



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Makeup Examination June/July 2019

Slip No.MU - 1864

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:- HARSHADA KIRAN MADHALE
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2016BTEEN00007 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	3EN301	Control System	1		
2	3EN302	Embedded System Design	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 1864		Pay Slip No. :- MU - 1864	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- HARSHADA KIRAN MADHALE		Name:- HARSHADA KIRAN MADHALE	
Class & Branch:- Third Year B.Tech Electronics Engineering		Class & Branch:- Third Year B.Tech Electronics Engineering	
Exam Seat No:- 2016BTEEN00007		Exam Seat No:- 2016BTEEN00007	
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 - 1865

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:- 2016BTEEN00013 SUNIL SURESH PANADARE
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2016BTEEN00013 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	3EN302	Embedded System Design	1	3EN323	Digital System Architecture
2	1OE343	Open Elective I Electrical Machines	2		
3			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 - 1865		Pay Slip No. :- MU - 1865	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- 2016BTEEN00013 SUNIL SURESH PANADARE		Name:- 2016BTEEN00013 SUNIL SURESH PANADARE	
Class & Branch:- Third Year B.Tech Electronics Engineering		Class & Branch:- Third Year B.Tech Electronics Engineering	
Exam Seat No:- 2016BTEEN00013		Exam Seat No:- 2016BTEEN00013	
Exam. Fee Rs Amount. : 900/-		Exam. Fee Rs Amount. : 900/-	
In Words:- ` Nine Hundred Only		In Words:- ` Nine Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by	Cashier	Checked by	Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Makeup Examination June/July 2019

Slip No.MU - 1866

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:- ARJUN DATTU SHENDAGE
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2016BTEEN00040 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	3EN301	Control System	1		
2	4MA203	Applied Mathematics for Electrical and E	2		
3	3EN352	Embedded System Design Lab	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

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WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No. :- MU - 1866		Pay Slip No. :- MU - 1866	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- ARJUN DATTU SHENDAGE		Name:- ARJUN DATTU SHENDAGE	
Class & Branch:- Third Year B.Tech Electronics Engineering		Class & Branch:- Third Year B.Tech Electronics Engineering	
Exam Seat No:- 2016BTEEN00040		Exam Seat No:- 2016BTEEN00040	
Exam. Fee Rs Amount. : 900/-		Exam. Fee Rs Amount. : 900/-	
In Words:- ` Nine Hundred Only		In Words:- ` Nine Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by	Cashier	Checked by	Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Makeup Examination June/July 2019

Slip No.MU - 1867

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:- SHIVAM RAJENDRA LOKHANDE
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2016BTEEN00043 4. Address _____
Email :Phone No./Mobile No.:

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

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1			1	3EN323	Digital System Architecture
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 - 1867		Pay Slip No. :- MU - 1867	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- SHIVAM RAJENDRA LOKHANDE		Name:- SHIVAM RAJENDRA LOKHANDE	
Class & Branch:- Third Year B.Tech Electronics Engineering		Class & Branch:- Third Year B.Tech Electronics Engineering	
Exam Seat No:- 2016BTEEN00043		Exam Seat No:- 2016BTEEN00043	
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

Makeup Examination June/July 2019

Slip No.MU - 1868

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 RAMDASJI UIKEY
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2016BTEEN00060 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	3EN301	Control System	1		
2	4MA203	Applied Mathematics for Electrical and E	2		
3	3EN352	Embedded System Design Lab	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 (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1868	Pay Slip No. :- MU - 1868
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SANKET RAMDASJI UIKEY	Name:- SANKET RAMDASJI UIKEY
Class & Branch:- Third Year B.Tech Electronics Engineering	Class & Branch:- Third Year B.Tech Electronics Engineering
Exam Seat No:- 2016BTEEN00060	Exam Seat No:- 2016BTEEN00060
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**



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Makeup Examination June/July 2019

Slip No.MU - 1869

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:- VISHAKHA BALASAHEB KOLI
 2. Class & Branch : - Third Year B.Tech Electronics Engineering
 3. Exam Seat No:2017BTEEN00011 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	3EN304	Electromagnetic Engineering	1		
2	3EN301	Control System	2		
3	3EN302	Embedded System Design	3		
4	3EN312	Professional Elective I Microelectronics	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 - 1869		Pay Slip No. :- MU - 1869	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- VISHAKHA BALASAHEB KOLI		Name:- VISHAKHA BALASAHEB KOLI	
Class & Branch:- Third Year B.Tech Electronics Engineering		Class & Branch:- Third Year B.Tech Electronics Engineering	
Exam Seat No:- 2017BTEEN00011		Exam Seat No:- 2017BTEEN00011	
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**



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Makeup Examination June/July 2019

Slip No.MU - 1870

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:- MAHESH HARIBHAU DAKHORE
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2017BTEEN00015 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	3EN301	Control System	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 - 1870		Pay Slip No. :- MU - 1870	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- MAHESH HARIBHAU DAKHORE		Name:- MAHESH HARIBHAU DAKHORE	
Class & Branch:- Third Year B.Tech Electronics Engineering		Class & Branch:- Third Year B.Tech Electronics Engineering	
Exam Seat No:- 2017BTEEN00015		Exam Seat No:- 2017BTEEN00015	
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

Makeup Examination June/July 2019

Slip No.MU - 1871

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:- INDRAJIT RAJENDRA PATIL
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2017BTEEN00016 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	4EN253	Data Structure and Algorithm 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 (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1871	Pay Slip No. :- MU - 1871
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- INDRAJIT RAJENDRA PATIL	Name:- INDRAJIT RAJENDRA PATIL
Class & Branch:- Third Year B.Tech Electronics Engineering	Class & Branch:- Third Year B.Tech Electronics Engineering
Exam Seat No:- 2017BTEEN00016	Exam Seat No:- 2017BTEEN00016
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 - 1872

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:- SALONI SANJAY KANITKAR
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2017BTEEN00021 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	3EN302	Embedded System Design	1		
2	3EN352	Embedded System Design Lab	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 (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1872	Pay Slip No. :- MU - 1872
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SALONI SANJAY KANITKAR	Name:- SALONI SANJAY KANITKAR
Class & Branch:- Third Year B.Tech Electronics Engineering	Class & Branch:- Third Year B.Tech Electronics Engineering
Exam Seat No:- 2017BTEEN00021	Exam Seat No:- 2017BTEEN00021
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 - 1873

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 TATYASO PANDAV
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2017BTEEN00037 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	3EN304	Electromagnetic Engineering	1		
2	4MA203	Applied Mathematics for Electrical and E	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 - 1873		Pay Slip No. :- MU - 1873	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- PRATIKSHA TATYASO PANDAV		Name:- PRATIKSHA TATYASO PANDAV	
Class & Branch:- Third Year B.Tech Electronics Engineering		Class & Branch:- Third Year B.Tech Electronics Engineering	
Exam Seat No:- 2017BTEEN00037		Exam Seat No:- 2017BTEEN00037	
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**



Makeup Examination June/July 2019

Slip No.MU - 1874

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:- SONAL DATTATRAY ARAGE
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2017BTEEN00038 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	3EN352	Embedded System Design Lab	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1874	Pay Slip No. :- MU - 1874
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SONAL DATTATRAY ARAGE	Name:- SONAL DATTATRAY ARAGE
Class & Branch:- Third Year B.Tech Electronics Engineering	Class & Branch:- Third Year B.Tech Electronics Engineering
Exam Seat No:- 2017BTEEN00038	Exam Seat No:- 2017BTEEN00038
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 - 1875

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:- PRIYANSHU ANIL PATIL
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2017BTEEN00041 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	3EN304	Electromagnetic Engineering	1		
2	3EN302	Embedded System Design	2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1875	Pay Slip No. :- MU - 1875
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRIYANSHU ANIL PATIL	Name:- PRIYANSHU ANIL PATIL
Class & Branch:- Third Year B.Tech Electronics Engineering	Class & Branch:- Third Year B.Tech Electronics Engineering
Exam Seat No:- 2017BTEEN00041	Exam Seat No:- 2017BTEEN00041
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 - 1878

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

1. Name of student:- CHINMAY SUDHIR KULKARNI
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2017BTEEN00067 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	3EN302	Embedded System Design	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 - 1878		Pay Slip No. :- MU - 1878	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- CHINMAY SUDHIR KULKARNI		Name:- CHINMAY SUDHIR KULKARNI	
Class & Branch:- Third Year B.Tech Electronics Engineering		Class & Branch:- Third Year B.Tech Electronics Engineering	
Exam Seat No:- 2017BTEEN00067		Exam Seat No:- 2017BTEEN00067	
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

Makeup Examination June/July 2019

Slip No.MU - 1879

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:- ARNAV PRASHANT KAREKAR
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2017BTEEN00071 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	3EN303	Digital Signal Processing	1		
2	3EN301	Control System	2		
3	3EN302	Embedded System Design	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 - 1879		Pay Slip No. :- MU - 1879	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- ARNAV PRASHANT KAREKAR		Name:- ARNAV PRASHANT KAREKAR	
Class & Branch:- Third Year B.Tech Electronics Engineering		Class & Branch:- Third Year B.Tech Electronics Engineering	
Exam Seat No:- 2017BTEEN00071		Exam Seat No:- 2017BTEEN00071	
Exam. Fee Rs Amount. : 900/-		Exam. Fee Rs Amount. : 900/-	
In Words:- ` Nine Hundred Only		In Words:- ` Nine Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by	Cashier	Checked by	Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Makeup Examination June/July 2019

Slip No.MU - 1881

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

1. Name of student:- PRANAV PRAVIN PATIL
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2017BTEEN00074 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	3EN352	Embedded System Design Lab	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 - 1881		Pay Slip No. :- MU - 1881	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- PRANAV PRAVIN PATIL		Name:- PRANAV PRAVIN PATIL	
Class & Branch:- Third Year B.Tech Electronics Engineering		Class & Branch:- Third Year B.Tech Electronics Engineering	
Exam Seat No:- 2017BTEEN00074		Exam Seat No:- 2017BTEEN00074	
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**



Makeup Examination June/July 2019

Slip No.MU - 1882

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:- KARAN SHIVAJI ANDHALE
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00202 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	3EN303	Digital Signal Processing	1		
2	3EN304	Electromagnetic Engineering	2		
3	3EN301	Control System	3		
4	3EN302	Embedded System Design	4		
5	4MA203	Applied Mathematics for Electrical and E	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 (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1882	Pay Slip No. :- MU - 1882
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- KARAN SHIVAJI ANDHALE	Name:- KARAN SHIVAJI ANDHALE
Class & Branch:- Third Year B.Tech Electronics Engineering	Class & Branch:- Third Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00202	Exam Seat No:- 2018BTEEN00202
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

Makeup Examination June/July 2019

Slip No.MU - 1883

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:- SAYALI RAJU DHONGADE
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00206 4. Address _____
Email :Phone No./Mobile No.:.....

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	3EN304	Electromagnetic Engineering	1	3EN323	Digital System Architecture
2	3EN301	Control System	2		
3	3EN302	Embedded System Design	3		
4	3EN312	Professional Elective I Microelectronics	4		
5	4MA203	Applied Mathematics for Electrical and E	5		
6	3EN352	Embedded System Design Lab	6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 7 X ` 300 /-			Total Amount :- ` 2100/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1883	Pay Slip No. :- MU - 1883
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SAYALI RAJU DHONGADE	Name:- SAYALI RAJU DHONGADE
Class & Branch:- Third Year B.Tech Electronics Engineering	Class & Branch:- Third Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00206	Exam Seat No:- 2018BTEEN00206
Exam. Fee Rs Amount. : 2100/-	Exam. Fee Rs Amount. : 2100/-
In Words:- ` Two Thousand One Hundred Only	In Words:- ` Two Thousand One Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Makeup Examination June/July 2019

Slip No.MU - 1884

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:- RUTUJA RAJARAM KADAM
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00208 4. Address _____
Email :Phone No./Mobile No.:

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

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

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

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1884	Pay Slip No. :- MU - 1884
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RUTUJA RAJARAM KADAM	Name:- RUTUJA RAJARAM KADAM
Class & Branch:- Third Year B.Tech Electronics Engineering	Class & Branch:- Third Year B.Tech Electronics Engineering
Exam Seat No:- 2018BTEEN00208	Exam Seat No:- 2018BTEEN00208
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 - 1885

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:- RIYA SALIM NADAF
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00210 4. Address _____
Email :Phone No./Mobile No.:

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

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4MA203	Applied Mathematics for Electrical and E	1		
2	3EN352	Embedded System Design Lab	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 - 1885		Pay Slip No. :- MU - 1885	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- RIYA SALIM NADAF		Name:- RIYA SALIM NADAF	
Class & Branch:- Third Year B.Tech Electronics Engineering		Class & Branch:- Third Year B.Tech Electronics Engineering	
Exam Seat No:- 2018BTEEN00210		Exam Seat No:- 2018BTEEN00210	
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 - 1886

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:- SANCHITA SIDDHARTH PUNWATKAR
2. Class & Branch : - Third Year B.Tech Electronics Engineering
3. Exam Seat No:2018BTEEN00213 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	3EN352	Embedded System Design Lab	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 - 1886		Pay Slip No. :- MU - 1886	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- SANCHITA SIDDHARTH PUNWATKAR		Name:- SANCHITA SIDDHARTH PUNWATKAR	
Class & Branch:- Third Year B.Tech Electronics Engineering		Class & Branch:- Third Year B.Tech Electronics Engineering	
Exam Seat No:- 2018BTEEN00213		Exam Seat No:- 2018BTEEN00213	
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**