



Slip No.MU - 1981

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:- JAGDISH RAMESHWAR BHUTTE
2. Class & Branch : - Final Year B.Tech Computer Science and Engineering
3. Exam Seat No:2015BCS013 4. Address _____
- Email : Phone No./Mobile No.:
5. 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	3CS412	Professional Elective V : Machine Learni	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 - 1981	Pay Slip No. :- MU - 1981
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- JAGDISH RAMESHWAR BHUTTE	Name:- JAGDISH RAMESHWAR BHUTTE
Class & Branch:- Final Year B.Tech Computer Science and Engineering	Class & Branch:- Final Year B.Tech Computer Science and Engineering
Exam Seat No:- 2015BCS013	Exam Seat No:- 2015BCS013
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 - 1983

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:- 2015BCS088 SANKET PRADIP KUMBHAR
2. Class & Branch : - Final Year B.Tech Computer Science and Engineering
3. Exam Seat No:2015BCS088 4. Address _____
- Email : Phone No./Mobile No.:
5. 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	3CS402	Data Warehousing and Data Mining	1		
2	3CS414	Professional Elective VI : Software Defi	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 - 1983	Pay Slip No. :- MU - 1983
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- 2015BCS088 SANKET PRADIP KUMBHAR	Name:- 2015BCS088 SANKET PRADIP KUMBHAR
Class & Branch:- Final Year B.Tech Computer Science and Engineering	Class & Branch:- Final Year B.Tech Computer Science and Engineering
Exam Seat No:- 2015BCS088	Exam Seat No:- 2015BCS088
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 - 1984

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:- PRABHAT CHANDRASHEKHAR BOBADE
- Class & Branch : - Final Year B.Tech Computer Science and Engineering
- Exam Seat No:2015BCS100 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	3CS401	Information Security	1		
2	3CS402	Data Warehousing and Data Mining	2		
3	3CS412	Professional Elective V : Machine Learni	3		
4	1OE471	Open Elective III Business Intelligence	4		
5	4CS203	Data Structures	5		
6	3CS301	Computer Architecture	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 - 1984	Pay Slip No. :- MU - 1984
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRABHAT CHANDRASHEKHAR BOBADE	Name:- PRABHAT CHANDRASHEKHAR BOBADE
Class & Branch:- Final Year B.Tech Computer Science and Engineering	Class & Branch:- Final Year B.Tech Computer Science and Engineering
Exam Seat No:- 2015BCS100	Exam Seat No:- 2015BCS100
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 - 1985

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:- SUMIT VINOBA ATRAM
- Class & Branch : - Final Year B.Tech Computer Science and Engineering
- Exam Seat No:2016BTECS00002 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	3CS412	Professional Elective V : Machine Learni	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 - 1985	Pay Slip No. :- MU - 1985
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SUMIT VINOBA ATRAM	Name:- SUMIT VINOBA ATRAM
Class & Branch:- Final Year B.Tech Computer Science and Engineering	Class & Branch:- Final Year B.Tech Computer Science and Engineering
Exam Seat No:- 2016BTECS00002	Exam Seat No:- 2016BTECS00002
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 - 1986

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:- PRANALI PANDURANG PAWAR
2. Class & Branch : - Final Year B.Tech Computer Science and Engineering
3. Exam Seat No:2016BTECS00004 4. Address _____
- Email : Phone No./Mobile No.:
5. 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	3CS414	Professional Elective VI : Software Defi	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 - 1986	Pay Slip No. :- MU - 1986
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRANALI PANDURANG PAWAR	Name:- PRANALI PANDURANG PAWAR
Class & Branch:- Final Year B.Tech Computer Science and Engineering	Class & Branch:- Final Year B.Tech Computer Science and Engineering
Exam Seat No:- 2016BTECS00004	Exam Seat No:- 2016BTECS00004
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 - 1987

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:- AKASH KUMAR MORE
2. Class & Branch : - Final Year B.Tech Computer Science and Engineering
3. Exam Seat No:2016BTECS00051 4. Address _____
- Email :.....Phone No./Mobile No.:.....
5. 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	3CS401	Information Security	1		
2	3CS412	Professional Elective V : Machine Learni	2		
3	3CS414	Professional Elective VI : Software Defi	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 - 1987	Pay Slip No. :- MU - 1987
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AKASH KUMAR MORE	Name:- AKASH KUMAR MORE
Class & Branch:- Final Year B.Tech Computer Science and Engineering	Class & Branch:- Final Year B.Tech Computer Science and Engineering
Exam Seat No:- 2016BTECS00051	Exam Seat No:- 2016BTECS00051
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



Slip No.MU - 1988

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:- SUSMITA VIJAY KOTHAWALE
- Class & Branch : - Final Year B.Tech Computer Science and Engineering
- Exam Seat No:2016BTECS00087 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	3CS414	Professional Elective VI : Software Defi	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 - 1988	Pay Slip No. :- MU - 1988
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SUSMITA VIJAY KOTHAWALE	Name:- SUSMITA VIJAY KOTHAWALE
Class & Branch:- Final Year B.Tech Computer Science and Engineering	Class & Branch:- Final Year B.Tech Computer Science and Engineering
Exam Seat No:- 2016BTECS00087	Exam Seat No:- 2016BTECS00087
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 - 1989

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:- PRADNYA VIDYADHAR RANKHAMBE
- Class & Branch : - Final Year B.Tech Computer Science and Engineering
- Exam Seat No:2016BTECS00101 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	3CS412	Professional Elective V : Machine Learni	1		
2	3CS414	Professional Elective VI : Software Defi	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 - 1989	Pay Slip No. :- MU - 1989
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRADNYA VIDYADHAR RANKHAMBE	Name:- PRADNYA VIDYADHAR RANKHAMBE
Class & Branch:- Final Year B.Tech Computer Science and Engineering	Class & Branch:- Final Year B.Tech Computer Science and Engineering
Exam Seat No:- 2016BTECS00101	Exam Seat No:- 2016BTECS00101
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 - 1990

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:- AADIL MANZOOR SHAH
2. Class & Branch : - Final Year B.Tech Computer Science and Engineering
3. Exam Seat No:2017BTECS00201 4. Address _____
- Email : Phone No./Mobile No.:
5. 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	3CS412	Professional Elective V : Machine Learni	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 - 1990	Pay Slip No. :- MU - 1990
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AADIL MANZOOR SHAH	Name:- AADIL MANZOOR SHAH
Class & Branch:- Final Year B.Tech Computer Science and Engineering	Class & Branch:- Final Year B.Tech Computer Science and Engineering
Exam Seat No:- 2017BTECS00201	Exam Seat No:- 2017BTECS00201
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