

Form No. 36

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 o	f student:- 2015BEN050 GIRISH SANJAY C	HAVAN					
	2. Class &	Branch: - Second Year B.Tech Electronics I	Engineer	ring		Affix recent		
	3. Exam Seat No:2015BEN050 4. Address							
	Email :	Phone No./Mobile No.:				X		
	5 D.4. T.		41					
	5. Details	of the courses for which I wish to appear for Courses						
		Semester I	or sem	iester	Semester II			
Sr.	Code	Course Name	Sr.	Code	Course Na	ma		
1	4MA203	Applied Mathematics for Electrical and E	1	Couc	Course Na	III C		
2	3EN203	Electronic Circuit Analysis and Design-	2					
3	1211200	Zioo viento en oute i ziuljene unu z onign	3					
4			4					
5			5					
6			6					
7		İ	7					
8		İ	8					
9			9					
10			10					
		Exam Fee:- 2 X ` 300	/-		Tota	al Amount :- ` 600 /-		
`		, Please accept the application form along wit to: Examination fee(EXAM CELL) A/C	(* Late h amou		+ Exam Fee /-) Hundred Only) Date			
		ECEIPT (ACCOUNTS COPY)			RECEIPT (STUDENT CO			
W	'ALCHAND	COLLEGE OF ENGINEERING, SANGLI	V	VALCHANI	D COLLEGE OF ENGINEE	ERING, SANGLI		
		(An Autonomous Institute)			(An Autonomous Institut	e)		
Pa	y Slip No.	:- MU - 1700	Pa	y Slip No.	:- MU - 1700			
		nination June/July 2019			mination June/July 2019			
_		BEN050 GIRISH SANJAY CHAVAN	-		BEN050 GIRISH SANJAY (
		ch:- Second Year B.Tech Electronics			ch:- Second Year B. Tech El	ectronics		
_	ineering	2015DEN 1050		Engineering				
-		:- 2015BEN050	-	Exam Seat No:- 2015BEN050				
\vdash		Amount. : 600/-	-		Amount. : 600/-			
l In	Words:- ` S	Six Hundred Only	l I In	Words:- ` S	Six Hundred Only			

Date:-

Checked by

Signature of student:-

Cashier

Cashier

Date:-

Checked by



Form No. 36

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 Se	at No:2015BEN063 4. Address				photograph	
	Email :	Phone No./Mobile No.:			-	X	
	5. Details of	of the courses for which I wish to appear for					
_		Courses	of sen	nester	~		
	1	Semester I		1	Semester II		
Sr.		Course Name	Sr.	!	Course Na		
1	4MA203	Applied Mathematics for Electrical and E	1	4EN221	Electronic Circuit Analysis	and Design-I	
2	4HS203	Environmental Science	22	4EN222	Signals and Systems		
3	4EN201	Electronic Circuit Analysis and Design-I	3	4EN223	Communication Engineerin		
4	4EN202	Circuit Theory	4	4EN224	Microcontrollers and Perip	herals 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/-	
ì		Please accept the application form along wit to: Examination fee(EXAM CELL) A/C m cell:	h amoi	·		nly)	
		Checked by		Cashier	Date		
	RE	CEIPT (ACCOUNTS COPY)			RECEIPT (STUDENT CO	PY)	
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI		WALCHAN	ID COLLEGE OF ENGINEE	RING, SANGLI	
		(An Autonomous Institute)			(An Autonomous Institute	e)	
Pay	y Slip No.	:- MU - 1701	Pa	ay Slip No.	:- MU - 1701		
Ma	keup Exam	nination June/July 2019	M	lakeup Exa	amination June/July 2019		
Na	me:- EUING	GCHANG K SANGMA	N	ame:- EUIN	NGCHANG K SANGMA		
Cla	ss & Brancl	n:- Second Year B.Tech Electronics	C	lass & Bran	nch:- Second Year B.Tech El	ectronics	
Engineering			Eng	gineering			
Exa	am Seat No:	- 2015BEN063	E	Exam Seat No:- 2015BEN063			
Exa	am. Fee Rs	Amount. : 3600 /-	E	Exam. Fee Rs Amount. : 3600/-			
In	Words:- ` T	hree Thousand Six Hundred Only	In	In Words:- ` Three Thousand Six Hundred Only			
Date:-			Date:-				

Signature of student:-

Cashier

Checked by

Cashier

Signature of student:-



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	f student:- ONKAR SHIVAJI PAWAR						
	2. Class & Branch: - Second Year B. Tech Electronics Engineering							
	3. Exam Seat No:2016BTEEN00017 4. Address							
		X						
	Eman	Phone No./Mobile No.:	••••••	• • • • • • • • • • • • • • • • • • • •	•			
	5. Details	of the courses for which I wish to appear for	r the exa	amination:				
		Courses	of sem	ester				
		Semester I			Semester II			
Sr.	Code	Course Name	Sr.	Code	Course Na	ıme		
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			Tota	al Amount :- ` 300 /-		
(C)	· 4 6	2-414) D-4	(* Late	Fee /-	+ Exam Fee /-)			
(3)	ignature of	,						
		, Please accept the application form along wit	th amou	nt of (Thre	ee Hundred Only)			
	and credit	to: Examination fee(EXAM CELL) A/C						
Rec	eipt of Exa	ım cell·						
	отре от 2	Checked by		Cashier	Date			
		Checked by		Casilici	Date			
	RF	ECEIPT (ACCOUNTS COPY)		-	RECEIPT (STUDENT CO	OPY)		
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI	l W	/ALCHAN	D COLLEGE OF ENGINER	ERING, SANGLI		
		(An Autonomous Institute)			(An Autonomous Institut	re)		
Pa	y Slip No.	:- MU - 1702	Pag	y Slip No.	:- MU - 1702			
Ma	akeup Exar	nination June/July 2019	Ma	keup Exa	mination June/July 2019			
Na	me:- ONKA	AR SHIVAJI PAWAR	Na	me:- ONK	AR SHIVAJI PAWAR			
Cla	ass & Branc	h:- Second Year B.Tech Electronics	Cla	iss & Brand	ch:- Second Year B.Tech E	lectronics		
	ineering			ineering				
\vdash		:- 2016BTEEN00017		Exam Seat No:- 2016BTEEN00017				
\vdash		Amount. : 300/-			s Amount. : 300 /-			
In	Words:- ` T	Three Hundred Only			Three Hundred Only			
Da	te:-		Da	te:-				

Signature of student:-

Cashier

Checked by

Cashier

Signature of student:-



Form No. 36

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 PRA	KASH					
	2. Class & Branch: - Second Year B. Tech Electronics Engineering							
	3. Exam Seat No:2016BTEEN00201 4. Address							
		Phone No./Mobile No.:				X		
	5. Details	of the courses for which I wish to appear for						
		Courses	of sei	mester				
		Semester I			Semester II			
Sr.		Course Name	Sr.		Course Na			
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	/-		Tota	l Amount :- ` 600/-		
	and credit t	Please accept the application form along wit to: Examination fee(EXAM CELL) A/C	(* Late		+ Exam Fee /-) Hundred Only)			
Rec	eipt of Exa	m cell:						
		Checked by		Cashier	Date			
	RE	CEIPT (ACCOUNTS COPY)			RECEIPT (STUDENT CO	PY)		
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI		WALCHAN	D COLLEGE OF ENGINEE	RING, SANGLI		
		(An Autonomous Institute)			(An Autonomous Institute	e)		
Pay	y Slip No.	:- MU - 1703	P	ay Slip No.	:- MU - 1703			
Ma	keup Exan	nination June/July 2019	N	Takeup Exa	mination June/July 2019			
Na	me:- PAPUI	LWAR YOGESHWARI PRAKASH		ame:- PAPU	JLWAR YOGESHWARI PR	AKASH		
Class & Branch:- Second Year B.Tech Electronics				lass & Bran	ch:- Second Year B.Tech El	ectronics		
Engineering			En	Engineering				
Ex	am Seat No	- 2016BTEEN00201	E	Exam Seat No:- 2016BTEEN00201				
Exa	am. Fee Rs	Amount. : 600 /-	LE	Exam. Fee Rs Amount. : 600/-				
In	Words:- ` S	In Words:- `Six Hundred Only			In Words:- ` Six Hundred Only			

Date:-

Checked by

Signature of student:-

Cashier

Cashier

Date:-

Checked by



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 o	f student:- MUSKAN NAJIR MULLA					
	2. Class & Branch: - Second Year B.Tech Electronics Engineering						
	3. Exam Seat No:2017BTEEN00013 4. Address						
	Email :		X				
_	5. Details	of the courses for which I wish to appear fo					
<u> </u>		Courses	of sem	ester			
	1	Semester I			Semester II		
Sr.		Course Name	Sr.	Code	Course Na	ime	
1	4ME101	Basic Mechanical Engineering	1				
2			2				
3			3				
4			4				
5			5				
6 7			6				
			/		<u> </u>		
8 9			8 9		<u> </u>		
10			10		<u> </u>		
10		F F 4 W 200	استسال		T	1.4	
		Exam Fee:- 1 X ` 300				al Amount :- ` 300/-	
(Q)	gnature of	student) Date:	(* Late	Fee /-	+ Exam Fee /-)		
(3)	O	,		0 (57)			
		, Please accept the application form along wito: Examination fee(EXAM CELL) A/C	th amou	nt of (Thre	e Hundred Only)		
Rec	eipt of Exa	ım cell:					
		Checked by		Cashier	Date		
	RI	ECEIPT (ACCOUNTS COPY)]	RECEIPT (STUDENT CO	OPY)	
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI	V	VALCHANI	D COLLEGE OF ENGINEE	ERING, SANGLI	
		(An Autonomous Institute)			(An Autonomous Institut	e)	
Pa	y Slip No.	:- MU - 1704	Pa	y Slip No.	:- MU - 1704		
Ma	akeup Exai	nination June/July 2019	Ma	ıkeup Exa	mination June/July 2019		
Na	me:- MUSk	AN NAJIR MULLA	Na	me:- MUSI	KAN NAJIR MULLA		
Cla	ass & Branc	h:- Second Year B.Tech Electronics	Cla	ıss & Branc	ch:- Second Year B.Tech E	lectronics	
Eng	ineering		Eng	ineering			
Ex	am Seat No	:- 2017BTEEN00013	Ex	Exam Seat No:- 2017BTEEN00013			
Ex	am. Fee Rs	Amount. : 300/-	Ex	am. Fee Rs	Amount. : 300/-		
In	Words:- `]	Three Hundred Only	In	In Words:- ` Three Hundred Only			
Da	ate:_			to:			

Signature of student:-

Checked by

Cashier

Cashier

Signature of student:-



Form No. 36

Cashier

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	f student:- PRIYA POCHIRAM SUDEWAD					
	2. Class & Branch: - Second Year B. Tech Electronics Engineering						
	3. Exam Seat No:2017BTEEN00058 4. Address						
		Phone No./Mobile No.:				X	
	Linui	Holic 1.0./ Nidolic 1.0					
	5. Details	of the courses for which I wish to appear for	the ex	xamination:			
		Courses	of ser	nester			
		Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Na	me	
1	4MA203	Applied Mathematics for Electrical and E	1	4EN223	Communication Engineerin	g	
2	4EN201	Electronic Circuit Analysis and Design-I	2	4EN224	Microcontrollers and Peripl	herals 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 /-	
		, Please accept the application form along wit to: Examination fee(EXAM CELL) A/C	h amo	unt of (Two		nly)	
_							
		CCEIPT (ACCOUNTS COPY)		WALCIAN	RECEIPT (STUDENT CO		
<u> </u>	ALCHAND	COLLEGE OF ENGINEERING, SANGLI	_	WALCHAN	D COLLEGE OF ENGINEE		
<u></u>	G!: 3.T	(An Autonomous Institute)		G1' 3.1	(An Autonomous Institute	e)	
	Slip No.	:- MU - 1705	_	ay Slip No.			
		nination June/July 2019	_		amination June/July 2019		
		A POCHIRAM SUDEWAD	_		YA POCHIRAM SUDEWAD		
		h:- Second Year B.Tech Electronics			nch:- Second Year B. Tech Ele	ectronics	
Engineering Exam Seat No:- 2017BTEEN00058			_	gineering	In. 2017DTEENI00050		
			_		No:- 2017BTEEN00058		
		Amount. : 2400/-	_		As Amount. : 2400/-	10.1	
		wo Thousand Four Hundred Only	_		Two Thousand Four Hundre	ed Only	
Da		1	_	ate:-	. 1		
Sig	nature of st	udent:-	S	ignature of	student:-		

Checked by

Checked by

Cashier



Form No. 36

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	f student:- ANAGHA SANDEEP MANE						
	2. Class &	Branch: - Second Year B. Tech Electronics I	engineer	ing		Affix recent		
	3. Exam Seat No:2017BTEEN00072 4. Address							
	Email :							
	5. Details	of the courses for which I wish to appear for						
		Courses	of sem	ester				
	4	Semester I			Semester II			
Sr.	Code	Course Name	Sr.	Code	Course Na	me		
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/-							
		, Please accept the application form along wit to : Examination fee(EXAM CELL) A/C	h amou	nt of (One '	Thousand Two Hundred On Date	nly)		
		CEIPT (ACCOUNTS COPY)			RECEIPT (STUDENT CO	<u> </u>		
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI	V	VALCHANI	O COLLEGE OF ENGINEE	RING, SANGLI		
		(An Autonomous Institute)			(An Autonomous Institute	e)		
Pay	y Slip No.	:- MU - 1706	Pa	y Slip No.	:- MU - 1706			
Ma	keup Exan	nination June/July 2019	Ma	ıkeup Exar	mination June/July 2019			
Na	me:- ANAG	HA SANDEEP MANE	Na	me:- ANAC	GHA SANDEEP MANE			
Cla	ss & Branc	h:- Second Year B.Tech Electronics	Cla	ıss & Branc	ch:- Second Year B.Tech El	ectronics		
Engineering				ineering				
Exam Seat No:- 2017BTEEN00072 Exam Seat No:- 2017BTEEN00072								
Exa	am. Fee Rs	Amount.: 1200/-	Ex	am. Fee Rs	Amount.: 1200/-			
In	Words:- ` C	One Thousand Two Hundred Only	In	Words:- ` (One Thousand Two Hundre	d Only		
Da	te:-	·	Da	te:-				
Sig	nature of st	tudent:-	Sig	nature of s	tudent:-			

Checked by

Cashier

Cashier



Form No. 36

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	f student:- RISHIKESH SANJAY MALVE						
	2. Class &	Branch: - Second Year B.Tech Electronics I	ngineer	ing		Affix recent		
	3. Exam Seat No:2018BTECV00088 4. Address							
	Email :		X					
_	5. Details	of the courses for which I wish to appear for						
		Courses	of sem	ester				
		Semester I			Semester II			
Sr.		Course Name	Sr.	Code	Course Na	me		
1	4EN203	Digital Electronics	1					
2			2					
3			3					
4			4					
5			5					
6			6					
7			7					
8			8					
9			9					
10		Exam Fee:- 1 X ` 300	10		<u> </u>	al Amount :- ` 300 /-		
(S)		student) Date: , Please accept the application form along wit to: Examination fee(EXAM CELL) A/C	(* Late		+ Exam Fee /-) ee Hundred Only)			
Rec	ceipt of Exa	um cell:						
		Checked by		Cashier	Date			
		ECEIPT (ACCOUNTS COPY)			RECEIPT (STUDENT CO			
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI	W	/ALCHAN	D COLLEGE OF ENGINEE			
		(An Autonomous Institute)			(An Autonomous Institut	e)		
	y Slip No.	:- MU - 1707		y Slip No.	:- MU - 1707			
		mination June/July 2019			mination June/July 2019			
		KESH SANJAY MALVE			IKESH SANJAY MALVE			
		ch:- Second Year B.Tech Electronics			ch:- Second Year B. Tech El	lectronics		
_	ineering	2010PTFCV/00000		neering	2010PTFCV00000			
\vdash		:- 2018BTECV00088	_		o:- 2018BTECV00088			
_		Amount. : 300/-	_		S Amount. : 300/-			
-		Three Hundred Only			Three Hundred Only			
	ite:-	414.	Da					
1 519	gnature of s	tuaent:-		nature of s	stuaent:-			

Checked by

Cashier

Cashier



Form No. 36

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	f student:- SHOUNAK SHASHIKANTH KULI	KARNI					
	2. Class & Branch: - Second Year B. Tech Electronics Engineering							
	3. Exam Seat No:2018BTEEN00009 4. Address							
	Email :Phone No./Mobile No.:							
	Liliuli	Holie 130,/14looke 130			•			
	5. Details	of the courses for which I wish to appear for	the exa	amination:				
		Courses	of sem	ester				
		Semester I			Semester II			
Sr.	Code	Course Name	Sr.	Code	Course Na	me		
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	/-		Tota	ll Amount :- ` 300 /-		
	and credit	, Please accept the application form along wit to: Examination fee(EXAM CELL) A/C	(* Late h amou		+ Exam Fee /-) ee Hundred Only)			
Rec	eipt of Exa							
		Checked by		Cashier Date				
		CEIPT (ACCOUNTS COPY)	<u> </u>		RECEIPT (STUDENT CO			
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI	<u> v</u>	VALCHANI	D COLLEGE OF ENGINEE			
		(An Autonomous Institute)			(An Autonomous Institute	e)		
_	/ Slip No.	:- MU - 1708	_	y Slip No.	:- MU - 1708			
		nination June/July 2019	-		mination June/July 2019			
		NAK SHASHIKANTH KULKARNI	-		JNAK SHASHIKANTH KUI			
1		h:- Second Year B.Tech Electronics			ch:- Second Year B. Tech El	ectronics		
	neering		-	ineering	• • • • • • • • • • • • • • • • • • • •			
_		:- 2018BTEEN00009	-	Exam Seat No:- 2018BTEEN00009				
_		Amount. : 300/-	1 -	Exam. Fee Rs Amount. : 300/-				
-		Three Hundred Only	-		Three Hundred Only			
Da	te:-		Da	te:-				

Signature of student:-

Cashier

Checked by

Cashier

Signature of student:-



Form No. 36

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	f student:- ABHILASHA SANJAYKUMAR LO)KHAN	DE				
	2. Class & Branch: - Second Year B. Tech Electronics Engineering							
	3. Exam Seat No:2018BTEEN00013 4. Address							
		Phone No./Mobile No.:				X		
	Linun	Hone Ivo./Ividone Ivo	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•			
	5. Details	of the courses for which I wish to appear for	r the exa	amination:				
		Courses	of sem	ester				
		Semester I			Semester II			
Sr.	Code	Course Name	Sr.	Code	Course Na	me		
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	/-		Tota	l Amount :- ` 600 /-		
		, Please accept the application form along wito: Examination fee(EXAM CELL) A/C	(* Late th amou		+ Exam Fee /-) Hundred Only)			
		Checked by		Cashier Date				
	RE	CCEIPT (ACCOUNTS COPY)		-	RECEIPT (STUDENT CO	PY)		
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI	V	VALCHAN	D COLLEGE OF ENGINEE	RING, SANGLI		
		(An Autonomous Institute)			(An Autonomous Institute	e)		
Pay	y Slip No.	:- MU - 1709	Pa	y Slip No.	:- MU - 1709			
Ma	keup Exar	nination June/July 2019	Ma	akeup Exa	mination June/July 2019			
Na	me:- ABHII	ASHA SANJAYKUMAR LOKHANDE	Na	me:- ABHI	LASHA SANJAYKUMAR L	OKHANDE		
Cla	Class & Branch:- Second Year B.Tech Electronics				ch:- Second Year B.Tech El	ectronics		
<u> </u>	Engineering			ineering				
_		:- 2018BTEEN00013	┥ ├──		o:- 2018BTEEN00013			
Exa	am. Fee Rs	Amount. : 600/-	<u> </u> Ex	Exam. Fee Rs Amount.: 600/-				
In	Words:- `S	Six Hundred Only	In	Words:- `	Six Hundred Only			
Da	te:-		Da	te:-				

Signature of student:-

Cashier

Checked by

Cashier

Signature of student:-



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 E	engineer	ring		Affix recent		
	3. Exam Seat No:2018BTEEN00014 4. Address							
	Email :	Phone No./Mobile No.:				X		
	5. Details	of the courses for which I wish to appear for						
<u> </u>		Courses	of sem	iester	CII			
C	C-d-	Semester I	C	C-1	Semester II			
Sr.	Code 4MA203	Course Name Applied Mathematics for Electrical and E	Sr.	Code	Course Na	me		
2	4HS203	Environmental Science	2					
3	4EN203	Digital Electronics	3					
4	TLI \203	Digital Electronics	4					
5		<u> </u>	5					
6			$\frac{3}{6}$					
7			7					
8			8					
9			9					
10			10					
	Exam Fee:- 3 X ` 300 /- Total Amount :- ` 900/-							
		student) Date: Please accept the application form along wit to: Examination fee(EXAM CELL) A/C	(* Late h amou		+ Exam Fee /-) Hundred Only) Date			
	P F	CEIPT (ACCOUNTS COPY)		1	RECEIPT (STUDENT CO			
$-\mathbf{w}$		COLLEGE OF ENGINEERING, SANGLI			D COLLEGE OF ENGINEE			
H"	7 ILCTE II VD	(An Autonomous Institute)	<u> </u>	VI ILLOI II VI	(An Autonomous Institute			
Pa	y Slip No.	:- MU - 1710	Pa	y Slip No.	:- MU - 1710	-)		
_		nination June/July 2019			mination June/July 2019			
		AY VIJAY KADAM			HAY VIJAY KADAM			
Cla	ss & Branc	h:- Second Year B.Tech Electronics	Cla	ass & Branc	ch:- Second Year B.Tech El	ectronics		
Eng	ineering		Eng	ineering				
Ex	am Seat No	:- 2018BTEEN00014	Ex	am Seat No	o:- 2018BTEEN00014			
Ex	am. Fee Rs	Amount. : 900 /-	Ex	am. Fee Rs	Amount. : 900/-			
In	Words - ` N	line Hundred Only	In	Words:- ` 1	Nine Hundred Only			

Date:-

Checked by

Signature of student:-

Cashier

Cashier

Date:-

Checked by



Form No. 36

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 o	f student:- VASANT GANGADHARRAO DE	WARE						
	2. Class & Branch: - Second Year B.Tech Electronics Engineering								
	3. Exam Seat No:2018BTEEN00025 4. Address								
	Email :		X						
	5. Details	of the courses for which I wish to appear fo							
		Courses	of sem	ester					
	1	Semester I			Semester II				
Sr.	Code	Course Name	Sr.	Code	Course Na	me			
1	4HS203	Environmental Science	1						
2			2						
3			3						
4			4						
5			5						
6			6						
7			7						
8			8						
9									
10			10						
	Exam Fee:- 1 X ` 300 /- Total Amount :- ` 300/-								
(Si	(* 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							
Rec	eipt of Exa	am cell·							
1101	cipt of Eat			Cashier	Data				
		Checked by		Casmei	Date				
	RI	ECEIPT (ACCOUNTS COPY)]	RECEIPT (STUDENT CO	OPY)			
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI		VALCHANI	D COLLEGE OF ENGINEE	ERING, SANGLI			
		(An Autonomous Institute)	1 [(An Autonomous Institut	<u>(e)</u>			
Pa	y Slip No.	:- MU - 1711	Pa	y Slip No.	:- MU - 1711				
Ma	ıkeup Exa	mination June/July 2019	Ma	akeup Exai	mination June/July 2019				
Na	me:- VASA	NT GANGADHARRAO DEWARE	Na	me:- VASA	NT GANGADHARRAO DI	EWARE			
Cla	ıss & Branc	ch:- Second Year B.Tech Electronics	Cla	ass & Branc	ch:- Second Year B.Tech El	lectronics			
Eng	ineering		Eng	ineering					
Ex	am Seat No	o:- 2018BTEEN00025	Ex	Exam Seat No:- 2018BTEEN00025					
Ex	am. Fee Rs	Amount.: 300/-	Ex	Exam. Fee Rs Amount. : 300/-					
In	Words:- `	Three Hundred Only	In	Words:- ` T	Three Hundred Only				
Da	te:-		Da	ite:-					

Signature of student:-

Cashier

Checked by

Cashier

Signature of student:-



Form No. 36

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	f student:- SHARAYU SUBHASHRAO DEVT	HANKA	R					
	2. Class &	Branch: - Second Year B.Tech Electronics	Engineer	ing		Affix recent			
	3. Exam Seat No:2018BTEEN00028 4. Address								
	Email :								
	Eman	I Holic INO./Mobile INO			··				
	5. Details	of the courses for which I wish to appear fo	r the exa	amination:					
		Courses	of sem	ester					
		Semester I		Semester II					
Sr.	Code	Course Name	Sr.	Code	Course Na	ame			
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	/-		Tot	al Amount :- ` 300 /-			
`	and credit	, Please accept the application form along wito: Examination fee(EXAM CELL) A/C	(* Late		+ Exam Fee /-) ee Hundred Only)				
Rec	ceipt of Exa	om cell: Checked by		Cashier Date					
		ECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)					
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI	<u> v</u>	WALCHAND COLLEGE OF ENGINEERING, SANGLI					
		(An Autonomous Institute)		(An Autonomous Institute)					
Pa	y Slip No.	:- MU - 1712	Pa	Pay Slip No. :- MU - 1712					
Makeup Examination June/July 2019			Ma	akeup Exa	mination June/July 2019				
	Name:- SHARAYU SUBHASHRAO DEVTHANKAR				RAYU SUBHASHRAO DEV				
		eh:- Second Year B.Tech Electronics	1 1		ch:- Second Year B.Tech E	lectronics			
	ineering	***************************************	-	ineering	4040DDDD				
-		:- 2018BTEEN00028	-		o:- 2018BTEEN00028				
\vdash		Amount. : 300/-	-	Exam. Fee Rs Amount.: 300/-					
		Three Hundred Only	-	In Words:- ` Three Hundred Only					
Da	te:-	Date:-			Date:-				

Signature of student:-

Cashier

Checked by

Cashier

Signature of student:-



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	f 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.:								
_	5. Details	of the courses for which I wish to appear for							
		Courses	of sem	ester					
	1	Semester I			Semester II				
Sr.		Course Name	Sr.	Code	Course Na	me			
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	/-		Tota	l Amount :- ` 600 /-			
(S	ignature of	student) Date:	(* Late	Fee /-	+ Exam Fee /-)				
		, Please accept the application form along wit to : Examination fee(EXAM CELL) A/C	h amou	nt of (Six I	Hundred Only)				
Rec	ceipt of Exa	nm cell:							
	-	Checked by		Cashier	Date				
	RI	ECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)						
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI	V	WALCHAND COLLEGE OF ENGINEERING, SANGLI					
		(An Autonomous Institute)		(An Autonomous Institute)					
Pa	y Slip No.	:- MU - 1713	Pa	y Slip No.	:- MU - 1713				
Ma	akeup Exar	nination June/July 2019	Ma	akeup Exa	mination June/July 2019				
Na	me:- PRAN	AV MADHAV KATKADE	Na	me:- PRAN	IAV MADHAV KATKADE				
Cla	ass & Branc	ch:- Second Year B.Tech Electronics	Cla	ass & Branc	ch:- Second Year B.Tech El	ectronics			
Eng	ineering		Eng	ineering					
Ex	am Seat No	:- 2018ВТЕЕN00029	Ex	am Seat No	o:- 2018BTEEN00029				
Ex	am. Fee Rs	Amount. : 600/-	Ex	am. Fee Rs	Amount. : 600/-				
In	Words:- ` S	Six Hundred Only	In	In Words:- ` Six Hundred Only					
Data:			Da	Data:					

Signature of student:-

Checked by

Cashier

Cashier

Signature of student:-



Form No. 36

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.

	 Name of stu 	dent:- ULHAS KESHAVRAO NANDAPU	RE						
,	2. Class & Branch: - Second Year B. Tech Electronics Engineering								
,	3. Exam Seat No:2018BTEEN00049 4. Address								
		Phone No./Mobile No.:				X			
	5. Details of the	ne courses for which I wish to appear for							
		Courses	of ser	nester					
		Semester I		-	Semester II				
Sr.	Code	Course Name	Sr.		Course Na				
1			1	4EN273	Microcontrollers and Perip	herals Interfa			
2			2						
3			3						
4			4						
5			5	ļ					
6			6	ļ					
7			7						
8			8						
9			9						
10			10						
		Exam Fee:- 1 X ` 300	/-		Tota	ll Amount :- ` 300 /-			
(Sin	nature of stu	dent) Date:	(* Late	e Fee /-	- + Exam Fee /-)				
` `	,	,	1	. C.(TEI	н 1 10 1)				
		ase accept the application form along wit Examination fee(EXAM CELL) A/C	in amo	unt of (1 nr	ee Hundred Only)				
Rece	ipt of Exam c	ell:							
	-	Checked by		Cashier	Date				
				·····					
	RECE	PT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)						
WA	ALCHAND CO	LLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI					
	(Aı	n Autonomous Institute)		(An Autonomous Institute)					
Pay	Slip No. :- !	MU - 1714	P	ay Slip No.	:- MU - 1714				
Mal	keup Examina	tion June/July 2019	N.	lakeup Exa	amination June/July 2019				
Nan	ne:- ULHAS KI	ESHAVRAO NANDAPURE	N	ame:- ULH	IAS KESHAVRAO NANDAP	URE			
Clas	s & Branch:- S	Second Year B.Tech Electronics		lass & Brar	nch:- Second Year B.Tech El	ectronics			
	neering			gineering					
		018BTEEN00049			No:- 2018BTEEN00049				
	m. Fee Rs Am		-	Exam. Fee Rs Amount.: 300/-					
		e Hundred Only	. —	In Words:- ` Three Hundred Only					
Dota:			1 1 2	Data:					

Signature of student:-

Checked by

Cashier

Cashier

Signature of student:-



Form No. 36

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	f student:- PRANAV GAJANAN KAPALE						
	2. Class & Branch: - Second Year B. Tech Electronics Engineering							
	3. Exam Seat No:2018BTEEN00050 4. Address							
	Email :	X						
	5. Details	of the courses for which I wish to appear for						
		Courses	of sem	ester	C II			
	- C 1	Semester I	Semester II					
Sr.		Course Name	Sr.	Code	Course Na	me		
	4MA203	Applied Mathematics for Electrical and E	1					
2	4EN253	Data Structure and Algorithm Laboratory	2					
3			3 4		<u> </u>			
5		-	4 5					
6		-	$\frac{3}{6}$					
7			7					
8			8					
9	1		9					
10			10		<u> </u>			
-		Exam Fee:- 2 X ` 300			Tota	al Amount :- ` 600 /-		
(Si		student) Date: , Please accept the application form along wit to: Examination fee(EXAM CELL) A/C	(* Late		+ Exam Fee /-) Hundred Only)			
Red	ceipt of Exa	m cell: Checked by		Cashier	Date			
		ECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)				
L W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI	<u> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>	WALCHAND COLLEGE OF ENGINEERING, SANGLI				
		(An Autonomous Institute)		(An Autonomous Institute)				
-	y Slip No.	:- MU - 1715		y Slip No.	:- MU - 1715			
		mination June/July 2019			mination June/July 2019			
		AV GAJANAN KAPALE			NAV GAJANAN KAPALE			
		h:- Second Year B.Tech Electronics	l I		ch:- Second Year B.Tech El	ectronics		
_	ineering	:- 2018BTEEN00050		ineering	o:- 2018BTEEN00050			
			_		s Amount. : 600 /-			
	Exam. Fee Rs Amount. : 600/- In Words:- `Six Hundred Only			In Words:- `Six Hundred Only				

Date:-

Checked by

Signature of student:-

Cashier

Cashier

Date:-

Checked by



Form No. 36

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	f student:- YUTESH SHRIRAM MOHADIKA	R					
	2. Class & Branch: - Second Year B. Tech Electronics Engineering							
	3. Exam Seat No:2018BTEEN00055 4. Address							
	Email :	X						
	5 Details	of the courses for which I wish to appear for	r the eve	mination:				
	J. Details	Courses						
⊢		Semester I	UI SCIII	estei	Semester II			
Sr.	Code	Course Name	Sr. Code Course Name					
1	4MA203	Applied Mathematics for Electrical and E	1	Couc	Course ita			
-	111111111111111111111111111111111111111	papared mannermanes for Electrical and E	2					
2 3			3					
4			$\frac{1}{4}$					
5			5					
6			6					
7			7					
8			8					
9			9					
10			10					
	,	Exam Fee:- 1 X ` 300	/-		Tota	al Amount :- ` 300 /-		
(Si		f student) Date: , Please accept the application form along wit to: Examination fee(EXAM CELL) A/C	(* Late		+ Exam Fee /-) te Hundred Only)			
Rec	eipt of Exa	,						
		Checked by		Cashier	Date			
	RI	ECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)					
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI	<u> </u>	WALCHAND COLLEGE OF ENGINEERING, SANGLI				
		(An Autonomous Institute)	l L	(An Autonomous Institute)				
Pa	y Slip No.	:- MU - 1716	Pa	y Slip No.	:- MU - 1716			
Ma	ıkeup Exar	mination June/July 2019	Ma	ikeup Exa	mination June/July 2019			
Na	me:- YUTE	SH SHRIRAM MOHADIKAR	Na	me:- YUTE	ESH SHRIRAM MOHADIK	AR		
		ch:- Second Year B.Tech Electronics			ch:- Second Year B.Tech E	lectronics		
	ineering	4010PEPP 100077	- <u>-</u>	ineering	0.1.00			
		:- 2018BTEEN00055			o:- 2018BTEEN00055			
		Amount. : 300/-		Exam. Fee Rs Amount. : 300/-				
		Three Hundred Only		In Words:- ` Three Hundred Only				
Da	te:-		Da	Date:-				

Signature of student:-

Cashier

Checked by

Cashier

Signature of student:-



Form No. 36

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 SONAVA	LE					
	2. Class &	Branch: - Second Year B. Tech Electronics I	Engineer	ing		Affix recent		
	3. Exam Seat No:2018BTEEN00072 4. Address							
	Email :							
					•			
	5. Details	of the courses for which I wish to appear for	the exa	amination:				
		Courses	of sem	ester				
		Semester I		Semester II				
Sr.		Course Name	Sr.	Sr. Code Course Name				
1	4MA203	Applied Mathematics for Electrical and E	1					
2 3			2					
			3					
4			4					
5			5					
6			6					
7			7					
8			8					
9			9					
10			10		<u> </u>			
		Exam Fee:- 1 X ` 300	/-		Tota	al Amount :- ` 300/-		
(Si		student) Date: Please accept the application form along wit to: Examination fee(EXAM CELL) A/C	h amou	nt of (Thre	+ Exam Fee /-) the Hundred Only)			
Rec	eipt of Exa	m cell:						
		Checked by		Cashier	Date			
		CEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)				
W	ALCHAND	COLLEGE OF ENGINEERING, SANGLI	<u> v</u>	WALCHAND COLLEGE OF ENGINEERING, SANGLI				
		(An Autonomous Institute)		(An Autonomous Institute)				
Pa	y Slip No.	:- MU - 1717	Pa	y Slip No.	:- MU - 1717			
Ma	ikeup Exan	nination June/July 2019			mination June/July 2019			
Na	me:- PRATI	HMESH SURESH SONAVALE	Na	me:- PRAT	THMESH SURESH SONAV	ALE		
		h:- Second Year B.Tech Electronics	I I		ch:- Second Year B.Tech El	ectronics		
	ineering			ineering				
_		- 2018BTEEN00072	_		o:- 2018BTEEN00072			
_		Amount. : 300/-	_		s Amount. : 300 /-			
		hree Hundred Only	_	In Words:- ` Three Hundred Only				
	te:-		_	te:-				
Sig	nature of st	udent:-	Sig	gnature of s	student:-			

Checked by

Cashier

Cashier



Form No. 36

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 o	f student:- PRATIKSHA VASANT KOTWAL						
	2. Class &	Branch: - Second Year B.Tech Electronics I	Engine	ering		Affix recent		
	3. Exam Seat No:2018BTEEN00204 4. Address							
	Email :		X					
	5. Details	of the courses for which I wish to appear for						
_		Courses Semester I	of sei	mester	Semester II			
G								
Sr.		Course Name	Sr.		Course Na	me		
2	4MA203	Applied Mathematics for Electrical and E		4EN222	Signals and Systems	_		
	4EN202	Circuit Theory	$\frac{2}{2}$	4EN223	Communication Engineerin	<u> </u>		
3	3EN203	Electronic Circuit Analysis and Design-	3	4EN273	Microcontrollers and Perip			
4	3EN202	Digital Electronics	4 5	3EN223	Microcontroller, Peripheral	s and Interfa		
5 6			_		<u> </u>			
7			6	1				
8		+	8	-				
9		+	9	-				
10			10					
10		Exam Fee:- 8 X ` 300	_	<u> </u>	Total	Amount :- ` 2400 /-		
·		s, Please accept the application form along wit to: Examination fee(EXAM CELL) A/C	h amo	ount of (Tw	o Thousand Four Hundred O	nly)		
		Checked by		Cashier	Date			
	RI	ECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)					
W	'ALCHANE	COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI				
		(An Autonomous Institute)		(An Autonomous Institute)				
Pa	y Slip No.	:- MU - 1718	P	ay Slip No.	:- MU - 1718			
Ma	akeup Exa	mination June/July 2019	N	Takeup Exa	amination June/July 2019			
Na	me:- PRAT	TIKSHA VASANT KOTWAL		lame:- PRA	TIKSHA VASANT KOTWA	L		
	nss & Brand ineering	ch:- Second Year B.Tech Electronics		Class & Brangineering	nch:- Second Year B.Tech El	ectronics		
Ex	am Seat No	o:- 2018BTEEN00204	E	xam Seat N	No:- 2018BTEEN00204			
Ex	am. Fee Rs	Amount. : 2400/-	E	xam. Fee R	Rs Amount. : 2400/-			
In	Words:- `	Two Thousand Four Hundred Only	I	In Words:- ` Two Thousand Four Hundred Only				
Da	Date:-			Date:-				

Signature of student:-

Cashier

Checked by

Cashier

Signature of student:-



Form No. 36

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	f student:- GHADGE SIDDHARTH KARBHA	RI						
	2. Class & Branch: - Second Year B. Tech Electronics Engineering								
	3. Exam Seat No:2019BTEEN00207 4. Address								
	Email :Phone No./Mobile No								
	Linuit I none 140./1400ile 140								
	5. Details	of the courses for which I wish to appear for	the exa	amination:					
		Courses	of sem	ester					
		Semester I			Semester II				
Sr.	Code	Course Name	Sr.	Code	Course Na	me			
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	/-		Tota	al Amount :- ` 300/-			
		Please accept the application form along wit to: Examination fee(EXAM CELL) A/C	(* Late		+ Exam Fee /-) re Hundred Only)				
		Checked by		Cashier	Date				
		•••••							
		CCEIPT (ACCOUNTS COPY)	 ,,	RECEIPT (STUDENT COPY)					
w	ALCHAND	COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI					
_	G1' 3.T	(An Autonomous Institute)	-	(An Autonomous Institute)					
-	y Slip No.	:- MU - 1719		Pay Slip No. :- MU - 1719					
	Makeup Examination June/July 2019				mination June/July 2019				
		GE SIDDHARTH KARBHARI	·		OGE SIDDHARTH KARBH				
	Class & Branch:- Second Year B.Tech Electronics				ch:- Second Year B.Tech El	ectronics			
	neering	2010DEFEN00207		ineering	2010DTEEN00207				
_		:- 2019BTEEN00207	l		o:- 2019BTEEN00207				
_		Amount.: 300/-	-	Exam. Fee Rs Amount.: 300/-					
		Three Hundred Only	-	In Words:- `Three Hundred Only					
Date:-			LDa	Date:-					

Signature of student:-

Cashier

Checked by

Cashier

Signature of student:-