee Rs Amount. : 1000/-	Exam. Fee Rs Amount. : 1000/-
In Words:- ` One Thousand Only	In Words:- ` One Thousand 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 - 1859

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:- INGOLE KIRAN HANUMANT
- Class & Branch : - First Year M.Tech Electronics Engineering
- Exam Seat No:2019MTEEN0016 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	3EN503	Embedded System Design	1		
2	3EN511	Professional Elective 1 Embedded Linux P	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 2 X ` 500 /-</b>			<b>Total Amount :- ` 1000/-</b>		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One 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 - 1859	Pay Slip No. :- MU - 1859
<b>Makeup Examination June/July 2019</b>	<b>Makeup Examination June/July 2019</b>
Name:- INGOLE KIRAN HANUMANT	Name:- INGOLE KIRAN HANUMANT
Class & Branch:- First Year M.Tech Electronics Engineering	Class & Branch:- First Year M.Tech Electronics Engineering
Exam Seat No:- 2019MTEEN0016	Exam Seat No:- 2019MTEEN0016
Exam. Fee Rs Amount. : 1000/-	Exam. Fee Rs Amount. : 1000/-
In Words:- ` One Thousand Only	In Words:- ` One Thousand 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 - 1860

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:- SHIKALGAR PARINA GULAB
- Class & Branch : - First Year M.Tech Electronics Engineering
- Exam Seat No:2019MTEEN0017 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	3EN503	Embedded System Design	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 - 1860	Pay Slip No. :- MU - 1860
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHIKALGAR PARINA GULAB	Name:- SHIKALGAR PARINA GULAB
Class & Branch:- First Year M.Tech Electronics Engineering	Class & Branch:- First Year M.Tech Electronics Engineering
Exam Seat No:- 2019MTEEN0017	Exam Seat No:- 2019MTEEN0017
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