



Slip No.MU - 1931

Makeup Examination June/July 2019

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

- Name of student:- AKASH BANDU TELANG
- Class & Branch : - Final Year B.Tech Civil Engineering
- Exam Seat No:2014BCV007 4. Address _____
- Email :.....Phone No./Mobile No.:.....
- Details of the courses for which I wish to appear for the examination:

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	1OE416	Open Elective III Concrete Engineering a	1		
2	3AM401	Earthquake Engineering	2		
3	3AM402	Design of Concrete Structures II	3		
4	3CV402	Construction Project Management	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 (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1931	Pay Slip No. :- MU - 1931
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AKASH BANDU TELANG	Name:- AKASH BANDU TELANG
Class & Branch:- Final Year B.Tech Civil Engineering	Class & Branch:- Final Year B.Tech Civil Engineering
Exam Seat No:- 2014BCV007	Exam Seat No:- 2014BCV007
Exam. Fee Rs Amount. : 1200/-	Exam. Fee Rs Amount. : 1200/-
In Words:- ` One Thousand Two Hundred Only	In Words:- ` One Thousand Two Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by _____ Cashier _____	Checked by _____ Cashier _____

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



Slip No.MU - 1932

Makeup Examination June/July 2019

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

- Name of student:- VAISHALI PRALHAD PATLE
- Class & Branch : - Final Year B.Tech Civil Engineering
- Exam Seat No:2015BCV005 4. Address _____
- Email :.....Phone No./Mobile No.:.....
- Details of the courses for which I wish to appear for the examination:

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	1OE416	Open Elective III Concrete Engineering a	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 - 1932	Pay Slip No. :- MU - 1932
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- VAISHALI PRALHAD PATLE	Name:- VAISHALI PRALHAD PATLE
Class & Branch:- Final Year B.Tech Civil Engineering	Class & Branch:- Final Year B.Tech Civil Engineering
Exam Seat No:- 2015BCV005	Exam Seat No:- 2015BCV005
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by Cashier	Checked by Cashier

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



Slip No.MU - 1933

Makeup Examination June/July 2019

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

- Name of student:- BALAJI HANMANTRAO BELKUNDE
- Class & Branch : - Final Year B.Tech Civil Engineering
- Exam Seat No:2015BCV020 4. Address _____
- Email :.....Phone No./Mobile No.:.....
- Details of the courses for which I wish to appear for the examination:

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	1OE443	Open Elective III: Industrial Automation	1		
2	3CV302	Water Supply and Treatment Technology	2		
3	3AM401	Earthquake Engineering	3		
4	3AM402	Design of Concrete Structures II	4		
5	3CV401	Engineering Economics and Valuation	5		
6	3CV402	Construction Project Management	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 (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1933	Pay Slip No. :- MU - 1933
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- BALAJI HANMANTRAO BELKUNDE	Name:- BALAJI HANMANTRAO BELKUNDE
Class & Branch:- Final Year B.Tech Civil Engineering	Class & Branch:- Final Year B.Tech Civil Engineering
Exam Seat No:- 2015BCV020	Exam Seat No:- 2015BCV020
Exam. Fee Rs Amount. : 1800/-	Exam. Fee Rs Amount. : 1800/-
In Words:- ` One Thousand Eight Hundred Only	In Words:- ` One Thousand Eight Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by _____ Cashier _____	Checked by _____ Cashier _____

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



Slip No.MU - 1934

Makeup Examination June/July 2019

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

- Name of student:- RAVIKANT BRIJLAL PADAVI
- Class & Branch : - Final Year B.Tech Civil Engineering
- Exam Seat No:2015BCV055 4. Address _____
- Email :.....Phone No./Mobile No.:.....
- Details of the courses for which I wish to appear for the examination:

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	1OE443	Open Elective III: Industrial Automation	1		
2	3CV302	Water Supply and Treatment Technology	2		
3	3AM401	Earthquake Engineering	3		
4	3CV402	Construction Project Management	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 (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1934	Pay Slip No. :- MU - 1934
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RAVIKANT BRIJLAL PADAVI	Name:- RAVIKANT BRIJLAL PADAVI
Class & Branch:- Final Year B.Tech Civil Engineering	Class & Branch:- Final Year B.Tech Civil Engineering
Exam Seat No:- 2015BCV055	Exam Seat No:- 2015BCV055
Exam. Fee Rs Amount. : 1200/-	Exam. Fee Rs Amount. : 1200/-
In Words:- ` One Thousand Two Hundred Only	In Words:- ` One Thousand Two Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by _____ Cashier _____	Checked by _____ Cashier _____

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



Slip No.MU - 1935

Makeup Examination June/July 2019

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

- Name of student:- SWAPNIL DATTATRAY SASTE
- Class & Branch : - Final Year B.Tech Civil Engineering
- Exam Seat No:2016BTECV00023 4. Address _____
- Email : Phone No./Mobile No.:
- Details of the courses for which I wish to appear for the examination:

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	3AM302	Structural Mechanics II	1		
2	1OE416	Open Elective III Concrete Engineering a	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 - 1935	Pay Slip No. :- MU - 1935
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SWAPNIL DATTATRAY SASTE	Name:- SWAPNIL DATTATRAY SASTE
Class & Branch:- Final Year B.Tech Civil Engineering	Class & Branch:- Final Year B.Tech Civil Engineering
Exam Seat No:- 2016BTECV00023	Exam Seat No:- 2016BTECV00023
Exam. Fee Rs Amount. : 600/-	Exam. Fee Rs Amount. : 600/-
In Words:- ` Six Hundred Only	In Words:- ` Six Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by _____ Cashier _____	Checked by _____ Cashier _____

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



Slip No.MU - 2097

Makeup Examination June/July 2019

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

- Name of student:- ABHISHEK KISHOR GAIKWAD
- Class & Branch : - Final Year B.Tech Civil Engineering
- Exam Seat No:2016BTECV00026 4. Address _____
- Email : Phone No./Mobile No.:
- Details of the courses for which I wish to appear for the examination:

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	3AM302	Structural Mechanics II	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 - 2097	Pay Slip No. :- MU - 2097
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ABHISHEK KISHOR GAIKWAD	Name:- ABHISHEK KISHOR GAIKWAD
Class & Branch:- Final Year B.Tech Civil Engineering	Class & Branch:- Final Year B.Tech Civil Engineering
Exam Seat No:- 2016BTECV00026	Exam Seat No:- 2016BTECV00026
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by _____ Cashier _____	Checked by _____ Cashier _____

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



Slip No.MU - 1936

Makeup Examination June/July 2019

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

- Name of student:- ASIFA ZAKIRHUSEN BAGWAN
- Class & Branch : - Final Year B.Tech Civil Engineering
- Exam Seat No:2016BTECV00058 4. Address _____
- Email : Phone No./Mobile No.:
- Details of the courses for which I wish to appear for the examination:

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	1OE416	Open Elective III Concrete Engineering a	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 - 1936	Pay Slip No. :- MU - 1936
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ASIFA ZAKIRHUSEN BAGWAN	Name:- ASIFA ZAKIRHUSEN BAGWAN
Class & Branch:- Final Year B.Tech Civil Engineering	Class & Branch:- Final Year B.Tech Civil Engineering
Exam Seat No:- 2016BTECV00058	Exam Seat No:- 2016BTECV00058
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by _____ Cashier _____	Checked by _____ Cashier _____

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



Slip No.MU - 1937

Makeup Examination June/July 2019

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

- Name of student:- PANKAJ RAMKISAN DHOKE
- Class & Branch : - Final Year B.Tech Civil Engineering
- Exam Seat No:2016BTECV00066 4. Address _____
- Email : Phone No./Mobile No.:
- Details of the courses for which I wish to appear for the examination:

Affix recent
photograph

----X----

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1	3AM301	Design of Steel Structures	1		
2	3AM402	Design of Concrete Structures II	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 - 1937	Pay Slip No. :- MU - 1937
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PANKAJ RAMKISAN DHOKE	Name:- PANKAJ RAMKISAN DHOKE
Class & Branch:- Final Year B.Tech Civil Engineering	Class & Branch:- Final Year B.Tech Civil Engineering
Exam Seat No:- 2016BTECV00066	Exam Seat No:- 2016BTECV00066
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