



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

Form No. 36

**Makeup Examination June/July 2019**

**Slip No.MU - 1813**

**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:- VINAYAK PRAKASHRAO UKKALGAONKAR  
2. Class & Branch : - Third Year B.Tech Information Technology  
3. Exam Seat No:2013BIT065 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	3IT304	Computer Algorithm	1	3IT321	Advanced Database Engineering
2			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 - 1813</b>		Pay Slip No. :- <b>MU - 1813</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
Name:- VINAYAK PRAKASHRAO UKKALGAONKAR		Name:- VINAYAK PRAKASHRAO UKKALGAONKAR	
Class & Branch:- Third Year B.Tech Information Technology		Class & Branch:- Third Year B.Tech Information Technology	
Exam Seat No:- 2013BIT065		Exam Seat No:- 2013BIT065	
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 - 1814**

**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:- GUNWANT BALAJI KALE  
2. Class & Branch : - Third Year B.Tech Information Technology  
3. Exam Seat No:2014BIT023 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	3IT304	Computer Algorithm	1	3IT321	Advanced Database Engineering
2			2	3IT324	Information Theory
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
<b>Exam Fee:- 3 X ` 300 /-</b>			<b>Total Amount :- ` 900/-</b>		

(\* 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. :- <b>MU - 1814</b>		Pay Slip No. :- <b>MU - 1814</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
Name:- GUNWANT BALAJI KALE		Name:- GUNWANT BALAJI KALE	
Class & Branch:- Third Year B.Tech Information Technology		Class & Branch:- Third Year B.Tech Information Technology	
Exam Seat No:- 2014BIT023		Exam Seat No:- 2014BIT023	
Exam. Fee Rs Amount. : <b>900/-</b>		Exam. Fee Rs Amount. : <b>900/-</b>	
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**



Makeup Examination June/July 2019

Slip No.MU - 1815

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:- 2015BIT027 RACHANA DATTATRAY TARAL  
2. Class & Branch : - Third Year B.Tech Information Technology  
3. Exam Seat No:2015BIT027 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	3IT301	Database Engineering	1	3IT321	Advanced Database Engineering
2	3IT302	Software Engineering Design	2	3IT332	Professional Elective III Virtualization
3	3IT303	Operating System	3	1OE378	Open Elective II Data Analytics
4	1OE330	Open Elective I Energy Engineering	4		
5	4HS203	Environmental Science	5		
6	3IT351	Database Engineering Lab	6		
7			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 - 1815	Pay Slip No. :- MU - 1815
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- 2015BIT027 RACHANA DATTATRAY TARAL	Name:- 2015BIT027 RACHANA DATTATRAY TARAL
Class & Branch:- Third Year B.Tech Information Technology	Class & Branch:- Third Year B.Tech Information Technology
Exam Seat No:- 2015BIT027	Exam Seat No:- 2015BIT027
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	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 - 1816

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:- SUMIT NAMDEV GIRI  
2. Class & Branch : - Third Year B.Tech Information Technology  
3. Exam Seat No:2016BTEIT00009 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	3IT301	Database Engineering	1		
2	3IT304	Computer Algorithm	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 - 1816	Pay Slip No. :- MU - 1816
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SUMIT NAMDEV GIRI	Name:- SUMIT NAMDEV GIRI
Class & Branch:- Third Year B.Tech Information Technology	Class & Branch:- Third Year B.Tech Information Technology
Exam Seat No:- 2016BTEIT00009	Exam Seat No:- 2016BTEIT00009
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 - 1819

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

1. Name of student:- SHUBHAM PRAKASH RATHOD  
2. Class & Branch : - Third Year B.Tech Information Technology  
3. Exam Seat No:2016BTEIT00014 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	3IT301	Database Engineering	1		
2	3IT303	Operating System	2		
3	3IT304	Computer Algorithm	3		
4	1OE330	Open Elective I Energy Engineering	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 - 1819	Pay Slip No. :- MU - 1819
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHUBHAM PRAKASH RATHOD	Name:- SHUBHAM PRAKASH RATHOD
Class & Branch:- Third Year B.Tech Information Technology	Class & Branch:- Third Year B.Tech Information Technology
Exam Seat No:- 2016BTEIT00014	Exam Seat No:- 2016BTEIT00014
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 - 1821

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:- NIKITA VISHWANATH KOLNURKAR  
2. Class & Branch : - Third Year B.Tech Information Technology  
3. Exam Seat No:2016BTEIT00039 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	3IT314	Professional Elective-II Artificial Inte	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 - 1821	Pay Slip No. :- MU - 1821
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- NIKITA VISHWANATH KOLNURKAR	Name:- NIKITA VISHWANATH KOLNURKAR
Class & Branch:- Third Year B.Tech Information Technology	Class & Branch:- Third Year B.Tech Information Technology
Exam Seat No:- 2016BTEIT00039	Exam Seat No:- 2016BTEIT00039
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 - 1822**

**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:- SUMIT VISHNU CHOUDHARI  
2. Class & Branch : - Third Year B.Tech Information Technology  
3. Exam Seat No:2016BTEIT00061 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	3IT301	Database Engineering	1		
2	3IT302	Software Engineering Design	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 - 1822</b>		Pay Slip No. :- <b>MU - 1822</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
Name:- SUMIT VISHNU CHOUDHARI		Name:- SUMIT VISHNU CHOUDHARI	
Class & Branch:- Third Year B.Tech Information Technology		Class & Branch:- Third Year B.Tech Information Technology	
Exam Seat No:- 2016BTEIT00061		Exam Seat No:- 2016BTEIT00061	
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 - 1825

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:- AKASH MADHAV TONDARE
2. Class & Branch : - Third Year B.Tech Information Technology
3. Exam Seat No:2017BTEIT00034 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	3IT304	Computer Algorithm	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 - 1825	Pay Slip No. :- MU - 1825
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AKASH MADHAV TONDARE	Name:- AKASH MADHAV TONDARE
Class & Branch:- Third Year B.Tech Information Technology	Class & Branch:- Third Year B.Tech Information Technology
Exam Seat No:- 2017BTEIT00034	Exam Seat No:- 2017BTEIT00034
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 - 1827

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:- RADHA NAMDEV SHINDE  
2. Class & Branch : - Third Year B.Tech Information Technology  
3. Exam Seat No:2017BTEIT00036 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	3IT301	Database Engineering	1		
2	3IT303	Operating System	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 - 1827	Pay Slip No. :- MU - 1827
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RADHA NAMDEV SHINDE	Name:- RADHA NAMDEV SHINDE
Class & Branch:- Third Year B.Tech Information Technology	Class & Branch:- Third Year B.Tech Information Technology
Exam Seat No:- 2017BTEIT00036	Exam Seat No:- 2017BTEIT00036
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 - 1828**

**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:- VISHNU AABAJI KOPNAR
2. Class & Branch : - Third Year B.Tech Information Technology
3. Exam Seat No:2017BTEIT00045 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	3IT304	Computer Algorithm	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 - 1828</b>		Pay Slip No. :- <b>MU - 1828</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
Name:- VISHNU AABAJI KOPNAR		Name:- VISHNU AABAJI KOPNAR	
Class & Branch:- Third Year B.Tech Information Technology		Class & Branch:- Third Year B.Tech Information Technology	
Exam Seat No:- 2017BTEIT00045		Exam Seat No:- 2017BTEIT00045	
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**



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Makeup Examination June/July 2019

Slip No.MU - 1829

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 CHANDRAKANT SAGDE
2. Class & Branch : - Third Year B.Tech Information Technology
3. Exam Seat No:2017BTEIT00067 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	3IT304	Computer Algorithm	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 - 1829	Pay Slip No. :- MU - 1829
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- VEDANT CHANDRAKANT SAGDE	Name:- VEDANT CHANDRAKANT SAGDE
Class & Branch:- Third Year B.Tech Information Technology	Class & Branch:- Third Year B.Tech Information Technology
Exam Seat No:- 2017BTEIT00067	Exam Seat No:- 2017BTEIT00067
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1751

Makeup Examination June/July 2019

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

1. Name of student:- SWARAJ SEKCHAND TELANG
2. Class & Branch : - Third Year B.Tech Information Technology
3. Exam Seat No:2017BTEIT00213 4. Address \_\_\_\_\_
- Email : ..... Phone No./Mobile No.: .....

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

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	4IT202	Discrete Mathematics	1		
2			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 - 1751	Pay Slip No. :- MU - 1751
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SWARAJ SEKCHAND TELANG	Name:- SWARAJ SEKCHAND TELANG
Class & Branch:- Third Year B.Tech Information Technology	Class & Branch:- Third Year B.Tech Information Technology
Exam Seat No:- 2017BTEIT00213	Exam Seat No:- 2017BTEIT00213
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 - 1833

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:- ARTI UDDHAV BIRAJDAR
2. Class & Branch : - Third Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00208 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	3IT303	Operating System	1		
2	3IT314	Professional Elective-II Artificial Inte	2		
3	3MA204	Linear Algebra	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 - 1833	Pay Slip No. :- MU - 1833
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ARTI UDDHAV BIRAJDAR	Name:- ARTI UDDHAV BIRAJDAR
Class & Branch:- Third Year B.Tech Information Technology	Class & Branch:- Third Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00208	Exam Seat No:- 2018BTEIT00208
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

Slip No.MU - 2096

Makeup Examination June/July 2019

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

1. Name of student:- AISHWARYA ISMALJI VIPTAL
2. Class & Branch : - Third Year B.Tech Information Technology
3. Exam Seat No:2018BTEIT00209 4. Address \_\_\_\_\_
- Email : ..... Phone No./Mobile No.: .....

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

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	3MA204	Linear Algebra	1	4IT221	Theory of Computation
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 2 X ` 300 /-			Total Amount :- ` 600/-		

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

(Signature of student)      Date:

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

Receipt of Exam cell:

Checked by      Cashier      Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 2096	Pay Slip No. :- MU - 2096
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AISHWARYA ISMALJI VIPTAL	Name:- AISHWARYA ISMALJI VIPTAL
Class & Branch:- Third Year B.Tech Information Technology	Class & Branch:- Third Year B.Tech Information Technology
Exam Seat No:- 2018BTEIT00209	Exam Seat No:- 2018BTEIT00209
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 - 1834**

**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:- KIRTI MADHUKAR PAWAR  
2. Class & Branch : - Third Year B.Tech Information Technology  
3. Exam Seat No:2018BTEIT00210 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	3IT351	Database Engineering Lab	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 - 1834</b>		Pay Slip No. :- <b>MU - 1834</b>	
<b>Makeup Examination June/July 2019</b>		<b>Makeup Examination June/July 2019</b>	
Name:- KIRTI MADHUKAR PAWAR		Name:- KIRTI MADHUKAR PAWAR	
Class & Branch:- Third Year B.Tech Information Technology		Class & Branch:- Third Year B.Tech Information Technology	
Exam Seat No:- 2018BTEIT00210		Exam Seat No:- 2018BTEIT00210	
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**