



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1888

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:- SAURABH SONA LAHAMATE
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2014BME023 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	3ME303	Theory of Machines II	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 1 X ` 300 /-			Total Amount :- ` 300/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI	WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)	(An Autonomous Institute)
Pay Slip No. :- MU - 1888	Pay Slip No. :- MU - 1888
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SAURABH SONA LAHAMATE	Name:- SAURABH SONA LAHAMATE
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2014BME023	Exam Seat No:- 2014BME023
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 - 1938

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:- 2014BME038 RENUKA VIJAY BHARATI
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2014BME038 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	3ME402	Refrigeration and Air Conditioning	1	3ME322	Internal Combustion Engines
2	1OE429	Open Elective III Automobile Engineering	2		
3	3ME303	Theory of Machines II	3		
4			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 - 1938	Pay Slip No. :- MU - 1938
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- 2014BME038 RENUKA VIJAY BHARATI	Name:- 2014BME038 RENUKA VIJAY BHARATI
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2014BME038	Exam Seat No:- 2014BME038
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 - 1939

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:- 2015BME025 NIMISH NITIN KULKARNI
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2015BME025 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	3ME402	Refrigeration and Air Conditioning	1		
2	3ME414	Professional Elective-VI : Finite Elemen	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 - 1939	Pay Slip No. :- MU - 1939
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- 2015BME025 NIMISH NITIN KULKARNI	Name:- 2015BME025 NIMISH NITIN KULKARNI
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2015BME025	Exam Seat No:- 2015BME025
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 - 1940

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:- ROSHAN BALDEV SALAME
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2015BME055 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	3ME402	Refrigeration and Air Conditioning	1		
2	1OE429	Open Elective III Automobile Engineering	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 - 1940	Pay Slip No. :- MU - 1940
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ROSHAN BALDEV SALAME	Name:- ROSHAN BALDEV SALAME
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2015BME055	Exam Seat No:- 2015BME055
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 - 1941

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:- 2015BME056 ROHAN BHIMRAO NALAWADE
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2015BME056 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	1OE429	Open Elective III Automobile Engineering	1		
2	3ME301	Machine Design I	2		
3	3ME303	Theory of Machines II	3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
Exam Fee:- 3 X ` 300 /-			Total Amount :- ` 900/-		

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

(Signature of student) Date:

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

Receipt of Exam cell:

Checked by Cashier Date

RECEIPT (ACCOUNTS COPY)	RECEIPT (STUDENT COPY)
WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)	WALCHAND COLLEGE OF ENGINEERING, SANGLI (An Autonomous Institute)
Pay Slip No. :- MU - 1941	Pay Slip No. :- MU - 1941
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- 2015BME056 ROHAN BHIMRAO NALAWADE	Name:- 2015BME056 ROHAN BHIMRAO NALAWADE
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2015BME056	Exam Seat No:- 2015BME056
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 - 1942

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:- SAGAR AMBARAM SALUNKE
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2016BTEME00003 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	3ME402	Refrigeration and Air Conditioning	1		
2	3ME414	Professional Elective-VI : Finite Elemen	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 - 1942	Pay Slip No. :- MU - 1942
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SAGAR AMBARAM SALUNKE	Name:- SAGAR AMBARAM SALUNKE
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2016BTEME00003	Exam Seat No:- 2016BTEME00003
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 - 1943

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:- CHINMAY KIRAN SHIROLKAR
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2016BTEME00016 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	3ME414	Professional Elective-VI : Finite Elemen	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 - 1943	Pay Slip No. :- MU - 1943
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- CHINMAY KIRAN SHIROLKAR	Name:- CHINMAY KIRAN SHIROLKAR
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2016BTEME00016	Exam Seat No:- 2016BTEME00016
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 - 1944

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:- PRATIK SANJAY KATHALKAR
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2016BTEME00021 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	3ME402	Refrigeration and Air Conditioning	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 - 1944	Pay Slip No. :- MU - 1944
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRATIK SANJAY KATHALKAR	Name:- PRATIK SANJAY KATHALKAR
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2016BTEME00021	Exam Seat No:- 2016BTEME00021
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 - 1945

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:- SHREERAM BHARAT MADKE
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2016BTEME00025 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	3ME402	Refrigeration and Air Conditioning	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 - 1945	Pay Slip No. :- MU - 1945
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHREERAM BHARAT MADKE	Name:- SHREERAM BHARAT MADKE
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2016BTEME00025	Exam Seat No:- 2016BTEME00025
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 - 1946

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:- SIDDHANT ANIL DHERE
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2016BTEME00040 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	3ME414	Professional Elective-VI : Finite Elemen	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 - 1946	Pay Slip No. :- MU - 1946
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SIDDHANT ANIL DHERE	Name:- SIDDHANT ANIL DHERE
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2016BTEME00040	Exam Seat No:- 2016BTEME00040
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 - 1947

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:- PRANAV ARUN SOLANKE
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2016BTEME00046 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	3ME402	Refrigeration and Air Conditioning	1		
2	1OE429	Open Elective III Automobile Engineering	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 - 1947	Pay Slip No. :- MU - 1947
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- PRANAV ARUN SOLANKE	Name:- PRANAV ARUN SOLANKE
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2016BTEME00046	Exam Seat No:- 2016BTEME00046
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 - 1948

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:- INDRAYANI SHASHIKANT KULKARNI
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2016BTEME00061 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	1OE429	Open Elective III Automobile Engineering	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 - 1948		Pay Slip No. :- MU - 1948	
Makeup Examination June/July 2019		Makeup Examination June/July 2019	
Name:- INDRAYANI SHASHIKANT KULKARNI		Name:- INDRAYANI SHASHIKANT KULKARNI	
Class & Branch:- Final Year B.Tech Mechanical Engineering		Class & Branch:- Final Year B.Tech Mechanical Engineering	
Exam Seat No:- 2016BTEME00061		Exam Seat No:- 2016BTEME00061	
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 - 1949

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:- ASHISH DHANANJAY NAVADKAR
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2016BTEME00063 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	3ME402	Refrigeration and Air Conditioning	1	3ME322	Internal Combustion Engines
2	3ME416	Professional Elective-VI : Computer Inte	2		
3	1OE429	Open Elective III Automobile Engineering	3		
4	3ME303	Theory of Machines II	4		
5			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 - 1949	Pay Slip No. :- MU - 1949
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- ASHISH DHANANJAY NAVADKAR	Name:- ASHISH DHANANJAY NAVADKAR
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2016BTEME00063	Exam Seat No:- 2016BTEME00063
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 - 1950

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:- NUPUR CHANDRADEO PRAJAPATI
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2016BTEME00064 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	1OE429	Open Elective III Automobile Engineering	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 - 1950	Pay Slip No. :- MU - 1950
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- NUPUR CHANDRADEO PRAJAPATI	Name:- NUPUR CHANDRADEO PRAJAPATI
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2016BTEME00064	Exam Seat No:- 2016BTEME00064
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 - 1951

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:- SANJALI MAHENDRA MEHTA
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2016BTEME00069 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	3ME402	Refrigeration and Air Conditioning	1		
2	1OE429	Open Elective III Automobile Engineering	2		
3	3ME303	Theory of Machines II	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 - 1951	Pay Slip No. :- MU - 1951
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SANJALI MAHENDRA MEHTA	Name:- SANJALI MAHENDRA MEHTA
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2016BTEME00069	Exam Seat No:- 2016BTEME00069
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**



WALCHAND COLLEGE OF ENGINEERING, SANGLI
(An Autonomous Institute)

Form No. 36

Slip No.MU - 1952

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:- SHRAVANI SUHAS POTDAR
2. Class & Branch : - Final Year B.Tech Mechanical Engineering
3. Exam Seat No:2017BTEME00201 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	3ME414	Professional Elective-VI : Finite Elemen	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 - 1952	Pay Slip No. :- MU - 1952
Makeup Examination June/July 2019	Makeup Examination June/July 2019
Name:- SHRAVANI SUHAS POTDAR	Name:- SHRAVANI SUHAS POTDAR
Class & Branch:- Final Year B.Tech Mechanical Engineering	Class & Branch:- Final Year B.Tech Mechanical Engineering
Exam Seat No:- 2017BTEME00201	Exam Seat No:- 2017BTEME00201
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**