



Slip No.MU - 2098

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:- SURAJ DILIP INGAVALA
2. Class & Branch : - Third Year B.Tech Electrical Engineering
3. Exam Seat No:2010BEL019 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	3EL305	Power Electronics	1	3EL323	Microcontroller and Applications
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 - 2098		Pay Slip No.      :- MU - 2098	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- SURAJ DILIP INGAVALA		Name:- SURAJ DILIP INGAVALA	
Class & Branch:- Third Year B.Tech Electrical Engineering		Class & Branch:- Third Year B.Tech Electrical Engineering	
Exam Seat No:- 2010BEL019		Exam Seat No:- 2010BEL019	
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 - 1953

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:- PAVAN SANJAY MARDODE
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2012BEL056 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	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      /-)

(Signature of student)      Date:

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

Receipt of Exam cell:

Checked by      Cashier      Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No.      :- MU - 1953		Pay Slip No.      :- MU - 1953	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- PAVAN SANJAY MARDODE		Name:- PAVAN SANJAY MARDODE	
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering	
Exam Seat No:- 2012BEL056		Exam Seat No:- 2012BEL056	
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 - 1954

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:- PRASAD PRAVIN ZARKAR
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2013BEL010 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	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

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 - 1954	Pay Slip No.      :- MU - 1954
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRASAD PRAVIN ZARKAR	Name:- PRASAD PRAVIN ZARKAR
Class & Branch:- Final Year B.Tech Electrical Engineering	Class & Branch:- Final Year B.Tech Electrical Engineering
Exam Seat No:- 2013BEL010	Exam Seat No:- 2013BEL010
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 - 2099

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:- VARUN DATTATRAY DESHMUKH
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2014BEL032 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	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 (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 - 2099		Pay Slip No.      :- MU - 2099	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- VARUN DATTATRAY DESHMUKH		Name:- VARUN DATTATRAY DESHMUKH	
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering	
Exam Seat No:- 2014BEL032		Exam Seat No:- 2014BEL032	
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 - 1955

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:- RAJKUMAR VEERAMUTHU DEVENDRA
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2014BEL201 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	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 /-			Total Amount :- ` 900/-		

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

(Signature of student)      Date:

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

Receipt of Exam cell:

Checked by      Cashier      Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No.      :- MU - 1955		Pay Slip No.      :- MU - 1955	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- RAJKUMAR VEERAMUTHU DEVENDRA		Name:- RAJKUMAR VEERAMUTHU DEVENDRA	
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering	
Exam Seat No:- 2014BEL201		Exam Seat No:- 2014BEL201	
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 - 1956

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:- ASHWINI SOMNATH MEHENDRE
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2015BEL034 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	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	3EL305	Power Electronics	5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 5 X ` 300 /-			Total Amount :- ` 1500/-		

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

(Signature of student)      Date:

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

Receipt of Exam cell:

Checked by      Cashier      Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No.      :- MU - 1956		Pay Slip No.      :- MU - 1956	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- ASHWINI SOMNATH MEHENDRE		Name:- ASHWINI SOMNATH MEHENDRE	
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering	
Exam Seat No:- 2015BEL034		Exam Seat No:- 2015BEL034	
Exam. Fee Rs Amount. : 1500/-		Exam. Fee Rs Amount. : 1500/-	
In Words:- ` One Thousand Five Hundred Only		In Words:- ` One Thousand Five Hundred Only	
Date:-		Date:-	
Signature of student:-		Signature of student:-	
Checked by      Cashier		Checked by      Cashier	

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



Slip No.MU - 1957

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:- PRAJYOT HARISHCHANDRA MUNDE
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2015BEL047 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	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      /-)

(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 - 1957		Pay Slip No.      :- MU - 1957	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- PRAJYOT HARISHCHANDRA MUNDE		Name:- PRAJYOT HARISHCHANDRA MUNDE	
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering	
Exam Seat No:- 2015BEL047		Exam Seat No:- 2015BEL047	
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 - 1958

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:- BODHITA NARENDRAKUMAR RAMTEKE
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2015BEL049 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	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 (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 - 1958		Pay Slip No. :- MU - 1958	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- BODHITA NARENDRAKUMAR RAMTEKE		Name:- BODHITA NARENDRAKUMAR RAMTEKE	
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering	
Exam Seat No:- 2015BEL049		Exam Seat No:- 2015BEL049	
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 - 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 & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2015BEL064 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	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      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 - 1959	Pay Slip No.      :- MU - 1959
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

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



Slip No.MU - 1961

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:- NAKUL GANESH GHATE
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00001 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	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 (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 - 1961		Pay Slip No.      :- MU - 1961	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- NAKUL GANESH GHATE		Name:- NAKUL GANESH GHATE	
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering	
Exam Seat No:- 2016BTEEL00001		Exam Seat No:- 2016BTEEL00001	
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 - 1960

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:- SHIVANI RAJENDRA SAPKAL
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00013 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	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/-		

(\* 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 - 1960		Pay Slip No.      :- MU - 1960	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- SHIVANI RAJENDRA SAPKAL		Name:- SHIVANI RAJENDRA SAPKAL	
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering	
Exam Seat No:- 2016BTEEL00013		Exam Seat No:- 2016BTEEL00013	
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 - 1962

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:- PARDESHI VIRENDRA MANOJ
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00017 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	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      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 - 1962		Pay Slip No.      :- MU - 1962	
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**



Slip No.MU - 1963

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:- SHUBHAM SUNIL BELE
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00031 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	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      /-)

(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 - 1963		Pay Slip No.      :- MU - 1963	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- SHUBHAM SUNIL BELE		Name:- SHUBHAM SUNIL BELE	
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering	
Exam Seat No:- 2016BTEEL00031		Exam Seat No:- 2016BTEEL00031	
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 - 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 FF\$ grade for concerned course/s.

1. Name of student:- SANEESH SUBHASH GANVIR
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00035 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	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 /-			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 - 1964		Pay Slip No.      :- MU - 1964	
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      Cashier		Checked by      Cashier	

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



Slip No.MU - 1965

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:- SHUBHAM VINOD JAGTAP
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00036 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	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 (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 - 1965	Pay Slip No. :- MU - 1965
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHUBHAM VINOD JAGTAP	Name:- SHUBHAM VINOD JAGTAP
Class & Branch:- Final Year B.Tech Electrical Engineering	Class & Branch:- Final Year B.Tech Electrical Engineering
Exam Seat No:- 2016BTEEL00036	Exam Seat No:- 2016BTEEL00036
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 - 1966

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:- VIPIN SIDDHARTH JIWANE
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00043 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	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      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 - 1966	Pay Slip No. :- MU - 1966
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- VIPIN SIDDHARTH JIWANE	Name:- VIPIN SIDDHARTH JIWANE
Class & Branch:- Final Year B.Tech Electrical Engineering	Class & Branch:- Final Year B.Tech Electrical Engineering
Exam Seat No:- 2016BTEEL00043	Exam Seat No:- 2016BTEEL00043
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 - 1967

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:- VAIBHAV SANJAYRAO SABANE
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00050 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	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      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 - 1967		Pay Slip No.      :- MU - 1967	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- VAIBHAV SANJAYRAO SABANE		Name:- VAIBHAV SANJAYRAO SABANE	
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering	
Exam Seat No:- 2016BTEEL00050		Exam Seat No:- 2016BTEEL00050	
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 - 1968

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:- SOURAV RAJENDRA CHAVAN
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00053 4. Address\_\_\_\_\_
- Email :.....Phone No./Mobile No.:.....

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

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

Courses of semester					
Semester I			Semester II		
Sr.	Code	Course Name	Sr.	Code	Course Name
1			1		
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      /- + Exam 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

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 - 1968		Pay Slip No.      :- MU - 1968	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- SOURAV RAJENDRA CHAVAN		Name:- SOURAV RAJENDRA CHAVAN	
Class & Branch:- Final Year B.Tech Electrical Engineering		Class & Branch:- Final Year B.Tech Electrical Engineering	
Exam Seat No:- 2016BTEEL00053		Exam Seat No:- 2016BTEEL00053	
Exam. Fee Rs Amount. : 0/-		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

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



Slip No.MU - 1969

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:- DNYANESHWAR VASANT MUNDE
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00063 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	3EL402	HVDC Transmission	1		
2	3EL403	Solar and Wind Power Generation	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      /-)

(Signature of student)      Date:

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

Receipt of Exam cell:

Checked by      Cashier      Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No.      :- MU - 1969		Pay Slip No.      :- MU - 1969	
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	

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



Slip No.MU - 1970

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:- SUSMIT ANIL RAUT
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00066 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	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 (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 - 1970		Pay Slip No.      :- MU - 1970	
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	

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



Slip No.MU - 1971

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:- VIJAY KISHOR PATIL
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00068 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	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 /-			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 - 1971		Pay Slip No.      :- MU - 1971	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- VIJAY KISHOR PATIL		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	

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



Slip No.MU - 1972

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:- AWALE SONALI AVINASH
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2016BTEEL00205 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	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      /-)

(Signature of student)      Date:

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

Receipt of Exam cell:

Checked by      Cashier      Date

RECEIPT (ACCOUNTS COPY)		RECEIPT (STUDENT COPY)	
WALCHAND COLLEGE OF ENGINEERING, SANGLI		WALCHAND COLLEGE OF ENGINEERING, SANGLI	
(An Autonomous Institute)		(An Autonomous Institute)	
Pay Slip No.      :- MU - 1972		Pay Slip No.      :- MU - 1972	
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	

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



Slip No.MU - 1973

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:- YOGITA RAJENDRA SHENDAGE
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2017BTEEL00201 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	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      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 - 1973	Pay Slip No. :- MU - 1973
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- YOGITA RAJENDRA 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

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



Slip No.MU - 1974

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:- SAYALI ANNASO MANE
2. Class & Branch : - Final Year B.Tech Electrical Engineering
3. Exam Seat No:2017BTEEL00213 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	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      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 - 1974		Pay Slip No.      :- MU - 1974	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- SAYALI ANNASO MANE		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:- 2017BTEEL00213	
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**