



Slip No.MU - 1823

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:- KAUSHAL BHAGWANRAO SONTAKKE
2. Class & Branch : - First Year M.Tech Electrical Engineering Power Systems
3. Exam Seat No:2017MTEELPS019 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	3PS502	Power Apparatus Modeling	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 - 1823	Pay Slip No. :- MU - 1823
<b>Makeup Examination June/July 2019</b>	<b>Makeup Examination June/July 2019</b>
Name:- KAUSHAL BHAGWANRAO SONTAKKE	Name:- KAUSHAL BHAGWANRAO SONTAKKE
Class & Branch:- First Year M.Tech Electrical Engineering Power Systems	Class & Branch:- First Year M.Tech Electrical Engineering Power Systems
Exam Seat No:- 2017MTEELPS019	Exam Seat No:- 2017MTEELPS019
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 - 2104

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:- SHUBHAM SHEKHAR MEDHEKAR
- Class & Branch : - Second Year M.Tech Electrical Engineering Power Systems
- Exam Seat No:2018MTEELPS018 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	3PS611	Professional Elective-5 Modern Power Ele	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 - 2104	Pay Slip No. :- MU - 2104
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHUBHAM SHEKHAR MEDHEKAR	Name:- SHUBHAM SHEKHAR MEDHEKAR
Class & Branch:- Second Year M.Tech Electrical Engineering Power Systems	Class & Branch:- Second Year M.Tech Electrical Engineering Power Systems
Exam Seat No:- 2018MTEELPS018	Exam Seat No:- 2018MTEELPS018
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 - 1824

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:- GAIKWAD SHASHANK SHIVAJIRAO
- Class & Branch : - First Year M.Tech Electrical Engineering Power Systems
- Exam Seat No:2019MTEELPS005 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	3PS502	Power Apparatus Modeling	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 - 1824	Pay Slip No. :- MU - 1824
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- GAIKWAD SHASHANK SHIVAJIRAO	Name:- GAIKWAD SHASHANK SHIVAJIRAO
Class & Branch:- First Year M.Tech Electrical Engineering Power Systems	Class & Branch:- First Year M.Tech Electrical Engineering Power Systems
Exam Seat No:- 2019MTEELPS005	Exam Seat No:- 2019MTEELPS005
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 - 1826

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:- KAPIL SURESH JAGTAP
- Class & Branch : - First Year M.Tech Electrical Engineering Power Systems
- Exam Seat No:2019MTEELPS007 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	3PS512	Professional Elective 1 Application of P	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 - 1826	Pay Slip No. :- MU - 1826
<b>Makeup Examination June/July 2019</b>	<b>Makeup Examination June/July 2019</b>
Name:- KAPIL SURESH JAGTAP	Name:- KAPIL SURESH JAGTAP
Class & Branch:- First Year M.Tech Electrical Engineering Power Systems	Class & Branch:- First Year M.Tech Electrical Engineering Power Systems
Exam Seat No:- 2019MTEELPS007	Exam Seat No:- 2019MTEELPS007
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 - 1830

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:- SAWANT NISHA SIDDHARTH
- Class & Branch : - First Year M.Tech Electrical Engineering Power Systems
- Exam Seat No:2019MTEELPS016 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	3PS502	Power Apparatus Modeling	1	3PS521	Power System Dynamics
2	3PS503	Digital Protection of Power System	2	3PS522	Power Quality in Distribution Systems
3	3PS513	Professional Elective 2 Neural Network a	3	3PS531	Professional Elective 3 Computer Aided P
4	3PS512	Professional Elective 1 Application of P	4	3PS534	Professional Elective 4 PLC and Embedded
5			5	3OE531	Open Elective : Operations Research
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 9 X ` 500 /-</b>			<b>Total Amount :- ` 4500/-</b>		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Four 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 - 1830	Pay Slip No. :- MU - 1830
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SAWANT NISHA SIDDHARTH	Name:- SAWANT NISHA SIDDHARTH
Class & Branch:- First Year M.Tech Electrical Engineering Power Systems	Class & Branch:- First Year M.Tech Electrical Engineering Power Systems
Exam Seat No:- 2019MTEELPS016	Exam Seat No:- 2019MTEELPS016
Exam. Fee Rs Amount. : 4500/-	Exam. Fee Rs Amount. : 4500/-
In Words:- ` Four Thousand Five Hundred Only	In Words:- ` Four 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



Slip No.MU - 1832

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:- KHATAVKAR PRIYANKA NANDKUMAR
- Class & Branch : - First Year M.Tech Electrical Engineering Power Systems
- Exam Seat No:2019MTEELPS018 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	3PS502	Power Apparatus Modeling	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 - 1832	Pay Slip No. :- MU - 1832
<b>Makeup Examination June/July 2019</b>	<b>Makeup Examination June/July 2019</b>
Name:- KHATAVKAR PRIYANKA NANDKUMAR	Name:- KHATAVKAR PRIYANKA NANDKUMAR
Class & Branch:- First Year M.Tech Electrical Engineering Power Systems	Class & Branch:- First Year M.Tech Electrical Engineering Power Systems
Exam Seat No:- 2019MTEELPS018	Exam Seat No:- 2019MTEELPS018
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