



Slip No.MU - 1749

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:- ASHISH SHANKAR RANDIVE
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2017BTEIT00003 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	4IT201	Applied Mathematics for Information Tech	1	4IT221	Theory of Computation
2	4IT203	Data Structures	2		
3	4IT204	Microprocessors	3		
4	4HS203	Environmental Science	4		
5	4AM102	Introduction to Engineering Mechanics	5		
6			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 - 1749		Pay Slip No. :- MU - 1749	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- ASHISH SHANKAR RANDIVE		Name:- ASHISH SHANKAR RANDIVE	
Class & Branch:- Second Year B.Tech Information Technology		Class & Branch:- Second Year B.Tech Information Technology	
Exam Seat No:- 2017BTEIT00003		Exam Seat No:- 2017BTEIT00003	
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**



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1750

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:- RAM SHARAD DANDEKAR
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2017BTEIT00063 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	3MA204	Linear Algebra	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 - 1750	Pay Slip No. :- MU - 1750
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RAM SHARAD DANDEKAR	Name:- RAM SHARAD DANDEKAR
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2017BTEIT00063	Exam Seat No:- 2017BTEIT00063
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 - 1752

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:- AISHWARYA RATNAKAR GUTTE
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00001 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	4IT204	Microprocessors	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 - 1752	Pay Slip No. :- MU - 1752
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AISHWARYA RATNAKAR GUTTE	Name:- AISHWARYA RATNAKAR GUTTE
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00001	Exam Seat No:- 2018BTEIT00001
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 - 1753

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:- RUSHIKESH BALAJI PEDGE
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00002 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	4BS102	Elective on Basic Sciences: Material Sci	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 - 1753	Pay Slip No. :- MU - 1753
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RUSHIKESH BALAJI PEDGE	Name:- RUSHIKESH BALAJI PEDGE
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00002	Exam Seat No:- 2018BTEIT00002
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 - 1754

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:- PIYUSH KUMAR CHAUGULE
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00003 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	4IT204	Microprocessors	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 - 1754	Pay Slip No. :- MU - 1754
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PIYUSH KUMAR CHAUGULE	Name:- PIYUSH KUMAR CHAUGULE
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00003	Exam Seat No:- 2018BTEIT00003
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 - 1755

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:- SHIVANSH SHASHWAT JHA
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00006 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 - 1755	Pay Slip No. :- MU - 1755
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHIVANSH SHASHWAT JHA	Name:- SHIVANSH SHASHWAT JHA
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00006	Exam Seat No:- 2018BTEIT00006
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 - 1756

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:- ABHISHEK BHASKAR MESHARAM
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00009 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	4IT204	Microprocessors	1		
2	4IT251	Data Structures 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 - 1756	Pay Slip No. :- MU - 1756
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ABHISHEK BHASKAR MESHARAM	Name:- ABHISHEK BHASKAR MESHARAM
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00009	Exam Seat No:- 2018BTEIT00009
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 - 1757

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:- SOURAV RAMMANOHAR TIWARY
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00013 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	4IT204	Microprocessors	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 - 1757	Pay Slip No. :- MU - 1757
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SOURAV RAMMANOHAR TIWARY	Name:- SOURAV RAMMANOHAR TIWARY
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00013	Exam Seat No:- 2018BTEIT00013
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 - 1758

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:- GOURVI ANKUSH BHANDARE
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00019 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	4IT201	Applied Mathematics for Information Tech	1		
2	4IT203	Data Structures	2		
3	4IT204	Microprocessors	3		
4	4HS203	Environmental Science	4		
5	4AM102	Introduction to Engineering Mechanics	5		
6	4CV101	Basic Civil Engineering	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 - 1758	Pay Slip No. :- MU - 1758
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- GOURVI ANKUSH BHANDARE	Name:- GOURVI ANKUSH BHANDARE
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00019	Exam Seat No:- 2018BTEIT00019
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 - 1759

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:- YASH SANTOSH PAWAR
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00023 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	4IT201	Applied Mathematics for Information Tech	1		
2	4IT202	Discrete Mathematics	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 - 1759	Pay Slip No. :- MU - 1759
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- YASH SANTOSH PAWAR	Name:- YASH SANTOSH PAWAR
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00023	Exam Seat No:- 2018BTEIT00023
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 - 1760

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:- AVANTI SHIVAJI PATIL
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00025 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	4IT204	Microprocessors	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 - 1760	Pay Slip No. :- MU - 1760
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AVANTI SHIVAJI PATIL	Name:- AVANTI SHIVAJI PATIL
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00025	Exam Seat No:- 2018BTEIT00025
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 - 1761

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:- VAIBHAV SANJAY KOLEKAR
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00029 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	4IT201	Applied Mathematics for Information Tech	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 - 1761	Pay Slip No. :- MU - 1761
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- VAIBHAV SANJAY KOLEKAR	Name:- VAIBHAV SANJAY KOLEKAR
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00029	Exam Seat No:- 2018BTEIT00029
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 - 1762

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:- SURAJ SHIVAJI KALE
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00030 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 - 1762	Pay Slip No. :- MU - 1762
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SURAJ SHIVAJI KALE	Name:- SURAJ SHIVAJI KALE
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00030	Exam Seat No:- 2018BTEIT00030
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 - 1763

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:- SHUBHAM SUNDARRAO JADHAV
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00032 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	4IT202	Discrete Mathematics	1		
2	4IT204	Microprocessors	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 - 1763	Pay Slip No. :- MU - 1763
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHUBHAM SUNDARRAO JADHAV	Name:- SHUBHAM SUNDARRAO JADHAV
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00032	Exam Seat No:- 2018BTEIT00032
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 - 1764

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:- AMOL RAJVINOD DONGARWAR
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00033 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	4IT204	Microprocessors	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 - 1764	Pay Slip No. :- MU - 1764
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AMOL RAJVINOD DONGARWAR	Name:- AMOL RAJVINOD DONGARWAR
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00033	Exam Seat No:- 2018BTEIT00033
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 - 1765

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:- VIVEK SUBHASH DHUMAL
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00041 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	4IT204	Microprocessors	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 - 1765	Pay Slip No. :- MU - 1765
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- VIVEK SUBHASH DHUMAL	Name:- VIVEK SUBHASH DHUMAL
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00041	Exam Seat No:- 2018BTEIT00041
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 - 1766

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:- VAIBHAV HANMANT JADHAV
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00053 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	4IT201	Applied Mathematics for Information Tech	1		
2	4IT204	Microprocessors	2		
3	4IT205	Data Communication	3		
4	4HS203	Environmental Science	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 - 1766	Pay Slip No. :- MU - 1766
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- VAIBHAV HANMANT JADHAV	Name:- VAIBHAV HANMANT JADHAV
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00053	Exam Seat No:- 2018BTEIT00053
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 - 1768

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:- PRANIL SUNILRAO DESHMUKH
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00060 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 - 1768	Pay Slip No. :- MU - 1768
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRANIL SUNILRAO DESHMUKH	Name:- PRANIL SUNILRAO DESHMUKH
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00060	Exam Seat No:- 2018BTEIT00060
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 - 1769

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:- SHANTANU VIJAY GAIGAWALI
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00063 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	4IT201	Applied Mathematics for Information Tech	1	4IT223	Computer Networks
2	4IT203	Data Structures	2		
3	4IT204	Microprocessors	3		
4	4HS203	Environmental Science	4		
5	4IT251	Data Structures Laboratory	5		
6			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 - 1769	Pay Slip No. :- MU - 1769
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHANTANU VIJAY GAIGAWALI	Name:- SHANTANU VIJAY GAIGAWALI
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00063	Exam Seat No:- 2018BTEIT00063
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**



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1770

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:- SANCHAY KARAMCHAND ROHAD
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00064 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	4IT204	Microprocessors	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 - 1770	Pay Slip No. :- MU - 1770
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SANCHAY KARAMCHAND ROHAD	Name:- SANCHAY KARAMCHAND ROHAD
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00064	Exam Seat No:- 2018BTEIT00064
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 - 1771

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:- ASHUPRIYA ANIL SADANANDE
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00067 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	4IT204	Microprocessors	1		
2	4HS203	Environmental Science	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 - 1771	Pay Slip No. :- MU - 1771
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ASHUPRIYA ANIL SADANANDE	Name:- ASHUPRIYA ANIL SADANANDE
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00067	Exam Seat No:- 2018BTEIT00067
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 - 1772

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:- HARSHAD ASHOK LOKARE
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00070 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	4IT204	Microprocessors	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 - 1772	Pay Slip No. :- MU - 1772
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- HARSHAD ASHOK LOKARE	Name:- HARSHAD ASHOK LOKARE
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00070	Exam Seat No:- 2018BTEIT00070
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 - 1773

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:- NIKHIL SHIVAJI SHINDE
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00074 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	4IT251	Data Structures Laboratory	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 - 1773	Pay Slip No. :- MU - 1773
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- NIKHIL SHIVAJI SHINDE	Name:- NIKHIL SHIVAJI SHINDE
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00074	Exam Seat No:- 2018BTEIT00074
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 - 1774

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:- PANKAJ SHIVRAJ KORKE
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00075 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	4IT204	Microprocessors	1		
2	4HS203	Environmental Science	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 - 1774	Pay Slip No. :- MU - 1774
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PANKAJ SHIVRAJ KORKE	Name:- PANKAJ SHIVRAJ KORKE
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00075	Exam Seat No:- 2018BTEIT00075
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 - 1775

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:- KALPESH MANOHAR KHANDVI
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00203 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	4IT202	Discrete Mathematics	1	4IT221	Theory of Computation
2	4IT204	Microprocessors	2		
3	4HS203	Environmental Science	3		
4	3MA204	Linear Algebra	4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 5 X ` 300 /-			Total Amount :- ` 1500/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (One Thousand Five Hundred Only) and credit to : **Examination fee(EXAM CELL) A/C**

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1775	Pay Slip No. :- MU - 1775
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- KALPESH MANOHAR KHANDVI	Name:- KALPESH MANOHAR KHANDVI
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00203	Exam Seat No:- 2018BTEIT00203
Exam. Fee Rs Amount. : 1500/-	Exam. Fee Rs Amount. : 1500/-
In Words:- ` One Thousand Five Hundred Only	In Words:- ` One Thousand Five Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1776

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:- PATIL RENUKA RAJARAM
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2019BTEIT00203 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	4IT204	Microprocessors	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 - 1776	Pay Slip No. :- MU - 1776
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PATIL RENUKA RAJARAM	Name:- PATIL RENUKA RAJARAM
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2019BTEIT00203	Exam Seat No:- 2019BTEIT00203
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 - 1777

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:- HOUSALE SAYALI VINOD
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2019BTEIT00205 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	4IT201	Applied Mathematics for Information Tech	1	4HS201	Development of Societies
2	4IT202	Discrete Mathematics	2	4IT221	Theory of Computation
3	4IT203	Data Structures	3	4IT222	Computer Architectures
4	4IT204	Microprocessors	4	4IT223	Computer Networks
5	4IT205	Data Communication	5	4IT224	Software Engineering
6	4HS203	Environmental Science	6	4IT271	Computer Network Laboratory
7	4IT251	Data Structures Laboratory	7	4IT272	Software Engineering Laboratory
8	4IT252	Microprocessors Laboratory	8	4IT273	Java Programming Laboratory
9	4IT253	Object Oriented Programming Laboratory	9	4IT274	Mini Project-I
10			10		
Exam Fee:- 18 X ` 300 /-			Total Amount :- ` 5400/-		

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

(Signature of student) Date:

Accounts, Please accept the application form along with amount of (Five 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 - 1777	Pay Slip No. :- MU - 1777
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- HOUSALE SAYALI VINOD	Name:- HOUSALE SAYALI VINOD
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2019BTEIT00205	Exam Seat No:- 2019BTEIT00205
Exam. Fee Rs Amount. : 5400/-	Exam. Fee Rs Amount. : 5400/-
In Words:- ` Five Thousand Four Hundred Only	In Words:- ` Five 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 - 1778

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:- BANSOD YOGITA SIDDHARTH
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2019BTEIT00207 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	4IT201	Applied Mathematics for Information Tech	1		
2	4IT204	Microprocessors	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 - 1778	Pay Slip No. :- MU - 1778
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- BANSOD YOGITA SIDDHARTH	Name:- BANSOD YOGITA SIDDHARTH
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2019BTEIT00207	Exam Seat No:- 2019BTEIT00207
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 - 1779

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:- PATIL POOJA MAHAVIR
2. Class & Branch : - Second Year B.Tech Information Technology
3. Exam Seat No:2019BTEIT00208 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	4IT204	Microprocessors	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 - 1779	Pay Slip No. :- MU - 1779
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PATIL POOJA MAHAVIR	Name:- PATIL POOJA MAHAVIR
Class & Branch:- Second Year B.Tech Information Technology	Class & Branch:- Second Year B.Tech Information Technology
Exam Seat No:- 2019BTEIT00208	Exam Seat No:- 2019BTEIT00208
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**