



Slip No.MU - 2105

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:- HRISHIKESH VITTHAL PAWAR
- Class & Branch : - Second Year M.Tech Electrical Engineering Control Systems
- Exam Seat No:2018MTEELCS009 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	3CS611	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 - 2105	Pay Slip No. :- MU - 2105
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- HRISHIKESH VITTHAL PAWAR	Name:- HRISHIKESH VITTHAL PAWAR
Class & Branch:- Second Year M.Tech Electrical Engineering Control Systems	Class & Branch:- Second Year M.Tech Electrical Engineering Control Systems
Exam Seat No:- 2018MTEELCS009	Exam Seat No:- 2018MTEELCS009
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 - 1835

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:- BAGADE PRASHIK DARYAW
- Class & Branch : - First Year M.Tech Electrical Engineering Control Systems
- Exam Seat No:2019MTEELCS003 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	3CS503	Process Control	1		
2	3CS511	Professional Elective 1 Optimal Control	2		
3	3CS514	Professional Elective 2 Advanced Digital	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 - 1835	Pay Slip No. :- MU - 1835
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- BAGADE PRASHIK DARYAW	Name:- BAGADE PRASHIK DARYAW
Class & Branch:- First Year M.Tech Electrical Engineering Control Systems	Class & Branch:- First Year M.Tech Electrical Engineering Control Systems
Exam Seat No:- 2019MTEELCS003	Exam Seat No:- 2019MTEELCS003
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



Slip No.MU - 1838

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:- SADAKALE SONALI SUNIL
- Class & Branch : - First Year M.Tech Electrical Engineering Control Systems
- Exam Seat No:2019MTEELCS006 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	3CS514	Professional Elective 2 Advanced Digital	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 - 1838	Pay Slip No. :- MU - 1838
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SADAKALE SONALI SUNIL	Name:- SADAKALE SONALI SUNIL
Class & Branch:- First Year M.Tech Electrical Engineering Control Systems	Class & Branch:- First Year M.Tech Electrical Engineering Control Systems
Exam Seat No:- 2019MTEELCS006	Exam Seat No:- 2019MTEELCS006
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 - 1839

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:- ABDARE MAHESH ISHWAR
- Class & Branch : - First Year M.Tech Electrical Engineering Control Systems
- Exam Seat No:2019MTEELCS012 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	3CS514	Professional Elective 2 Advanced Digital	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 - 1839	Pay Slip No. :- MU - 1839
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ABDARE MAHESH ISHWAR	Name:- ABDARE MAHESH ISHWAR
Class & Branch:- First Year M.Tech Electrical Engineering Control Systems	Class & Branch:- First Year M.Tech Electrical Engineering Control Systems
Exam Seat No:- 2019MTEELCS012	Exam Seat No:- 2019MTEELCS012
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 - 1840

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:- KHANDARE AKSHAY ANIL
- Class & Branch : - First Year M.Tech Electrical Engineering Control Systems
- Exam Seat No:2019MTEELCS013 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	3CS502	Applied Digital Control	1		
2	3CS503	Process Control	2		
3	3CS514	Professional Elective 2 Advanced Digital	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 - 1840	Pay Slip No. :- MU - 1840
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- KHANDARE AKSHAY ANIL	Name:- KHANDARE AKSHAY ANIL
Class & Branch:- First Year M.Tech Electrical Engineering Control Systems	Class & Branch:- First Year M.Tech Electrical Engineering Control Systems
Exam Seat No:- 2019MTEELCS013	Exam Seat No:- 2019MTEELCS013
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