

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:- SURAJ DILIP INGAVALE							
	2. Class &	Branch : - Third Year B. Tech Electrical Engine	ering			Affix recent		
	3. Exam Se	eat No:2010BEL019 4. Address				photograph		
	Email :	Phone No./Mobile No.:				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 Na	me		
1	3EL305	Power Electronics	1	3EL323	Microcontroller and Applic	ations		
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

<b>RECEIPT</b> (A)	CCOUNTS COPY)	RECEIP	Г (STUDENT COPY)		
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND COLLE	GE OF ENGINEERING, SANGLI		
(An Autono	mous Institute)	(An Au	itonomous Institute)		
Pay Slip No. :- MU - 20	98	Pay Slip No. :- MU	- 2098		
Makeup Examination Ju	ne/July 2019	Makeup Examination	June/July 2019		
Name:- SURAJ DILIP INC	JAVALE	Name:- SURAJ DILIP	INGAVALE		
Class & Branch:- Third Ye	ar B.Tech Electrical Engineering	Class & Branch:- Third	Class & Branch:- Third Year B. Tech Electrical Engineering		
Exam Seat No:- 2010BEL0	19	Exam Seat No:- 2010B	Exam Seat No:- 2010BEL019		
Exam. Fee Rs Amount. : 6	00/-	Exam. Fee Rs Amount	Exam. Fee Rs Amount. : 600/-		
In Words:- `Six Hundred (	Only	In Words:- ` Six Hund	red Only		
Date:-		Date:-			
Signature of student:-		Signature of student:-			
Checked by	Cashier	Checked by	Cashier		

Slip No.MU - 2098



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 FFS grade for concerned course/s.

1. Name of student:- PAVAN SANJAY MARDODE							
	2. Class & Branch : - Final Year B. Tech Electrical Engineering						
	3. Exam Se	at No:2012BEL056 4. Address				photograph	
	Email :	Phone No./Mobile No.:				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 Na	me	
1	3EL402	HVDC Transmission	1				
2	3EL411	Professional Elective-I : Advanced Power	2				
3	3EL413	Professional Elective-II : Power System	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

ee /-)

(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

RECEIPT (A	CCOUNTS COPY)	RECEIPT	(STUDENT COPY)		
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND COLLEC	WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autono	omous Institute)	(An Aut	onomous Institute)		
Pay Slip No. :- MU - 19	53	Pay Slip No. :- MU -	1953		
Makeup Examination Ju	ne/July 2019	Makeup Examination	June/July 2019		
Name:- PAVAN SANJAY	MARDODE	Name:- PAVAN SANJA	Y MARDODE		
Class & Branch:- Final Yea	r B.Tech Electrical Engineering	Class & Branch:- Final Year B.Tech Electrical Engineering			
Exam Seat No:- 2012BEL0	56	Exam Seat No:- 2012BE	L056		
Exam. Fee Rs Amount. : 9	00/-	Exam. Fee Rs Amount. : 900/-			
In Words:- ` Nine Hundred	l Only	In Words:- ` Nine Hunds	red Only		
Date:-		Date:-			
Signature of student:-		Signature of student:-			
Checked by	Cashier	Checked by	Cashier		



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:- PRASAD PRAVIN ZARKAR						
	2. Class & Branch : - Final Year B. Tech Electrical Engineering					
	3. Exam Se	eat No:2013BEL010 4. Address				photograph
	Email :	Phone No./Mobile No.:				X
		Courses	of sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course	Name
1	3EL402	HVDC Transmission	1			
2	3EL403	Solar and Wind Power Generation	2			
3	3EL411	Professional Elective-I : Advanced Power	3			
4	3EL413	Professional Elective-II : Power System	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

/-)

<b>RECEIPT</b> (A	ACCOUNTS COPY)	RECEIP	Г (STUDENT COPY)		
WALCHAND COLLEGE	E OF ENGINEERING, SANGLI	WALCHAND COLLE	WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autor	nomous Institute)	(An Au	itonomous Institute)		
Pay Slip No. :- MU - 1	954	Pay Slip No. :- MU	- 1954		
Makeup Examination J	une/July 2019	Makeup Examination	June/July 2019		
Name:- PRASAD PRAVI	N ZARKAR	Name:- PRASAD PRA	VIN ZARKAR		
Class & Branch:- Final Ye	ear B.Tech Electrical Engineering	Class & Branch:- Final	Year B.Tech Electrical Engineering		
Exam Seat No:- 2013BEL	.010	Exam Seat No:- 2013B	EL010		
Exam. Fee Rs Amount. :	1200/-	Exam. Fee Rs Amount	. : 1200/-		
In Words:- ` One Thousa	nd Two Hundred Only	In Words:- ` One Thou	isand Two Hundred Only		
Date:-		Date:-			
Signature of student:-		Signature of student:-			
Checked by	Cashier	Checked by	Cashier		

Slip No.MU - 1954



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:- VARUN DATTATRAY DESHMUKI						
	2. Class & 1	Branch : - Final Year B. Tech Electrical Engined			Affix recent			
	3. Exam Se	at No:2014BEL032 4. Address				photograph		
	Email :	Phone No./Mobile No.:				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 Na	me		
1	3EL305	Power Electronics	1					
2			2					
3			3					
4			4					
5			5					
6			6					
7			7					
8			8					
9			9					
10			10					
	Exam Fee:- 1 X ` 300 /- Total Amount :- ` 300/-							

(\* Late Fee /- + Exam Fee

/-)

(Signature of student) Date:

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

# Receipt of Exam cell:

Checked by

Cashier

Date

RECEIPT (A	CCOUNTS COPY)		RECEIPT	(STUDENT COPY)	
WALCHAND COLLEGE	OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANG		
(An Autono	omous Institute)		(An Au	tonomous Institute)	
Pay Slip No. :- MU - 20	99		Pay Slip No. :- MU -	· 2099	
Makeup Examination Ju	ne/July 2019		Makeup Examination	June/July 2019	
Name:- VARUN DATTAT	RAY DESHMUKH		Name:- VARUN DATT	ATRAY DESHMUKH	
Class & Branch:- Final Yea	ar B.Tech Electrical Engineering		Class & Branch:- Final	Year B.Tech Electrical Engineering	
Exam Seat No:- 2014BELO	32		Exam Seat No:- 2014Bl	EL032	
Exam. Fee Rs Amount. : 3	00/-		Exam. Fee Rs Amount.	: 300/-	
In Words:- ` Three Hundre	ed Only		In Words:- ` Three Hur	ndred Only	
Date:-			Date:-		
Signature of student:-		Signature of student:-			
Checked by	Cashier		Checked by	Cashier	



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 FFS grade for concerned course/s.

1. Name of student:- RAJKUMAR VEERAMUTHU DEVENDRA					1			
	2. Class & Branch : - Final Year B. Tech Electrical Engineering							
	3. Exam Sea	at No:2014BEL201 4. Address				photograph		
	Email :	Phone No./Mobile No.:				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 Na	me		
1	3EL302	Digital Signal Processing	1					
2	3EL303	Control System Engineering	2					
3	3EL413	Professional Elective-II : Power System	3					
4			4					
5			5					
6			6					
7			7					
8			8					
9			9					
10			10					
		Exam Fee:- 3 X ` 300 /-			Tota	l Amount :- ` <b>900/-</b>		

(\* Late Fee /- + Exam Fee

ee /-)

(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

<b> RECEIPT</b> (A	CCOUNTS COPY)	RECEIP	Г (STUDENT COPY)		
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND COLLE	EGE OF ENGINEERING, SANGLI		
(An Autono	omous Institute)	(An Au	itonomous Institute)		
Pay Slip No. :- MU - 19	55	Pay Slip No. :- MU	- 1955		
Makeup Examination Ju	ne/July 2019	Makeup Examination	June/July 2019		
Name:- RAJKUMAR VEEI	RAMUTHU DEVENDRA	Name:- RAJKUMAR V	EERAMUTHU DEVENDRA		
Class & Branch:- Final Yea	ar B.Tech Electrical Engineering	Class & Branch:- Final	Class & Branch:- Final Year B. Tech Electrical Engineering		
Exam Seat No:- 2014BEL2	01	Exam Seat No:- 2014B	EL201		
Exam. Fee Rs Amount. : 9	00/-	Exam. Fee Rs Amount	. : 900/-		
In Words:- ` Nine Hundred	l Only	In Words:- ` Nine Hun	dred Only		
Date:-		Date:-			
Signature of student:-		Signature of student:-	Signature of student:-		
Checked by	Cashier	Checked by	Cashier		



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 FFS grade for concerned course/s.

	<ol> <li>Name of student:- ASHWINI SOMNATH MEHENDRE</li> <li>Class &amp; Branch : - Final Year B.Tech Electrical Engineering</li> <li>Exam Seat No:2015BEL034 4. Address</li> <li>Email :</li></ol>					
	5. Details c	of the courses for which I wish to appear for	the exa	amination:		
		Courses of	of sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
1	3EL401	Power System Harmonics and FACTS	1			
2	3EL402	HVDC Transmission	2			
3	3EL403	Solar and Wind Power Generation	3			
1	3EL411	Professional Elective-I : Advanced Power	4			
5	3EL305	Power Electronics	5			
5			6			
7			7			
3			8			
)			9			
10			10			
		Exam Fee:- 5 X ` 300 /		Total	Amount :- ` 1500/-	

(\* Late Fee /- + Exam 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:

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Cashier

<b>RECEIPT</b> (A	ACCOUNTS COPY)	RECEIPT	(STUDENT COPY)	
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND COLLEG	GE OF ENGINEERING, SANGLI	
(An Autor	omous Institute)	(An Aut	onomous Institute)	
Pay Slip No. :- MU - 1	956	Pay Slip No. :- MU -	1956	
Makeup Examination Ju	une/July 2019	Makeup Examination	June/July 2019	
Name:- ASHWINI SOMN	IATH MEHENDRE	Name:- ASHWINI SOM	INATH MEHENDRE	
Class & Branch:- Final Ye	ear B.Tech Electrical Engineering	Class & Branch:- Final Year B.Tech Electrical Engineeri		
Exam Seat No:- 2015BEL	034	Exam Seat No:- 2015BE	L034	
Exam. Fee Rs Amount. : 1	1500/-	Exam. Fee Rs Amount.	: 1500/-	
In Words:- ` One Thousa	nd Five Hundred Only	In Words:- ` One Thous	and Five Hundred Only	
Date:-		Date:-		
Signature of student:-		Signature of student:-		
Checked by	Cashier	Checked by	Cashier	



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 FFS grade for concerned course/s.

1. Name of student:- PRAJYOT HARISHCHANDRA MUNDE						[
	2. Class & Branch : - Final Year B. Tech Electrical Engineering					
		at No:2015BEL047 4. Address	C			photograph
		Phone No./Mobile No.:				X
	5. Details c	of the courses for which I wish to appear for	the exa	mination:		
		Courses	of sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
1	3EL402	HVDC Transmission	1			
2	3EL413	Professional Elective-II : Power 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

e /-)

(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

RECEIPT (A	CCOUNTS COPY)	RECEIPT	(STUDENT COPY)		
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI			
(An Autono	mous Institute)	(An Aut	conomous Institute)		
Pay Slip No. :- MU - 19	57	Pay Slip No. :- MU -	1957		
Makeup Examination Ju	ne/July 2019	Makeup Examination	June/July 2019		
Name:- PRAJYOT HARIS	HCHANDRA MUNDE	Name:- PRAJYOT HAR	ISHCHANDRA MUNDE		
Class & Branch:- Final Yea	r B.Tech Electrical Engineering	Class & Branch:- Final Year B. Tech Electrical Engineering			
Exam Seat No:- 2015BEL0	47	Exam Seat No:- 2015BE	Exam Seat No:- 2015BEL047		
Exam. Fee Rs Amount. : 6	00/-	Exam. Fee Rs Amount.	Exam. Fee Rs Amount. : 600/-		
In Words:- `Six Hundred	Only	In Words:- ` Six Hundre	In Words:- ` Six Hundred Only		
Date:-		Date:-			
Signature of student:-		Signature of student:-			
Checked by	Cashier	Checked by	Cashier		



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:- BODHITA NARENDRAKUMAR RAMTEKE				1		
	2. Class & 1	Branch : - Final Year B. Tech Electrical Enginee	ering			Affix recent	
	3. Exam Se	at No:2015BEL049 4. Address				photograph	
	Email :	Phone No./Mobile No.:				X	
	5. Details c	of the courses for which I wish to appear for the	he exa	mination:			
	Courses of semester						
		Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Nai	me	
1	3EL402	HVDC Transmission	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 (A	CCOUNTS COPY)		RECEIPT	(STUDENT COPY)	
WALCHAND COLLEGE	OF ENGINEERING, SANGLI		WALCHAND COLLEC	GE OF ENGINEERING, SANGLI	
(An Autono	omous Institute)		(An Aut	onomous Institute)	
Pay Slip No. :- MU - 19	58		Pay Slip No. :- MU -	1958	
Makeup Examination Ju	ne/July 2019		Makeup Examination	June/July 2019	
Name:- BODHITA NARE	JDRAKUMAR RAMTEKE		Name:- BODHITA NAR	ENDRAKUMAR RAMTEKE	
Class & Branch:- Final Yea	ar B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering		
Exam Seat No:- 2015BEL0	49		Exam Seat No:- 2015BE	L049	
Exam. Fee Rs Amount. : 3	00/-		Exam. Fee Rs Amount.	: 300/-	
In Words:- ` Three Hundre	ed Only		In Words:- ` Three Hund	dred 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 - 1959

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:- TENZIN YESHI DAMO						
	2. Class & 1	Branch : - Final Year B.Tech Electrical Engine	ering			Affix recent
	3. Exam Se	at No:2015BEL064 4. Address				photograph
	Email :	Phone No./Mobile No.:				X
	5. Details of the courses for which I wish to appear for the examination:					
		Courses of	of sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
1	3EL401	Power System Harmonics and FACTS	1			
2	3EL402	HVDC Transmission	2			
3	3EL403	Solar and Wind Power Generation	3			
4	3EL411	Professional Elective-I : Advanced Power	4			
5	3EL413	Professional Elective-II: Power System	5			
6	3EL305	Power Electronics	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

**RECEIPT (ACCOUNTS COPY) RECEIPT (STUDENT COPY)** WALCHAND COLLEGE OF ENGINEERING, SANGLI WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute) (An Autonomous Institute) :- MU - 1959 :- MU - 1959 Pay Slip No. Pay Slip No. Makeup Examination June/July 2019 Makeup Examination June/July 2019 Name:- TENZIN YESHI DAMO Name:- TENZIN YESHI DAMO Class & Branch:- Final Year B. Tech Electrical Engineering Class & Branch:- Final Year B. Tech Electrical Engineering Exam Seat No:- 2015BEL064 Exam Seat No:- 2015BEL064 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



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 FFS grade for concerned course/s.

1. Name of student:- NAKUL GANESH GHATE						
	2. Class &	Branch : - Final Year B. Tech Electrical Enginee	ering			Affix recent
	3. Exam Se	at No:2016BTEEL00001 4. Address				photograph
	Email :	Phone No./Mobile No.:				X
	5. Details o	of the courses for which I wish to appear for t	he exa	mination:		
		Courses o	f sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
1	3EL402	HVDC Transmission	1			
2			2			
3			3			
4			4			
5			5			
6			6			
7			7			
8			8			
9			9			
10			10			
		Exam Fee:- 1 X ` 300 /-			Tota	l Amount :- ` <b>300/-</b>

(\* Late Fee /- + Exam Fee

'ee /-)

(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

RECEIPT (A	CCOUNTS COPY)	REC	EIPT (STUDENT COPY)		
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND CO	WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autono	mous Institute)	(A	n Autonomous Institute)		
Pay Slip No. :- MU - 19	51	Pay Slip No. :-	MU - 1961		
Makeup Examination Ju	ne/July 2019	Makeup Examina	ation June/July 2019		
Name:- NAKUL GANESH	GHATE	Name:- NAKUL G	ANESH GHATE		
Class & Branch:- Final Yea	r B. Tech Electrical Engineering	Class & Branch:- 1	Class & Branch:- Final Year B.Tech Electrical Engineering		
Exam Seat No:- 2016BTEE	L00001	Exam Seat No:- 20	Exam Seat No:- 2016BTEEL00001		
Exam. Fee Rs Amount. : 30	00/-	Exam. Fee Rs Am	Exam. Fee Rs Amount. : 300/-		
In Words:- ` Three Hundre	d Only	In Words:- ` Three	In Words:- ` Three Hundred Only		
Date:-		Date:-			
Signature of student:-		Signature of stude	Signature of student:-		
Checked by	Cashier	Checked by	Cashier		



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.

	<ol> <li>Name of student:- SHIVANI RAJENDRA SAPKAL</li> <li>Class &amp; Branch : - Final Year B.Tech Electrical Engineering</li> <li>Exam Seat No:2016BTEEL00013 4. Address</li> <li>Email :Phone No./Mobile No.:</li> <li>5. Details of the courses for which I wish to appear for the examination:</li> </ol>						
		Courses	of sem	ester			
		Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Na	me	
1	3EL411	Professional Elective-I : Advanced Power	1				
2	3EL413	Professional Elective-II : Power 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/-						

/- + 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

<b>RECEIPT</b> (A	ACCOUNTS COPY)		Γ (STUDENT COPY)	
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND COLLI	EGE OF ENGINEERING, SANGLI	
(An Auton	omous Institute)	(An A	utonomous Institute)	
Pay Slip No. :- MU - 19	960	Pay Slip No. :- MU	- 1960	
Makeup Examination Ju	ine/July 2019	Makeup Examination	1 June/July 2019	
Name:- SHIVANI RAJEN	DRA SAPKAL	Name:- SHIVANI RAJ	ENDRA SAPKAL	
Class & Branch:- Final Ye	ar B.Tech Electrical Engineering	Class & Branch:- Final	Class & Branch:- Final Year B.Tech Electrical Engineering	
Exam Seat No:- 2016BTE	EL00013	Exam Seat No:- 2016E	STEEL00013	
Exam. Fee Rs Amount. : 6	500/-	Exam. Fee Rs Amount	. : 600/-	
In Words:- ` Six Hundred	Only	In Words:- ` Six Hund	red Only	
Date:-		Date:-		
Signature of student:-		Signature of student:-		
Checked by	Cashier	Checked by	Cashier	

(\* Late Fee

/-)



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 FFS grade for concerned course/s.

	<ol> <li>Name of student:- PARDESHI VIRENDRA MANOJ</li> <li>Class &amp; Branch : - Final Year B.Tech Electrical Engineering</li> <li>Exam Seat No:2016BTEEL00017 4. Address</li> <li>Email :</li></ol>					
		Courses	of sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
1	3EL413	Professional Elective-II : Power 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

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) :- MU - 1962 :- MU - 1962 Pay Slip No. Pay Slip No. Makeup Examination June/July 2019 Makeup Examination June/July 2019 Name:- PARDESHI VIRENDRA MANOJ Name:- PARDESHI VIRENDRA MANOJ Class & Branch:- Final Year B. Tech Electrical Engineering Class & Branch:- Final Year B. Tech Electrical Engineering Exam Seat No:- 2016BTEEL00017 Exam Seat No:- 2016BTEEL00017 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



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	f student:- SHUBHAM SUNIL BELE				
	2. Class & Branch : - Final Year B.Tech Electrical Engineering					
	3. Exam Se	eat No:2016BTEEL00031 4. Address				photograph
	Email :	Phone No./Mobile No.:				X
	5. Details	of the courses for which I wish to appear for	the exa	mination:		
		Courses	of sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
1	3EL402	HVDC Transmission	1			
2	3EL413	Professional Elective-II : Power System	2			
3			3			
4			4			
5			5			
6			6			
7			7			
8			8			
9			9			
10			10			
		Exam Fee:- 2 X ` 300	/-		Tota	l 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

RECEIPT (A	ACCOUNTS COPY)	RECEIPT	(STUDENT COPY)
WALCHAND COLLEGI	E OF ENGINEERING, SANGLI	WALCHAND COLLE	GE OF ENGINEERING, SANGLI
(An Autor	nomous Institute)	(An Au	tonomous Institute)
Pay Slip No. :- MU - 1	963	Pay Slip No. :- MU -	1963
Makeup Examination J	une/July 2019	Makeup Examination	June/July 2019
Name:- SHUBHAM SUN	IL BELE	Name:- SHUBHAM SU	NIL BELE
Class & Branch:- Final Y	ear B.Tech Electrical Engineering	Class & Branch:- Final	Year B.Tech Electrical Engineering
Exam Seat No:- 2016BTI	EEL00031	Exam Seat No:- 2016B	ГЕЕL00031
Exam. Fee Rs Amount. :	600/-	Exam. Fee Rs Amount.	: 600/-
In Words:- ` Six Hundred	l Only	In Words:- ` Six Hundr	ed Only
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by	Cashier	Checked by	Cashier



Slip No.MU - 1964

### 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 FFS grade for concerned course/s.

1. Name of student:- SANEESH SUBHASH GANVIR							
	2. Class & Branch : - Final Year B. Tech Electrical Engineering						
	3. Exam Se	at No:2016BTEEL00035 4. Address				photograph	
	Email :	Phone No./Mobile No.:				X	
5. Details of the courses for which I wish to appear for the examination:							
		Courses	of sem	ester			
		Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Na	me	
1	3EL401	Power System Harmonics and FACTS	1				
2			2				
3			3				
4			4				
5			5				
6			6				
7			7				
8			8				
9			9				
10			10				
		Exam Fee:- 1 X ` 300	/_		Tota	l Amount :- ` <b>300/-</b>	

(\* Late Fee /- + Exam Fee

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) :- MU - 1964 :- MU - 1964 Pay Slip No. Pay Slip No. Makeup Examination June/July 2019 Makeup Examination June/July 2019 Name:- SANEESH SUBHASH GANVIR Name:- SANEESH SUBHASH GANVIR Class & Branch:- Final Year B. Tech Electrical Engineering Class & Branch:- Final Year B. Tech Electrical Engineering Exam Seat No:- 2016BTEEL00035 Exam Seat No:- 2016BTEEL00035 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



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 VINOD JAGTAP					
	2. Class & Branch : - Final Year B. Tech Electrical Engineering					
	3. Exam Se	at No:2016BTEEL00036 4. Address				photograph
	Email :	Phone No./Mobile No.:				X
	5. Details o	of the courses for which I wish to appear for t	he exa	mination:		
		Courses o	f sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
1	3EL402	HVDC Transmission	1			
2			2			
3			3			
4			4			
5			5			
6			6			
7			7			
8			8			
9			9			
10			10			
		Exam Fee:- 1 X ` 300 /-			Tota	l Amount :- ` <b>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

RECEIPT (ACCOUNTS COPY)			RECEIPT	(STUDENT COPY)	
WALCHAND COLLEGE	OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autono	mous Institute)		(An Aut	tonomous Institute)	
Pay Slip No. :- MU - 190	55		Pay Slip No. :- MU -	1965	
Makeup Examination Jur	e/July 2019		Makeup Examination	June/July 2019	
Name:- SHUBHAM VINOE	JAGTAP		Name:- SHUBHAM VIN	NOD JAGTAP	
Class & Branch:- Final Yea	B.Tech Electrical Engineering		Class & Branch:- Final Year B. Tech Electrical Engineering		
Exam Seat No:- 2016BTEE	L00036		Exam Seat No:- 2016BTEEL00036		
Exam. Fee Rs Amount. : 30	0/-		Exam. Fee Rs Amount. : 300/-		
In Words:- ` Three Hundre	d Only		In Words:- ` Three Hundred Only		
Date:-			Date:-		
Signature of student:-			Signature of student:-		
Checked by	Cashier		Checked by	Cashier	



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:- VIPIN SIDDHARTH JIWANE						
	2. Class & Branch : - Final Year B. Tech Electrical Engineering					
	3. Exam Se	at No:2016BTEEL00043 4. Address				photograph
	Email :	Phone No./Mobile No.:				X
	5. Details o	of the courses for which I wish to appear for t	he exa	mination:		
		Courses o	f sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
1	3EL402	HVDC Transmission	1			
2	3EL305	Power Electronics	2			
3			3			
4			4			
5			5			
6			6			
7			7			
8			8			
9			9			
10			10			
	Exam Fee:- 2 X ` 300 /- Total Amount :- ` 600/-					

(\* Late Fee /- + Exam Fee

/-)

(Signature of student) Date:

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

# Receipt of Exam cell:

Checked by

Cashier

RECEIPT (A	CCOUNTS COPY)	RECEIP	T (STUDENT COPY)		
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND COLLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autono	omous Institute)	(An A	utonomous Institute)		
Pay Slip No. :- MU - 19	66	Pay Slip No. :- MU	- 1966		
Makeup Examination Ju	ne/July 2019	Makeup Examination	n June/July 2019		
Name:- VIPIN SIDDHART	TH JIWANE	Name:- VIPIN SIDDH	IARTH JIWANE		
Class & Branch:- Final Yea	r B.Tech Electrical Engineering	Class & Branch:- Final	Class & Branch:- Final Year B. Tech Electrical Engineering		
Exam Seat No:- 2016BTE	EL00043	Exam Seat No:- 2016E	Exam Seat No:- 2016BTEEL00043		
Exam. Fee Rs Amount. : 6	00/-	Exam. Fee Rs Amount	Exam. Fee Rs Amount. : 600/-		
In Words:- ` Six Hundred	Only	In Words:- ` Six Hund	red Only		
Date:-		Date:-			
Signature of student:-		Signature of student:-			
Checked by	Cashier	Checked by	Cashier		



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.

	<ol> <li>Name of student:- VAIBHAV SANJAYRAO SABANE</li> <li>Class &amp; Branch : - Final Year B. Tech Electrical Engineering</li> <li>Exam Seat No:2016BTEEL00050 4. Address</li> <li>Email :Phone No./Mobile No.:</li> <li>Details of the courses for which I wish to appear for the examination:</li> </ol>					
		Courses o	f sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
1	3EL413	Professional Elective-II : Power System	1			
2			2			
3			3			
4			4			
5			5			
5			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

RECEIPT (A	CCOUNTS COPY)	RECEIPT	(STUDENT COPY)		
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND COLLE	WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autono	omous Institute)	(An Au	tonomous Institute)		
Pay Slip No. :- MU - 19	67	Pay Slip No. :- MU -	1967		
Makeup Examination Ju	ne/July 2019	Makeup Examination	June/July 2019		
Name:- VAIBHAV SANJA	YRAO SABANE	Name:- VAIBHAV SAN	JAYRAO SABANE		
Class & Branch:- Final Yea	r B.Tech Electrical Engineering	Class & Branch:- Final Year B.Tech Electrical Engineering			
Exam Seat No:- 2016BTEI	EL00050	Exam Seat No:- 2016B	Exam Seat No:- 2016BTEEL00050		
Exam. Fee Rs Amount. : 3	00/-	Exam. Fee Rs Amount.	Exam. Fee Rs Amount. : 300/-		
In Words:- ` Three Hundre	ed Only	In Words:- ` Three Hun	dred Only		
Date:-		Date:-	Date:-		
Signature of student:-		Signature of student:-			
Checked by	Cashier	Checked by	Cashier		



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.

	<ol> <li>Name of student:- SOURAV RAJENDRA CHAVAN</li> <li>Class &amp; Branch : - Final Year B. Tech Electrical Engineering</li> <li>Exam Seat No:2016BTEEL00053 4. Address</li> <li>Email :</li></ol>					
		Courses of	f sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
1			1			
2			2			
3			3			
4			4			
5			5			
6			6			
7			7			
8			8			
9			9			
10			10			
	Exam Fee:- 0 X ` 300 /- Total Amount :- ` 0/-					

(\* Late Fee

(Signature of student) Date:

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

# Receipt of Exam cell:

Checked by

Cashier

Date

/- + Exam Fee

/-)

RECEIPT (A	CCOUNTS COPY)	RECEIPT	(STUDENT COPY)		
WALCHAND COLLEGE	OF ENGINEERING, SANGLI	WALCHAND COLLEG	WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autono	mous Institute)	(An Aut	onomous Institute)		
Pay Slip No. :- MU - 19	68	Pay Slip No. :- MU -	1968		
Makeup Examination Ju	ne/July 2019	Makeup Examination	June/July 2019		
Name:- SOURAV RAJEND	DRA CHAVAN	Name:- SOURAV RAJE	NDRA CHAVAN		
Class & Branch:- Final Yea	r B.Tech Electrical Engineering	Class & Branch:- Final Year B.Tech Electrical Engineering			
Exam Seat No:- 2016BTEE	CL00053	Exam Seat No:- 2016BT	Exam Seat No:- 2016BTEEL00053		
Exam. Fee Rs Amount. : 0/	′-	Exam. Fee Rs Amount.	Exam. Fee Rs Amount. : 0/-		
In Words:- ` zero Only		In Words:- ` zero Only			
Date:-		Date:-			
Signature of student:-		Signature of student:-			
Checked by	Cashier	Checked by	Cashier		

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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 FFS grade for concerned course/s.

	<ol> <li>Name of student:- DNYANESHWAR VASANT MUNDE</li> <li>Class &amp; Branch : - Final Year B. Tech Electrical Engineering</li> <li>Exam Seat No:2016BTEEL00063 4. Address</li> <li>Email :Phone No./Mobile No.:</li> <li>Details of the courses for which I wish to appear for the examination:</li> </ol>					Affix recent photograph x
		Courses	of sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
1	3EL402	HVDC Transmission	1			
2	3EL403	Solar and Wind Power Generation	2			
3	3EL413	Professional Elective-II : Power System	3			
1			4			
5			5			
5			6			
7			7			
3			8			
)			9			
10			10			
	Exam Fee:- 3 X ` 300 /- Total Amount :- ` 900/-					

(\* Late Fee /- + Exam Fee

ee /-)

(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) :- MU - 1969 :- MU - 1969 Pay Slip No. Pay Slip No. Makeup Examination June/July 2019 Makeup Examination June/July 2019 Name:- DNYANESHWAR VASANT MUNDE Name:- DNYANESHWAR VASANT MUNDE Class & Branch:- Final Year B. Tech Electrical Engineering Class & Branch:- Final Year B. Tech Electrical Engineering Exam Seat No:- 2016BTEEL00063 Exam Seat No:- 2016BTEEL00063 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



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 FFS grade for concerned course/s.

	1. Name of student:- SUSMIT ANIL RAUT					
	2. Class & Branch : - Final Year B. Tech Electrical Engineering					
	3. Exam Se	eat No:2016BTEEL00066 4. Address				photograph
	Email :	Phone No./Mobile No.:				X
	5. Details	of the courses for which I wish to appear for	the exa	mination:		
		Courses	of sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr.	Code	Course Na	me
1	3EL402	HVDC Transmission	1			
2			2			
3			3			
4			4			
5			5			
6			6			
7			7			
8			8			
9			9			
10			10			
		Exam Fee:- 1 X ` 300 /	-		Tota	l Amount :- ` 300/-

(\* Late Fee /- + Exam Fee

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) :- MU - 1970 :- MU - 1970 Pay Slip No. Pay Slip No. Makeup Examination June/July 2019 Makeup Examination June/July 2019 Name:- SUSMIT ANIL RAUT Name:- SUSMIT ANIL RAUT Class & Branch:- Final Year B. Tech Electrical Engineering Class & Branch:- Final Year B. Tech Electrical Engineering Exam Seat No:- 2016BTEEL00066 Exam Seat No:- 2016BTEEL00066 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



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 FFS grade for concerned course/s.

	1. Name of student:- VIJAY KISHOR PATIL						
	2. Class & Branch : - Final Year B. Tech Electrical Engineering						
	3. Exam Se	at No:2016BTEEL00068 4. Address				photograph	
	Email :	Phone No./Mobile No.:				X	
	5. Details	of the courses for which I wish to appear for	the exa	mination:			
		Courses	of sem	ester			
		Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Na	me	
1	3EL411	Professional Elective-I : Advanced Power	1				
2			2				
3			3				
4			4				
5			5				
6			6				
7			7				
8			8				
9			9				
10			10				
		Exam Fee:- 1 X ` 300 /	-		Tota	l Amount :- ` <b>300/-</b>	

(\* Late Fee /- + Exam Fee

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

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)		
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autono	mous Institute)	(An Autonomous Institute)		
Pay Slip No. :- MU - 19'	71	Pay Slip No. :- <b>MU - 1971</b>		
Makeup Examination Ju	ne/July 2019	Makeup Examination June/July 2019		
Name:- VIJAY KISHOR PA	ATIL	Name:- VIJAY KISHOR PATIL		
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering		
Exam Seat No:- 2016BTEEL00068		Exam Seat No:- 2016BTEEL00068		
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	



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 FFS grade for concerned course/s.

	1. Name of student:- AWALE SONALI AVINASH						
	2. Class & Branch : - Final Year B. Tech Electrical Engineering					Affix recent	
	3. Exam Se	eat No:2016BTEEL00205 4. Address				photograph	
	Email :	Phone No./Mobile No.:				X	
	5. Details of the courses for which I wish to appear for the examination:						
		Courses	of sem	ester			
		Semester I			Semester II		
Sr.	Code	Course Name	Sr. Code Course Name			me	
1	3EL402	HVDC Transmission	1				
2	3EL411	Professional Elective-I : Advanced Power	2				
3	3EL302	Digital Signal Processing	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

ee /-)

(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) :- MU - 1972 :- MU - 1972 Pay Slip No. Pay Slip No. Makeup Examination June/July 2019 Makeup Examination June/July 2019 Name:- AWALE SONALI AVINASH Name:- AWALE SONALI AVINASH Class & Branch:- Final Year B. Tech Electrical Engineering Class & Branch:- Final Year B. Tech Electrical Engineering Exam Seat No:- 2016BTEEL00205 Exam Seat No:- 2016BTEEL00205 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



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.

	<ol> <li>Name of student:- YOGITA RAJENDRA SHENDAGE</li> <li>Class &amp; Branch : - Final Year B.Tech Electrical Engineering</li> <li>Exam Seat No:2017BTEEL00201 4. Address</li> <li>Email :</li></ol>					
		Courses o	f sem	ester		
		Semester I			Semester II	
Sr.	Code	Course Name	Sr. Code Course Name			
1	3EL413	Professional Elective-II : Power System	1			
2			2			
3			3			
4			4			
5			5			
5			6			
7			7			
8			8			
)			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

RECEIPT (ACCOUNTS COPY)			RECEIPT (STUDENT COPY)		
WALCHAND COLLEGE OF ENGINEERING, SANGLI			WALCHAND COLLEGE OF ENGINEERING, SANGLI		
(An Autono	omous Institute)		(An Autonomous Institute)		
Pay Slip No. :- MU - 19	73		Pay Slip No. :- <b>MU - 1973</b>		
Makeup Examination Ju	ne/July 2019		Makeup Examination June/July 2019		
Name:- YOGITA RAJEND	RA SHENDAGE		Name:- YOGITA RAJENDRA SHENDAGE		
Class & Branch:- Final Year B.Tech Electrical Engineering			Class & Branch:- Final Year B.Tech Electrical Engineering		
Exam Seat No:- 2017BTEEL00201			Exam Seat No:- 2017BTEEL00201		
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	



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 ANNASO MANE						
	2. Class & Branch : - Final Year B. Tech Electrical Engineering						
	3. Exam S	eat No:2017BTEEL00213 4. Address				photograph	
	Email :	Phone No./Mobile No.:				X	
	5. Details of the courses for which I wish to appear for the examination:						
		Courses	of sem	ester			
		Semester I		Semester II			
Sr.	Code	Course Name	Sr.	Code	Course Na	me	
1	3EL413	Professional Elective-II : Power 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

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)			
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI			
(An Autono	omous Institute)	(An Au	(An Autonomous Institute)		
Pay Slip No. :- MU - 19	74	Pay Slip No. :- MU -	Pay Slip No. :- MU - 1974		
Makeup Examination Ju	ne/July 2019	Makeup Examination	Makeup Examination June/July 2019		
Name:- SAYALI ANNASC	MANE	Name:- SAYALI ANNA	Name:- SAYALI ANNASO MANE		
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering			
Exam Seat No:- 2017BTEEL00213		Exam Seat No:- 2017B	Exam Seat No:- 2017BTEEL00213		
Exam. Fee Rs Amount. : 300/-		Exam. Fee Rs Amount.	Exam. Fee Rs Amount. : 300/-		
In Words:- ` Three Hundred Only		In Words:- ` Three Hur	In Words:- ` Three Hundred Only		
Date:-		Date:-			
Signature of student:-		Signature of student:-			
Checked by	Cashier	Checked by	Cashier		