



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**Makeup Examination June/July 2019**

**Slip No.MU - 1887**

**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:- 2013BEL041 VAIBHAV LAXMAN MAHAJAN  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2013BEL041 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	3EL302	Digital Signal Processing	1		
2	3EL305	Power Electronics	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 2 X ` 300 /-</b>			<b>Total Amount :- ` 600/-</b>		

(\* 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.    :- <b>MU - 1887</b>		Pay Slip No.    :- <b>MU - 1887</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
Name:- 2013BEL041 VAIBHAV LAXMAN MAHAJAN		Name:- 2013BEL041 VAIBHAV LAXMAN MAHAJAN	
Class & Branch:- Third Year B.Tech Electrical Engineering		Class & Branch:- Third Year B.Tech Electrical Engineering	
Exam Seat No:- 2013BEL041		Exam Seat No:- 2013BEL041	
Exam. Fee Rs Amount. : <b>600/-</b>		Exam. Fee Rs Amount. : <b>600/-</b>	
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**



Makeup Examination June/July 2019

Slip No.MU - 1889

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:- 2014BEL028 AMRUTA ANURUDRA JADHAV  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2014BEL028 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	3EL302	Digital Signal Processing	1	3EL324	Power System Protection
2	3EL303	Control System Engineering	2		
3	3EL305	Power Electronics	3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 4 X ` 300 /-			Total Amount :- ` 1200/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1889	Pay Slip No. :- MU - 1889
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- 2014BEL028 AMRUTA ANURUDRA JADHAV	Name:- 2014BEL028 AMRUTA ANURUDRA JADHAV
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2014BEL028	Exam Seat No:- 2014BEL028
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	Checked by
Cashier	Cashier

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



Makeup Examination June/July 2019

Slip No.MU - 1890

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:- AGAM NULL KOMUT  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2015BEL063 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	3EL302	Digital Signal Processing	1	3EL323	Microcontroller and Applications
2	3EL305	Power Electronics	2	3EL324	Power System Protection
3	4EL201	DC Machines and Transformers	3	3EL325	Non Linear and Digital Control System
4			4		
5			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 - 1890		Pay Slip No. :- MU - 1890	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- AGAM NULL KOMUT		Name:- AGAM NULL KOMUT	
Class & Branch:- Third Year B.Tech Electrical Engineering		Class & Branch:- Third Year B.Tech Electrical Engineering	
Exam Seat No:- 2015BEL063		Exam Seat No:- 2015BEL063	
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**



Makeup Examination June/July 2019

Slip No.MU - 1891

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:- CHAITANYA MAHENDRASING SHINDE  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2016BTEEL00011 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	3EL301	Power System Analysis and Stability	1		
2	3EL302	Digital Signal Processing	2		
3	3EL305	Power Electronics	3		
4	4MA203	Applied Mathematics for Electrical and E	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 - 1891	Pay Slip No. :- MU - 1891
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- CHAITANYA MAHENDRASING SHINDE	Name:- CHAITANYA MAHENDRASING SHINDE
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2016BTEEL00011	Exam Seat No:- 2016BTEEL00011
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**



Makeup Examination June/July 2019

Slip No.MU - 1892

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:- AAKANKSHA RAJENDRA JAMONI  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2016BTEEL00038 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	3EL305	Power Electronics	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1892	Pay Slip No. :- MU - 1892
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AAKANKSHA RAJENDRA JAMONI	Name:- AAKANKSHA RAJENDRA JAMONI
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2016BTEEL00038	Exam Seat No:- 2016BTEEL00038
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	Checked by
Cashier	Cashier

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



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**Makeup Examination June/July 2019**

**Slip No.MU - 1893**

**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:- VRUSHALI VAMAN CHOURE  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2016BTEEL00046 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	3EL302	Digital Signal Processing	1		
2	3EL305	Power Electronics	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 2 X ` 300 /-</b>			<b>Total Amount :- ` 600/-</b>		

(\* 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.    :- <b>MU - 1893</b>		Pay Slip No.    :- <b>MU - 1893</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
Name:- VRUSHALI VAMAN CHOURE		Name:- VRUSHALI VAMAN CHOURE	
Class & Branch:- Third Year B.Tech Electrical Engineering		Class & Branch:- Third Year B.Tech Electrical Engineering	
Exam Seat No:- 2016BTEEL00046		Exam Seat No:- 2016BTEEL00046	
Exam. Fee Rs Amount. : <b>600/-</b>		Exam. Fee Rs Amount. : <b>600/-</b>	
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

**Makeup Examination June/July 2019**

**Slip No.MU - 1895**

**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:- 2016BTEEL00048 SURAJ DILIPRAO AREKAR  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2016BTEEL00048 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	3EL302	Digital Signal Processing	1		
2	3EL305	Power Electronics	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 2 X ` 300 /-</b>			<b>Total Amount :- ` 600/-</b>		

(\* 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. :- <b>MU - 1895</b>		Pay Slip No. :- <b>MU - 1895</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
Name:- 2016BTEEL00048 SURAJ DILIPRAO AREKAR		Name:- 2016BTEEL00048 SURAJ DILIPRAO AREKAR	
Class & Branch:- Third Year B.Tech Electrical Engineering		Class & Branch:- Third Year B.Tech Electrical Engineering	
Exam Seat No:- 2016BTEEL00048		Exam Seat No:- 2016BTEEL00048	
Exam. Fee Rs Amount. : <b>600/-</b>		Exam. Fee Rs Amount. : <b>600/-</b>	
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**



Makeup Examination June/July 2019

Slip No.MU - 1898

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:- DAVID MEGU

2. Class & Branch : - Third Year B.Tech Electrical Engineering

3. Exam Seat No:2016BTEEL00065 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	3EL302	Digital Signal Processing	1	3EL323	Microcontroller and Applications
2	3EL305	Power Electronics	2	3EL324	Power System Protection
3	4EL202	Electrical Circuits	3		
4			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 - 1898	Pay Slip No. :- MU - 1898
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- DAVID MEGU	Name:- DAVID MEGU
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2016BTEEL00065	Exam Seat No:- 2016BTEEL00065
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	Checked by
Cashier	Cashier

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





Makeup Examination June/July 2019

Slip No.MU - 1905

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:- RINESH HIVRAJ UKEY  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2016BTEEL00067 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	3EL302	Digital Signal Processing	1		
2	3EL305	Power Electronics	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1905	Pay Slip No. :- MU - 1905
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RINESH HIVRAJ UKEY	Name:- RINESH HIVRAJ UKEY
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2016BTEEL00067	Exam Seat No:- 2016BTEEL00067
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	Checked by
Cashier	Cashier

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



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**Makeup Examination June/July 2019**

**Slip No.MU - 1906**

**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:- VEDANT UDAY MAHAJAN  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00016 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	3EL305	Power Electronics	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 1 X ` 300 /-</b>			<b>Total Amount :- ` 300/-</b>		

(\* 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.    :- <b>MU - 1906</b>		Pay Slip No.    :- <b>MU - 1906</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
Name:- VEDANT UDAY MAHAJAN		Name:- VEDANT UDAY MAHAJAN	
Class & Branch:- Third Year B.Tech Electrical Engineering		Class & Branch:- Third Year B.Tech Electrical Engineering	
Exam Seat No:- 2017BTEEL00016		Exam Seat No:- 2017BTEEL00016	
Exam. Fee Rs Amount. : <b>300/-</b>		Exam. Fee Rs Amount. : <b>300/-</b>	
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**



Makeup Examination June/July 2019

Slip No.MU - 1902

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:- SANKET NAMDEO RATHOD  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00018 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	3EL301	Power System Analysis and Stability	1	3EL323	Microcontroller and Applications
2	3EL302	Digital Signal Processing	2	3EL324	Power System Protection
3	3EL303	Control System Engineering	3		
4	3EL304	Electrical Machine Design	4		
5	3EL305	Power Electronics	5		
6	4EL202	Electrical Circuits	6		
7	4EL201	DC Machines and Transformers	7		
8			8		
9			9		
10			10		
Exam Fee:- 9 X ` 300 /-			Total Amount :- ` 2700/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1902	Pay Slip No. :- MU - 1902
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SANKET NAMDEO RATHOD	Name:- SANKET NAMDEO RATHOD
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00018	Exam Seat No:- 2017BTEEL00018
Exam. Fee Rs Amount. : 2700/-	Exam. Fee Rs Amount. : 2700/-
In Words:- ` Two Thousand Seven Hundred Only	In Words:- ` Two Thousand Seven Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



Makeup Examination June/July 2019

Slip No.MU - 1907

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:- SHANTNU PARIHAR SOLANKE  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00020 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	3EL305	Power Electronics	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1907	Pay Slip No. :- MU - 1907
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHANTNU PARIHAR SOLANKE	Name:- SHANTNU PARIHAR SOLANKE
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00020	Exam Seat No:- 2017BTEEL00020
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	Checked by
Cashier	Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Makeup Examination June/July 2019

Slip No.MU - 1908

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:- MOHINI DHARMRAJ MUNDE
2. Class & Branch : - Third Year B.Tech Electrical Engineering
3. Exam Seat No:2017BTEEL00026 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	3EL305	Power Electronics	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1908	Pay Slip No. :- MU - 1908
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- MOHINI DHARMRAJ MUNDE	Name:- MOHINI DHARMRAJ MUNDE
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00026	Exam Seat No:- 2017BTEEL00026
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	Checked by
Cashier	Cashier

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



Makeup Examination June/July 2019

Slip No.MU - 1909

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- POOJA EKNATH KANNAKE  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00028 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	3EL305	Power Electronics	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1909	Pay Slip No. :- MU - 1909
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- POOJA EKNATH KANNAKE	Name:- POOJA EKNATH KANNAKE
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00028	Exam Seat No:- 2017BTEEL00028
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	Checked by
Cashier	Cashier

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



Makeup Examination June/July 2019

Slip No.MU - 1910

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- SHREYAS BHIKU SATHE  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00040 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	3EL301	Power System Analysis and Stability	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 - 1910	Pay Slip No. :- MU - 1910
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHREYAS BHIKU SATHE	Name:- SHREYAS BHIKU SATHE
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00040	Exam Seat No:- 2017BTEEL00040
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	Checked by
Cashier	Cashier

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



Makeup Examination June/July 2019

Slip No.MU - 1911

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:- BALAJI RUSTUMARAV SHINDE  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00052 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	3EL302	Digital Signal Processing	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 - 1911	Pay Slip No. :- MU - 1911
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- BALAJI RUSTUMARAV SHINDE	Name:- BALAJI RUSTUMARAV SHINDE
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00052	Exam Seat No:- 2017BTEEL00052
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	Checked by
Cashier	Cashier

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





Makeup Examination June/July 2019

Slip No.MU - 1912

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 PRALHAD LONAGRE  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00054 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	3EL305	Power Electronics	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1912	Pay Slip No. :- MU - 1912
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RUSHIKESH PRALHAD LONAGRE	Name:- RUSHIKESH PRALHAD LONAGRE
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00054	Exam Seat No:- 2017BTEEL00054
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	Checked by
Cashier	Cashier

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



Makeup Examination June/July 2019

Slip No.MU - 1913

I undersigned student of WCE, Sangli, have read & understood the rules and regulations regarding make up examination. I am filling this form for the following course/s. I know that, if I remain absent at make- up examination it cause FF\$ grade for concerned course/s.

1. Name of student:- PRATIKSHA SAMBHAJI DHARME  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00056 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	3EL305	Power Electronics	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1913	Pay Slip No. :- MU - 1913
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRATIKSHA SAMBHAJI DHARME	Name:- PRATIKSHA SAMBHAJI DHARME
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00056	Exam Seat No:- 2017BTEEL00056
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	Checked by
Cashier	Cashier

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



Makeup Examination June/July 2019

Slip No.MU - 1914

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:- PAYAL RAVINDRA SALUNKE  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00071 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	3EL305	Power Electronics	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1914	Pay Slip No. :- MU - 1914
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PAYAL RAVINDRA SALUNKE	Name:- PAYAL RAVINDRA SALUNKE
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00071	Exam Seat No:- 2017BTEEL00071
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	Checked by
Cashier	Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Makeup Examination June/July 2019

Slip No.MU - 1919

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:- SANKET SHANKAR PAWAR
2. Class & Branch : - Third Year B.Tech Electrical Engineering
3. Exam Seat No:2017BTEEL00073 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	3EL301	Power System Analysis and Stability	1		
2	3EL305	Power Electronics	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1919	Pay Slip No. :- MU - 1919
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SANKET SHANKAR PAWAR	Name:- SANKET SHANKAR PAWAR
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00073	Exam Seat No:- 2017BTEEL00073
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

Makeup Examination June/July 2019

Slip No.MU - 1921

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 TUKARAM GHOGALE
2. Class & Branch : - Third Year B.Tech Electrical Engineering
3. Exam Seat No:2017BTEEL00075 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	3EL305	Power Electronics	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1921	Pay Slip No. :- MU - 1921
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- VAIBHAV TUKARAM GHOGALE	Name:- VAIBHAV TUKARAM GHOGALE
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00075	Exam Seat No:- 2017BTEEL00075
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	Checked by
Cashier	Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Makeup Examination June/July 2019

Slip No.MU - 1922

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:- SANKET SURESH BHISE
2. Class & Branch : - Third Year B.Tech Electrical Engineering
3. Exam Seat No:2017BTEEL00076 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	3EL301	Power System Analysis and Stability	1		
2	3EL302	Digital Signal Processing	2		
3	3EL305	Power Electronics	3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 3 X ` 300 /-			Total Amount :- ` 900/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1922	Pay Slip No. :- MU - 1922
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SANKET SURESH BHISE	Name:- SANKET SURESH BHISE
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00076	Exam Seat No:- 2017BTEEL00076
Exam. Fee Rs Amount. : 900/-	Exam. Fee Rs Amount. : 900/-
In Words:- ` Nine Hundred Only	In Words:- ` Nine Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by	Checked by
Cashier	Cashier

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



Makeup Examination June/July 2019

Slip No.MU - 1923

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:- LOKESH ASHOK SONONE  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00077 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	3EL301	Power System Analysis and Stability	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 - 1923	Pay Slip No. :- MU - 1923
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- LOKESH ASHOK SONONE	Name:- LOKESH ASHOK SONONE
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00077	Exam Seat No:- 2017BTEEL00077
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	Checked by
Cashier	Cashier

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



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**Makeup Examination June/July 2019**

**Slip No.MU - 1924**

**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:- DISHA ASHOK PATIL  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00079 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	3EL302	Digital Signal Processing	1		
2	3EL305	Power Electronics	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 2 X ` 300 /-</b>			<b>Total Amount :- ` 600/-</b>		

(\* 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.    :- <b>MU - 1924</b>		Pay Slip No.    :- <b>MU - 1924</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
Name:- DISHA ASHOK PATIL		Name:- DISHA ASHOK PATIL	
Class & Branch:- Third Year B.Tech Electrical Engineering		Class & Branch:- Third Year B.Tech Electrical Engineering	
Exam Seat No:- 2017BTEEL00079		Exam Seat No:- 2017BTEEL00079	
Exam. Fee Rs Amount. : <b>600/-</b>		Exam. Fee Rs Amount. : <b>600/-</b>	
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**





Makeup Examination June/July 2019

Slip No.MU - 1925

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:- PRAJWAL ANIL AHIRE  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00081 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	3EL305	Power Electronics	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1925	Pay Slip No. :- MU - 1925
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRAJWAL ANIL AHIRE	Name:- PRAJWAL ANIL AHIRE
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00081	Exam Seat No:- 2017BTEEL00081
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	Checked by
Cashier	Cashier

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



Makeup Examination June/July 2019

Slip No.MU - 1926

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:- BALAJI GANGAPRASAD MADILWAR  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00082 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	3EL302	Digital Signal Processing	1		
2	3EL305	Power Electronics	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1926	Pay Slip No. :- MU - 1926
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- BALAJI GANGAPRASAD MADILWAR	Name:- BALAJI GANGAPRASAD MADILWAR
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00082	Exam Seat No:- 2017BTEEL00082
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	Checked by
Cashier	Cashier

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



Makeup Examination June/July 2019

Slip No.MU - 1927

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:- PRIYAL SUHAS NARVEKAR  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00086 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	3EL302	Digital Signal Processing	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 - 1927	Pay Slip No. :- MU - 1927
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRIYAL SUHAS NARVEKAR	Name:- PRIYAL SUHAS NARVEKAR
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00086	Exam Seat No:- 2017BTEEL00086
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	Checked by
Cashier	Cashier

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



Makeup Examination June/July 2019

Slip No.MU - 1928

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:- SAGAR RAJARAM BAGUL  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2017BTEEL00211 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	3EL302	Digital Signal Processing	1	3EL324	Power System Protection
2	3EL303	Control System Engineering	2		
3	3EL305	Power Electronics	3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 4 X ` 300 /-			Total Amount :- ` 1200/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1928	Pay Slip No. :- MU - 1928
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SAGAR RAJARAM BAGUL	Name:- SAGAR RAJARAM BAGUL
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2017BTEEL00211	Exam Seat No:- 2017BTEEL00211
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	Checked by
Cashier	Cashier

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



Makeup Examination June/July 2019

Slip No.MU - 1929

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:- RITUJA HANMANT SAPKAL  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2018BTEEL00202 4. Address \_\_\_\_\_  
Email : .....Phone No./Mobile No.: .....

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

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

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

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1929	Pay Slip No. :- MU - 1929
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RITUJA HANMANT SAPKAL	Name:- RITUJA HANMANT SAPKAL
Class & Branch:- Third Year B.Tech Electrical Engineering	Class & Branch:- Third Year B.Tech Electrical Engineering
Exam Seat No:- 2018BTEEL00202	Exam Seat No:- 2018BTEEL00202
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	Checked by
Cashier	Cashier

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



**WALCHAND COLLEGE OF ENGINEERING, SANGLI**  
(An Autonomous Institute)

Form No. 36

**Makeup Examination June/July 2019**

**Slip No.MU - 1930**

**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:- SNEHAL MURLIDHAR PAWAR  
2. Class & Branch : - Third Year B.Tech Electrical Engineering  
3. Exam Seat No:2018BTEEL00204 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	3EL305	Power Electronics	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 1 X ` 300 /-</b>			<b>Total Amount :- ` 300/-</b>		

(\* 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.    :- <b>MU - 1930</b>		Pay Slip No.    :- <b>MU - 1930</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
Name:- SNEHAL MURLIDHAR PAWAR		Name:- SNEHAL MURLIDHAR PAWAR	
Class & Branch:- Third Year B.Tech Electrical Engineering		Class & Branch:- Third Year B.Tech Electrical Engineering	
Exam Seat No:- 2018BTEEL00204		Exam Seat No:- 2018BTEEL00204	
Exam. Fee Rs Amount. : <b>300/-</b>		Exam. Fee Rs Amount. : <b>300/-</b>	
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**