



Slip No.MU - 1991

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:- 2014BIT009 ANAGHA AVINASH SHITOLE
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2014BIT009 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	3IT453	Data Mining Lab	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 - 1991	Pay Slip No. :- MU - 1991
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- 2014BIT009 ANAGHA AVINASH SHITOLE	Name:- 2014BIT009 ANAGHA AVINASH SHITOLE
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2014BIT009	Exam Seat No:- 2014BIT009
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 - 1992

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:- VRUSHABH SANJAY KELKAR
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2014BIT049 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	3IT402	Data Mining	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 - 1992	Pay Slip No. :- MU - 1992
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- VRUSHABH SANJAY KELKAR	Name:- VRUSHABH SANJAY KELKAR
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2014BIT049	Exam Seat No:- 2014BIT049
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by      Cashier	Checked by      Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1993

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:- GURUSHANT PARSHURAM KOLATI
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2016BTEIT00004 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	3IC401	Engineering Management and Ethics	1		
2	3IT453	Data Mining Lab	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 - 1993	Pay Slip No.      :- MU - 1993
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- GURUSHANT PARSHURAM KOLATI	Name:- GURUSHANT PARSHURAM KOLATI
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2016BTEIT00004	Exam Seat No:- 2016BTEIT00004
Exam. Fee Rs Amount. : 600/-	Exam. Fee Rs Amount. : 600/-
In Words:- ` Six Hundred Only	In Words:- ` Six Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by      Cashier	Checked by      Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1994

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:- MAHENDRA UTTAM DHAWSE
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2016BTEIT00007 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	3IT402	Data Mining	1		
2	3IT451	Open Source S/W Lab	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 - 1994	Pay Slip No.      :- MU - 1994
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- MAHENDRA UTTAM DHAWSE	Name:- MAHENDRA UTTAM DHAWSE
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2016BTEIT00007	Exam Seat No:- 2016BTEIT00007
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 - 1995

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:- NIKITA DADASAHEB KHARAT
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2016BTEIT00018 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	3IT452	Software Testing and Quality Analysis La	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 - 1995	Pay Slip No. :- MU - 1995
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- NIKITA DADASAHEB KHARAT	Name:- NIKITA DADASAHEB KHARAT
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2016BTEIT00018	Exam Seat No:- 2016BTEIT00018
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by      Cashier	Checked by      Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1996

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:- ANIKET MAHADEV SUDKE
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2016BTEIT00031 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	3IT402	Data Mining	1		
2	3IT453	Data Mining Lab	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 - 1996	Pay Slip No. :- MU - 1996
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ANIKET MAHADEV SUDKE	Name:- ANIKET MAHADEV SUDKE
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2016BTEIT00031	Exam Seat No:- 2016BTEIT00031
Exam. Fee Rs Amount. : 600/-	Exam. Fee Rs Amount. : 600/-
In Words:- ` Six Hundred Only	In Words:- ` Six Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by      Cashier	Checked by      Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1997

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:- SUNIL VITTHAL MISAL
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2016BTEIT00033 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	3IT402	Data Mining	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 - 1997	Pay Slip No. :- MU - 1997
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SUNIL VITTHAL MISAL	Name:- SUNIL VITTHAL MISAL
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2016BTEIT00033	Exam Seat No:- 2016BTEIT00033
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by      Cashier	Checked by      Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1998

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:- ADITYA PRAMOD BONDE
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2016BTEIT00054 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	3IT402	Data Mining	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 - 1998	Pay Slip No. :- MU - 1998
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ADITYA PRAMOD BONDE	Name:- ADITYA PRAMOD BONDE
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2016BTEIT00054	Exam Seat No:- 2016BTEIT00054
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by      Cashier	Checked by      Cashier

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





WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1999

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:- SAUMITRA SUSHIL DUBE
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2016BTEIT00057 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	3IT452	Software Testing and Quality Analysis La	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 - 1999	Pay Slip No. :- MU - 1999
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SAUMITRA SUSHIL DUBE	Name:- SAUMITRA SUSHIL DUBE
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2016BTEIT00057	Exam Seat No:- 2016BTEIT00057
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by      Cashier	Checked by      Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Slip No.MU - 2000

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:- RUTUJA VASUDEV SHINDE
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2016BTEIT00069 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	3IT452	Software Testing and Quality Analysis La	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 - 2000	Pay Slip No. :- MU - 2000
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- RUTUJA VASUDEV SHINDE	Name:- RUTUJA VASUDEV SHINDE
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2016BTEIT00069	Exam Seat No:- 2016BTEIT00069
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by      Cashier	Checked by      Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Slip No.MU - 2001

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:- MADANE UMA ASHOK
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2016BTEIT00209 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	3IT401	Cryptography and Network Security	1		
2	3IT402	Data Mining	2		
3	3IT415	Professional Elective-IV Software Define	3		
4	3IT451	Open Source S/W Lab	4		
5	3IT452	Software Testing and Quality Analysis La	5		
6	3IT453	Data Mining Lab	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	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 2001	Pay Slip No. :- MU - 2001
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- MADANE UMA ASHOK	Name:- MADANE UMA ASHOK
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2016BTEIT00209	Exam Seat No:- 2016BTEIT00209
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 - 2002

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:- POONAM DEVENDRA TODKARI
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2017BTEIT00201 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	3IT402	Data Mining	1		
2	3IT415	Professional Elective-IV Software Define	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 - 2002	Pay Slip No.      :- MU - 2002
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- POONAM DEVENDRA TODKARI	Name:- POONAM DEVENDRA TODKARI
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2017BTEIT00201	Exam Seat No:- 2017BTEIT00201
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 - 2003

Makeup Examination June/July 2019

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

1. Name of student:- AISHWARYA RAJVILAS KENDRE
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2017BTEIT00202 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	3IT401	Cryptography and Network Security	1		
2	3IT402	Data Mining	2		
3	3IT414	Professional Elective-IV Digital Image P	3		
4	3IT303	Operating System	4		
5	3IT451	Open Source S/W Lab	5		
6	3IT452	Software Testing and Quality Analysis La	6		
7	3IT453	Data Mining Lab	7		
8			8		
9			9		
10			10		
Exam Fee:- 7 X ` 300 /-			Total Amount :- ` 2100/-		

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

(Signature of student)      Date:

Accounts, Please accept the application form along with amount of (Two Thousand One 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 - 2003	Pay Slip No. :- MU - 2003
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- AISHWARYA RAJVILAS KENDRE	Name:- AISHWARYA RAJVILAS KENDRE
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2017BTEIT00202	Exam Seat No:- 2017BTEIT00202
Exam. Fee Rs Amount. : 2100/-	Exam. Fee Rs Amount. : 2100/-
In Words:- ` Two Thousand One Hundred Only	In Words:- ` Two Thousand One 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 - 2004

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:- SUMIT BHIMRAO LOHAR
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2017BTEIT00207 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	3IT453	Data Mining Lab	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 - 2004	Pay Slip No. :- MU - 2004
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SUMIT BHIMRAO LOHAR	Name:- SUMIT BHIMRAO LOHAR
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2017BTEIT00207	Exam Seat No:- 2017BTEIT00207
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 - 2005

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:- SHRUTI VIJAYKUMAR ASHTEKAR
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2017BTEIT00208 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	3IT402	Data Mining	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 - 2005	Pay Slip No. :- MU - 2005
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHRUTI VIJAYKUMAR ASHTEKAR	Name:- SHRUTI VIJAYKUMAR ASHTEKAR
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2017BTEIT00208	Exam Seat No:- 2017BTEIT00208
Exam. Fee Rs Amount. : 300/-	Exam. Fee Rs Amount. : 300/-
In Words:- ` Three Hundred Only	In Words:- ` Three Hundred Only
Date:-	Date:-
Signature of student:-	Signature of student:-
Checked by      Cashier	Checked by      Cashier

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



WALCHAND COLLEGE OF ENGINEERING, SANGLI  
(An Autonomous Institute)

Form No. 36

Slip No.MU - 2006

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:- JYOTI BABASAHEB SHELKE
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2017BTEIT00209 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	3IT451	Open Source S/W Lab	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 - 2006	Pay Slip No. :- MU - 2006
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- JYOTI BABASAHEB SHELKE	Name:- JYOTI BABASAHEB SHELKE
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2017BTEIT00209	Exam Seat No:- 2017BTEIT00209
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 - 2007

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:- DARSHAN RAVINDRA MAGARE
2. Class & Branch : - Final Year B.Tech Information Technology
3. Exam Seat No:2017BTEIT00212 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	3IT402	Data Mining	1		
2	3IT453	Data Mining Lab	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 - 2007	Pay Slip No.      :- MU - 2007
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- DARSHAN RAVINDRA MAGARE	Name:- DARSHAN RAVINDRA MAGARE
Class & Branch:- Final Year B.Tech Information Technology	Class & Branch:- Final Year B.Tech Information Technology
Exam Seat No:- 2017BTEIT00212	Exam Seat No:- 2017BTEIT00212
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**