



Slip No.MU - 1700

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:- 2015BEN050 GIRISH SANJAY CHAVAN
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2015BEN050 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	3EN203	Electronic Circuit Analysis and Design-	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 - 1700	Pay Slip No. :- MU - 1700
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- 2015BEN050 GIRISH SANJAY CHAVAN	Name:- 2015BEN050 GIRISH SANJAY CHAVAN
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2015BEN050	Exam Seat No:- 2015BEN050
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 - 1701

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:- EUINGCHANG K SANGMA
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2015BEN063 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	4EN221	Electronic Circuit Analysis and Design-I
2	4HS203	Environmental Science	2	4EN222	Signals and Systems
3	4EN201	Electronic Circuit Analysis and Design-I	3	4EN223	Communication Engineering
4	4EN202	Circuit Theory	4	4EN224	Microcontrollers and Peripherals Interfa
5	4EN203	Digital Electronics	5	4EN225	Control Systems
6	4MA101	Engineering Mathematics I	6		
7	4EN253	Data Structure and Algorithm Laboratory	7		
8			8		
9			9		
10			10		
Exam Fee:- 12 X ` 300 /-			Total Amount :- ` 3600/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Three Thousand 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 - 1701	Pay Slip No. :- MU - 1701
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- EUINGCHANG K SANGMA	Name:- EUINGCHANG K SANGMA
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2015BEN063	Exam Seat No:- 2015BEN063
Exam. Fee Rs Amount. : 3600/-	Exam. Fee Rs Amount. : 3600/-
In Words:- ` Three Thousand Six Hundred Only	In Words:- ` Three Thousand 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 - 1702

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:- ONKAR SHIVAJI PAWAR
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2016BTEEN00017 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 - 1702	Pay Slip No. :- MU - 1702
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ONKAR SHIVAJI PAWAR	Name:- ONKAR SHIVAJI PAWAR
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2016BTEEN00017	Exam Seat No:- 2016BTEEN00017
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 - 1703

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:- PAPULWAR YOGESHWARI PRAKASH
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2016BTEEN00201 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	4EN221	Electronic Circuit Analysis and Design-I
2			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 - 1703	Pay Slip No. :- MU - 1703
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PAPULWAR YOGESHWARI PRAKASH	Name:- PAPULWAR YOGESHWARI PRAKASH
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2016BTEEN00201	Exam Seat No:- 2016BTEEN00201
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 - 1704

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:- MUSKAN NAJIR MULLA
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2017BTEEN00013 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	4ME101	Basic Mechanical Engineering	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 - 1704	Pay Slip No. :- MU - 1704
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- MUSKAN NAJIR MULLA	Name:- MUSKAN NAJIR MULLA
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2017BTEEN00013	Exam Seat No:- 2017BTEEN00013
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 - 1705

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:- PRIYA POCHIRAM SUDEWAD
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2017BTEEN00058 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	4EN223	Communication Engineering
2	4EN201	Electronic Circuit Analysis and Design-I	2	4EN224	Microcontrollers and Peripherals Interfa
3	4EN203	Digital Electronics	3	4EN225	Control Systems
4	4EL101	Basic Electrical Engineering	4		
5	4EN253	Data Structure and Algorithm Laboratory	5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 8 X ` 300 /-			Total Amount :- ` 2400/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Two Thousand Four 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 - 1705	Pay Slip No. :- MU - 1705
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRIYA POCHIRAM SUDEWAD	Name:- PRIYA POCHIRAM SUDEWAD
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2017BTEEN00058	Exam Seat No:- 2017BTEEN00058
Exam. Fee Rs Amount. : 2400/-	Exam. Fee Rs Amount. : 2400/-
In Words:- ` Two Thousand Four Hundred Only	In Words:- ` Two Thousand Four 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 - 1706

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:- ANAGHA SANDEEP MANE
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2017BTEEN00072 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	4HS203	Environmental Science	2		
3	4EL101	Basic Electrical Engineering	3		
4	4EN253	Data Structure and Algorithm Laboratory	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 - 1706	Pay Slip No. :- MU - 1706
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ANAGHA SANDEEP MANE	Name:- ANAGHA SANDEEP MANE
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2017BTEEN00072	Exam Seat No:- 2017BTEEN00072
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 - 1707

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:- RISHIKESH SANJAY MALVE
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTECV00088 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	4EN203	Digital Electronics	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 - 1707	Pay Slip No. :- MU - 1707
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RISHIKESH SANJAY MALVE	Name:- RISHIKESH SANJAY MALVE
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTECV00088	Exam Seat No:- 2018BTECV00088
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 - 1708

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:- SHOUNAK SHASHIKANTH KULKARNI
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00009 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	4HS203	Environmental Science	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 (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1708	Pay Slip No. :- MU - 1708
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHOUNAK SHASHIKANTH KULKARNI	Name:- SHOUNAK SHASHIKANTH KULKARNI
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00009	Exam Seat No:- 2018BTEEN00009
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 - 1709

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:- ABHILASHA SANJAYKUMAR LOKHANDE
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00013 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	4EN201	Electronic Circuit Analysis and Design-I	1		
2	4EN203	Digital Electronics	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 - 1709	Pay Slip No. :- MU - 1709
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ABHILASHA SANJAYKUMAR LOKHANDE	Name:- ABHILASHA SANJAYKUMAR LOKHANDE
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00013	Exam Seat No:- 2018BTEEN00013
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 - 1710

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 VIJAY KADAM
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00014 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	4HS203	Environmental Science	2		
3	4EN203	Digital Electronics	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 - 1710	Pay Slip No. :- MU - 1710
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AKSHAY VIJAY KADAM	Name:- AKSHAY VIJAY KADAM
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00014	Exam Seat No:- 2018BTEEN00014
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**



Slip No.MU - 1711

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:- VASANT GANGADHARRAO DEWARE
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00025 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	4HS203	Environmental Science	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 - 1711	Pay Slip No. :- MU - 1711
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- VASANT GANGADHARRAO DEWARE	Name:- VASANT GANGADHARRAO DEWARE
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00025	Exam Seat No:- 2018BTEEN00025
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 - 1712

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:- SHARAYU SUBHASHRAO DEVTHANKAR
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00028 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	4EN201	Electronic Circuit Analysis and Design-I	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 - 1712	Pay Slip No. :- MU - 1712
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHARAYU SUBHASHRAO DEVTHANKAR	Name:- SHARAYU SUBHASHRAO DEVTHANKAR
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00028	Exam Seat No:- 2018BTEEN00028
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 - 1713

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:- PRANAV MADHAV KATKADE
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00029 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	4EN203	Digital Electronics	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 - 1713	Pay Slip No. :- MU - 1713
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRANAV MADHAV KATKADE	Name:- PRANAV MADHAV KATKADE
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00029	Exam Seat No:- 2018BTEEN00029
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 - 1714

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:- ULHAS KESHAVRAO NANDAPURE
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00049 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			1	4EN273	Microcontrollers and Peripherals Interfa
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 - 1714	Pay Slip No. :- MU - 1714
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ULHAS KESHAVRAO NANDAPURE	Name:- ULHAS KESHAVRAO NANDAPURE
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00049	Exam Seat No:- 2018BTEEN00049
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 - 1715

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:- PRANAV GAJANAN KAPALE
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00050 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	4EN253	Data Structure and Algorithm Laboratory	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 - 1715	Pay Slip No. :- MU - 1715
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRANAV GAJANAN KAPALE	Name:- PRANAV GAJANAN KAPALE
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00050	Exam Seat No:- 2018BTEEN00050
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 - 1716

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:- YUTESH SHRIRAM MOHADIKAR
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00055 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 - 1716	Pay Slip No. :- MU - 1716
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- YUTESH SHRIRAM MOHADIKAR	Name:- YUTESH SHRIRAM MOHADIKAR
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00055	Exam Seat No:- 2018BTEEN00055
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 - 1717

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:- PRATHMESH SURESH SONAVALA
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00072 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 - 1717	Pay Slip No. :- MU - 1717
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRATHMESH SURESH SONAVALA	Name:- PRATHMESH SURESH SONAVALA
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00072	Exam Seat No:- 2018BTEEN00072
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 - 1718

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:- PRATIKSHA VASANT KOTWAL
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00204 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	4EN222	Signals and Systems
2	4EN202	Circuit Theory	2	4EN223	Communication Engineering
3	3EN203	Electronic Circuit Analysis and Design-	3	4EN273	Microcontrollers and Peripherals Interfa
4	3EN202	Digital Electronics	4	3EN223	Microcontroller, Peripherals and Interfa
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 8 X ` 300 /-			Total Amount :- ` 2400/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Two Thousand Four 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 - 1718	Pay Slip No. :- MU - 1718
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRATIKSHA VASANT KOTWAL	Name:- PRATIKSHA VASANT KOTWAL
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00204	Exam Seat No:- 2018BTEEN00204
Exam. Fee Rs Amount. : 2400/-	Exam. Fee Rs Amount. : 2400/-
In Words:- ` Two Thousand Four Hundred Only	In Words:- ` Two Thousand Four 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 - 1719

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:- GHADGE SIDDHARTH KARBHARI
2. Class & Branch : - Second Year B.Tech Electronics Engineering
3. Exam Seat No:2019BTEEN00207 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 - 1719	Pay Slip No. :- MU - 1719
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- GHADGE SIDDHARTH KARBHARI	Name:- GHADGE SIDDHARTH KARBHARI
Class & Branch:- Second Year B.Tech Electronics Engineering	Class & Branch:- Second Year B.Tech Electronics Engineering
Exam Seat No:- 2019BTEEN00207	Exam Seat No:- 2019BTEEN00207
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**