



Slip No.MU - 1671

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:- CHINMAY DEEPAK MENDHE
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00052 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
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5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1	4EL225	Electromagnetic Field
2	4EL203	Analog and Digital Circuits	2	4EL221	AC Machines
3	4EL202	Electrical Circuits	3	4EL222	Electrical Transmission and Distribution
4	4EL201	DC Machines and Transformers	4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 7 X ` 300 /-			Total Amount :- ` 2100/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Two Thousand One 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1671	Pay Slip No. :- MU - 1671
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- CHINMAY DEEPAK MENDHE	Name:- CHINMAY DEEPAK MENDHE
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2016BTEEL00052	Exam Seat No:- 2016BTEEL00052
Exam. Fee Rs Amount. : 2100/-	Exam. Fee Rs Amount. : 2100/-
In Words:- ` Two Thousand One Hundred Only	In Words:- ` Two Thousand One 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 - 2054

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:- MANGESH GAJANAN ARU
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2017BTEEL00043 4. Address_____
- Email :.....Phone No./Mobile No.:.....

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1			1	4HS203	Environmental Science
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 2054		Pay Slip No. :- MU - 2054	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- MANGESH GAJANAN ARU		Name:- MANGESH GAJANAN ARU	
Class & Branch:- Second Year B.Tech Electrical Engineering		Class & Branch:- Second Year B.Tech Electrical Engineering	
Exam Seat No:- 2017BTEEL00043		Exam Seat No:- 2017BTEEL00043	
Exam. Fee Rs Amount. : 300/-		Exam. Fee Rs Amount. : 300/-	
In Words:- ` Three Hundred Only		In Words:- ` Three 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 - 1672

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:- SHRADDHA VIKRAM KOHALE
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2017BTEEL00027 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2	4EL202	Electrical Circuits	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Six 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1672	Pay Slip No. :- MU - 1672
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHRADDHA VIKRAM KOHALE	Name:- SHRADDHA VIKRAM KOHALE
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00027	Exam Seat No:- 2017BTEEL00027
Exam. Fee Rs Amount. : 600/-	Exam. Fee Rs Amount. : 600/-
In Words:- ` Six Hundred Only	In Words:- ` Six 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 - 1673

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:- ABHIJEET SHIVKUMAR DHANWE
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2017BTEEL00032 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1	4HS203	Environmental Science
2	4EL201	DC Machines and Transformers	2	4EL221	AC Machines
3	4EL203	Analog and Digital Circuits	3	4EL222	Electrical Transmission and Distribution
4	4EL204	Measurement and Instrumentation	4	4EL223	Power Electronics
5	4ME101	Basic Mechanical Engineering	5	4EL224	Signals and Systems
6	4CS152	Computer Programming for Electrical Engi	6	4EL225	Electromagnetic Field
7	4EL253	Analog and Digital Circuits Laboratory	7	4EL271	AC Machines Laboratory
8	4EL254	Software Packages	8	4EL272	Electrical Transmission and Distribution
9	4EL101	Basic Electrical Engineering	9	4EL273	Power Electronics Laboratory
10	4EL252	Electrical Circuit and Measurement Labor	10	4EL274	Advanced Software Packages Laboratory
11	4EL251	DC Machines and Transformers Laboratory			
Exam Fee:- 21 X ` 300 /-			Total Amount :- ` 6300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Six Thousand Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1673	Pay Slip No. :- MU - 1673
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ABHIJEET SHIVKUMAR DHANWE	Name:- ABHIJEET SHIVKUMAR DHANWE
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00032	Exam Seat No:- 2017BTEEL00032
Exam. Fee Rs Amount. : 6300/-	Exam. Fee Rs Amount. : 6300/-
In Words:- ` Six Thousand Three Hundred Only	In Words:- ` Six Thousand Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by	Checked by
Cashier	Cashier

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



Slip No.MU - 1674

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:- YOGIRAJ TUKARAM BELSARE
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00004 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
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5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL202	Electrical Circuits	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1674	Pay Slip No. :- MU - 1674
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- YOGIRAJ TUKARAM BELSARE	Name:- YOGIRAJ TUKARAM BELSARE
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00004	Exam Seat No:- 2018BTEEL00004
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1675

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:- PRATHAMESH BABURAO GOSAVI
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00012 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
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5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL202	Electrical Circuits	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1675	Pay Slip No. :- MU - 1675
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRATHAMESH BABURAO GOSAVI	Name:- PRATHAMESH BABURAO GOSAVI
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00012	Exam Seat No:- 2018BTEEL00012
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three 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 - 1676

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:- AKASH VILAS SONAWANE
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00016 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
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5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2	4EL202	Electrical Circuits	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Six 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1676	Pay Slip No. :- MU - 1676
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AKASH VILAS SONAWANE	Name:- AKASH VILAS SONAWANE
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00016	Exam Seat No:- 2018BTEEL00016
Exam. Fee Rs Amount. : 600/-	Exam. Fee Rs Amount. : 600/-
In Words:- ` Six Hundred Only	In Words:- ` Six 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 - 1677

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:- PRATIK PRADEEP PATIL
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00018 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
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5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2	4EL202	Electrical Circuits	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Six 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1677	Pay Slip No. :- MU - 1677
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRATIK PRADEEP PATIL	Name:- PRATIK PRADEEP PATIL
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00018	Exam Seat No:- 2018BTEEL00018
Exam. Fee Rs Amount. : 600/-	Exam. Fee Rs Amount. : 600/-
In Words:- ` Six Hundred Only	In Words:- ` Six Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1678

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:- MANJIRI NANDKISHOR CHOUDHARI
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00025 4. Address_____
- Email :.....Phone No./Mobile No.:.....

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL201	DC Machines and Transformers	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1678	Pay Slip No. :- MU - 1678
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- MANJIRI NANDKISHOR CHOUDHARI	Name:- MANJIRI NANDKISHOR CHOUDHARI
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00025	Exam Seat No:- 2018BTEEL00025
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three 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 - 1679

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:- OMKAR RAJURAO MUTTEWAR
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00026 4. Address_____
- Email :.....Phone No./Mobile No.:.....

Affix recent
photograph
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5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL202	Electrical Circuits	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1679	Pay Slip No. :- MU - 1679
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- OMKAR RAJURAO MUTTEWAR	Name:- OMKAR RAJURAO MUTTEWAR
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00026	Exam Seat No:- 2018BTEEL00026
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three 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 - 1680

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:- SAKSHI UDHAV GAIKWAD
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00028 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
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5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL201	DC Machines and Transformers	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1680	Pay Slip No. :- MU - 1680
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SAKSHI UDHAV GAIKWAD	Name:- SAKSHI UDHAV GAIKWAD
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00028	Exam Seat No:- 2018BTEEL00028
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1681

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:- GREESHMA SUDHAKAR ASUTKAR
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00030 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL202	Electrical Circuits	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1681	Pay Slip No. :- MU - 1681
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- GREESHMA SUDHAKAR ASUTKAR	Name:- GREESHMA SUDHAKAR ASUTKAR
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00030	Exam Seat No:- 2018BTEEL00030
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three 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 - 1682

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:- POOJA SHANKAR PATIL
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00035 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL201	DC Machines and Transformers	1		
2	4EL202	Electrical Circuits	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Six 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1682	Pay Slip No. :- MU - 1682
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- POOJA SHANKAR PATIL	Name:- POOJA SHANKAR PATIL
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00035	Exam Seat No:- 2018BTEEL00035
Exam. Fee Rs Amount. : 600/-	Exam. Fee Rs Amount. : 600/-
In Words:- ` Six Hundred Only	In Words:- ` Six Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1683

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:- NARENDRA DATTATRAYA MULEY
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00037 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1683	Pay Slip No. :- MU - 1683
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- NARENDRA DATTATRAYA MULEY	Name:- NARENDRA DATTATRAYA MULEY
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00037	Exam Seat No:- 2018BTEEL00037
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three 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 - 1684

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:- SANGRAM SURYABHAN GORE
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00043 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2	4EL201	DC Machines and Transformers	2		
3	4EL202	Electrical Circuits	3		
4	4EL203	Analog and Digital Circuits	4		
5	4EL204	Measurement and Instrumentation	5		
6	4EL252	Electrical Circuit and Measurement Labor	6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 6 X ` 300 /-			Total Amount :- ` 1800/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One Thousand Eight 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1684	Pay Slip No. :- MU - 1684
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SANGRAM SURYABHAN GORE	Name:- SANGRAM SURYABHAN GORE
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00043	Exam Seat No:- 2018BTEEL00043
Exam. Fee Rs Amount. : 1800/-	Exam. Fee Rs Amount. : 1800/-
In Words:- ` One Thousand Eight Hundred Only	In Words:- ` One Thousand Eight 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 - 1685

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:- RAJASHRI TUKARAM KHOT
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00044 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1685	Pay Slip No. :- MU - 1685
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RAJASHRI TUKARAM KHOT	Name:- RAJASHRI TUKARAM KHOT
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00044	Exam Seat No:- 2018BTEEL00044
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three 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 - 1686

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:- MANISH ARUN NAWADE
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00051 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL202	Electrical Circuits	1		
2	4EL252	Electrical Circuit and Measurement Labor	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Six 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1686	Pay Slip No. :- MU - 1686
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- MANISH ARUN NAWADE	Name:- MANISH ARUN NAWADE
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00051	Exam Seat No:- 2018BTEEL00051
Exam. Fee Rs Amount. : 600/-	Exam. Fee Rs Amount. : 600/-
In Words:- ` Six Hundred Only	In Words:- ` Six Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1687

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:- RAJU RAINA
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00053 4. Address_____
- Email :.....Phone No./Mobile No.:.....

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2	4EL202	Electrical Circuits	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Six 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1687	Pay Slip No. :- MU - 1687
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RAJU RAINA	Name:- RAJU RAINA
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00053	Exam Seat No:- 2018BTEEL00053
Exam. Fee Rs Amount. : 600/-	Exam. Fee Rs Amount. : 600/-
In Words:- ` Six Hundred Only	In Words:- ` Six 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 - 1688

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:- SIDDHESH ANIL POWAR
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00058 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1688	Pay Slip No. :- MU - 1688
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SIDDHESH ANIL POWAR	Name:- SIDDHESH ANIL POWAR
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00058	Exam Seat No:- 2018BTEEL00058
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three 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 - 1689

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:- VISHAL GANGAPPA MALI
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00063 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2	4EL201	DC Machines and Transformers	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Six 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1689	Pay Slip No. :- MU - 1689
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- VISHAL GANGAPPA MALI	Name:- VISHAL GANGAPPA MALI
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00063	Exam Seat No:- 2018BTEEL00063
Exam. Fee Rs Amount. : 600/-	Exam. Fee Rs Amount. : 600/-
In Words:- ` Six Hundred Only	In Words:- ` Six Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1690

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:- SHREYAS SHARAD POTDAR
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00071 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL202	Electrical Circuits	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1690	Pay Slip No. :- MU - 1690
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHREYAS SHARAD POTDAR	Name:- SHREYAS SHARAD POTDAR
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00071	Exam Seat No:- 2018BTEEL00071
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three 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 - 1691

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:- SAURABH SURENDRA PATIL
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00074 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1	4EL221	AC Machines
2	4EL201	DC Machines and Transformers	2	4EL223	Power Electronics
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 4 X ` 300 /-			Total Amount :- ` 1200/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One Thousand Two 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1691	Pay Slip No. :- MU - 1691
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SAURABH SURENDRA PATIL	Name:- SAURABH SURENDRA PATIL
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00074	Exam Seat No:- 2018BTEEL00074
Exam. Fee Rs Amount. : 1200/-	Exam. Fee Rs Amount. : 1200/-
In Words:- ` One Thousand Two Hundred Only	In Words:- ` One Thousand Two 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 - 1692

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:- LAXMANRAM REVETRAM RAIKA
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00211 4. Address_____
- Email :.....Phone No./Mobile No.:.....

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1	4EL225	Electromagnetic Field
2	4EL203	Analog and Digital Circuits	2	4EL222	Electrical Transmission and Distribution
3	4EL201	DC Machines and Transformers	3	4EL224	Signals and Systems
4	4EL202	Electrical Circuits	4	3EL226	Microprocessor
5			5	4HS203	Environmental Science
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 9 X ` 300 /-			Total Amount :- ` 2700/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Two Thousand Seven 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1692	Pay Slip No. :- MU - 1692
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- LAXMANRAM REVETRAM RAIKA	Name:- LAXMANRAM REVETRAM RAIKA
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00211	Exam Seat No:- 2018BTEEL00211
Exam. Fee Rs Amount. : 2700/-	Exam. Fee Rs Amount. : 2700/-
In Words:- ` Two Thousand Seven Hundred Only	In Words:- ` Two Thousand Seven 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 - 1693

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:- AKSHAY RAJARAM MAHALE
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2018BTEEL00213 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2	4EL202	Electrical Circuits	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Six 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1693	Pay Slip No. :- MU - 1693
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AKSHAY RAJARAM MAHALE	Name:- AKSHAY RAJARAM MAHALE
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00213	Exam Seat No:- 2018BTEEL00213
Exam. Fee Rs Amount. : 600/-	Exam. Fee Rs Amount. : 600/-
In Words:- ` Six Hundred Only	In Words:- ` Six 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 - 1694

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:- SABZAR AHMAD KUMMHAR
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2019bteel00201 4. Address_____
- Email :.....Phone No./Mobile No.:.....

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2	4EL202	Electrical Circuits	2		
3	4EL203	Analog and Digital Circuits	3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 3 X ` 300 /-			Total Amount :- ` 900/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Nine 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1694	Pay Slip No. :- MU - 1694
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SABZAR AHMAD KUMMHAR	Name:- SABZAR AHMAD KUMMHAR
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2019bteel00201	Exam Seat No:- 2019bteel00201
Exam. Fee Rs Amount. : 900/-	Exam. Fee Rs Amount. : 900/-
In Words:- ` Nine Hundred Only	In Words:- ` Nine Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1695

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:- SONAWANE NEHA HARIDAS
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2019BTEEL00202 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4EL202	Electrical Circuits	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1695	Pay Slip No. :- MU - 1695
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SONAWANE NEHA HARIDAS	Name:- SONAWANE NEHA HARIDAS
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2019BTEEL00202	Exam Seat No:- 2019BTEEL00202
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three 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 - 1696

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:- KOSHTI DANESHWARI SURESH
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2019BTEEL00203 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
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5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1696	Pay Slip No. :- MU - 1696
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- KOSHTI DANESHWARI SURESH	Name:- KOSHTI DANESHWARI SURESH
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2019BTEEL00203	Exam Seat No:- 2019BTEEL00203
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three 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 - 1697

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:- KOSHTI SWARUPA RAJENDRA
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2019BTEEL00204 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1697	Pay Slip No. :- MU - 1697
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- KOSHTI SWARUPA RAJENDRA	Name:- KOSHTI SWARUPA RAJENDRA
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2019BTEEL00204	Exam Seat No:- 2019BTEEL00204
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three 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 - 1698

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:- KAMBALE VISHAL DIPAK
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2019BTEEL00207 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2	4EL202	Electrical Circuits	2		
3	4EL203	Analog and Digital Circuits	3		
4	4EL252	Electrical Circuit and Measurement Labor	4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 4 X ` 300 /-			Total Amount :- ` 1200/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One Thousand Two 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1698	Pay Slip No. :- MU - 1698
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- KAMBALE VISHAL DIPAK	Name:- KAMBALE VISHAL DIPAK
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2019BTEEL00207	Exam Seat No:- 2019BTEEL00207
Exam. Fee Rs Amount. : 1200/-	Exam. Fee Rs Amount. : 1200/-
In Words:- ` One Thousand Two Hundred Only	In Words:- ` One Thousand Two 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 - 1699

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:- BIRAJDAR SHRIKANT SHIVAJI
2. Class & Branch : - Second Year B.Tech Electrical Engineering
3. Exam Seat No:2019BTEEL00208 4. Address _____
- Email : Phone No./Mobile No.:

Affix recent
photograph
----X----

5. Details of the courses for which I wish to appear for the examination:

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three 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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1699	Pay Slip No. :- MU - 1699
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- BIRAJDAR SHRIKANT SHIVAJI	Name:- BIRAJDAR SHRIKANT SHIVAJI
Class & Branch:- Second Year B.Tech Electrical Engineering	Class & Branch:- Second Year B.Tech Electrical Engineering
Exam Seat No:- 2019BTEEL00208	Exam Seat No:- 2019BTEEL00208
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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