Institute Code & Name 260357 RAJIV GANDHI INSTITUTE OF PARAMEDICAL SCIENCE

Examination: April 2020 Date: 26/10/2020 Time: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No. Seat No. Institute Name Of Student 1472677808 2004267810 260357 HUMNE SUNIL MOHAN

Photo	Signature
60	
-9-	

Total Present No	Total Absent No.	Total Absent No.	

**Supervisor** 

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260357 RAJIV GANDHI INSTITUTE OF PARAMEDICAL SCIENCE

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor :

Enrolment No. Seat No. InstituteName Of Student 1472677808 2004267810 260357 HUMNE SUNIL MOHAN

Photo	Signature

Total Present No.	Total Absent No.	Total Abse	ent No.

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260357 RAJIV GANDHI INSTITUTE OF PARAMEDICAL SCIENCE

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No. Seat No. InstituteName Of Student 1472677808 2004267810 260357 HUMNE SUNIL MOHAN

Photo	Signature
-9-	

Total Present No.	Tot	al Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260357 RAJIV GANDHI INSTITUTE OF PARAMEDICAL SCIENCE

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No. Institute Name Of Student 1472677808 2004267810 260357 HUMNE SUNIL MOHAN

Photo	Signature

Total Present No.	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260357 RAJIV GANDHI INSTITUTE OF PARAMEDICAL SCIENCE

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No. InstituteName Of Student 1472677808 2004267810 260357 HUMNE SUNIL MOHAN

Photo	Signature
00	

Total Present No.	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

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- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260357 RAJIV GANDHI INSTITUTE OF PARAMEDICAL SCIENCE

Examination: April 2020 Date: 23/10/2020 Time: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No. Seat No. Institute Name Of Student 1472677808 2004267810 260357 HUMNE SUNIL MOHAN

Photo	Signature

Total Present No.	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260357 RAJIV GANDHI INSTITUTE OF PARAMEDICAL SCIENCE

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ANATOMY, PHYSIOLOGY AND PSYCHOLOGY PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No. Institute Name Of Student 1572677814 2004267811 260357 TAMBE UMESH ANIL

Photo Signature

Total Present No	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260357 RAJIV GANDHI INSTITUTE OF PARAMEDICAL SCIENCE

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No. Institute Name Of Student 1572677814 2004267811 260357 TAMBE UMESH ANIL

Photo Signature

Total Present No.	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260357 RAJIV GANDHI INSTITUTE OF PARAMEDICAL SCIENCE

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ELECTROTHERAPY, BIOMECHANICS AND EXERCISE THERAPY PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No. Institute Name Of Student 1572677814 2004267811 260357 TAMBE UMESH ANIL

Photo Signature

Total Present No	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260357 RAJIV GANDHI INSTITUTE OF PARAMEDICAL SCIENCE

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No. Seat No. Institute Name Of Student 1572677814 2004267811 260357 TAMBE UMESH ANIL

Photo Signature

Total Present No	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260357 RAJIV GANDHI INSTITUTE OF PARAMEDICAL SCIENCE

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ORTHOPAEDICS, NEUROLOGY, MEDICAL AND SURGICAL CONDITION PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No. Institute Name Of Student 1572677814 2004267811 260357 TAMBE UMESH ANIL

Photo Signature

Total Present No.	Total Absent No.	Total Abse	ent No.

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260357 RAJIV GANDHI INSTITUTE OF PARAMEDICAL SCIENCE

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No. Seat No. Institute Name Of Student 1572677814 2004267811 260357 TAMBE UMESH ANIL

Photo Signature

Total Present No.	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260412 VAIDEHI VISHNU SARAF MAHAVIDYALAY

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

**Course Code & Name**: 302405 ELECTRICAL ENGINEERING **Subject**: APPLIED MATHEMATICS PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677771	2004267771	260412	GOTEWALA MOHD JAVED ABDUL RASID		
1862677772	2004267772	260412	KAMLE PRATIK PRAKASH	9	
1862677773	2004267773	260412	INGLE DHIRAJ PANJABRAO		
1862677774	2004267774	260412	GAWAI VIKAS GAUTAM	3	
1862677775	2004267775	260412	MAHOR SHIRISH DAYARAM		
1862677776	2004267776	260412	GAWAI ADITYA ANIL		
1862677777	2004267777	260412	ZAMBRE SHARAD PRABHAKAR		
1862677778	2004267778	260412	JADHAV GOPAL VILAS		
1862677779	2004267779	260412	THAKUR ANAND RAVIPALSING	3	
1862677780	2004267780	260412	GADAM SANDIP ARUN	9	
1862677781	2004267781	260412	GOTPHODE SANJAY SHRAWAN	8	
				The second second	

### Total Present No. Total Absent No. Total Absent No.

#### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260412 VAIDEHI VISHNU SARAF MAHAVIDYALAY

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

**Course Code & Name**: 302405 ELECTRICAL ENGINEERING **Subject**: APPLIED MATHEMATICS PRACTICAL

Name Of Supervisor:

Enrolment No. Seat N	o. Institut	eName Of Student	Photo S	ignature
1862677782 20042677	782 260412	SHEKH IMRAN SHEKH IBRAHIM		
1862677783 20042677	783 260412	KHAN MUZAMMIL RAZA ULLAH KHAN		
1862677784 20042677	784 260412	SHEKH SAHIR SHEKH NASIR		
1862677785 20042677	785 260412	PATIL SHUBHAM SUNIL		

Total Present No.	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260412 VAIDEHI VISHNU SARAF MAHAVIDYALAY

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 302405 ELECTRICAL ENGINEERING

Subject: BASIC ELECTRICAL WORKSHOP PRACTICE PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677771	2004267771	260412	GOTEWALA MOHD JAVED ABDUL RASID		
1862677772	2004267772	260412	KAMLE PRATIK PRAKASH	9	
1862677773	2004267773	260412	INGLE DHIRAJ PANJABRAO		
1862677774	2004267774	260412	GAWAI VIKAS GAUTAM	3	
1862677775	2004267775	260412	MAHOR SHIRISH DAYARAM		
1862677776	2004267776	260412	GAWAI ADITYA ANIL		
1862677777	2004267777	260412	ZAMBRE SHARAD PRABHAKAR		
1862677778	2004267778	260412	JADHAV GOPAL VILAS		
1862677779	2004267779	260412	THAKUR ANAND RAVIPALSING	3	
1862677780	2004267780	260412	GADAM SANDIP ARUN	9	
1862677781	2004267781	260412	GOTPHODE SANJAY SHRAWAN	8	
				The second second	

Total Present No.	Total Absent No.		Total Absent No.		
	<u> </u>	·	·	<u> </u>	

#### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260412 VAIDEHI VISHNU SARAF MAHAVIDYALAY

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 302405 ELECTRICAL ENGINEERING

Subject: BASIC ELECTRICAL WORKSHOP PRACTICE PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No.	InstituteName Of Student	Photo Signature
1862677782 2004267782	260412 SHEKH IMRAN SHEKH IBRAHIM	9
1862677783 2004267783	260412 KHAN MUZAMMIL RAZA ULLAH KHAN	
1862677784 2004267784	260412 SHEKH SAHIR SHEKH NASIR	
1862677785 2004267785	260412 PATIL SHUBHAM SUNIL	

Total Present No.	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260412 VAIDEHI VISHNU SARAF MAHAVIDYALAY

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 302405 ELECTRICAL ENGINEERING

Subject: COMPUTER APPLICATION PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677771	2004267771	260412	GOTEWALA MOHD JAVED ABDUL RASID		
1862677772	2004267772	260412	KAMLE PRATIK PRAKASH	9	
1862677773	2004267773	260412	INGLE DHIRAJ PANJABRAO	1	
1862677774	2004267774	260412	GAWAI VIKAS GAUTAM	3	
1862677775	2004267775	260412	MAHOR SHIRISH DAYARAM		
1862677776	2004267776	260412	GAWAI ADITYA ANIL	1	
1862677777	2004267777	260412	ZAMBRE SHARAD PRABHAKAR		
1862677778	2004267778	260412	JADHAV GOPAL VILAS	1	
1862677779	2004267779	260412	THAKUR ANAND RAVIPALSING	3	
1862677780	2004267780	260412	GADAM SANDIP ARUN		
1862677781	2004267781	260412	GOTPHODE SANJAY SHRAWAN	3	

Total Present No	Total Absent No.	Total Absent No.	

#### **Supervisor**

#### **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260412 VAIDEHI VISHNU SARAF MAHAVIDYALAY

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 302405 ELECTRICAL ENGINEERING

Subject: COMPUTER APPLICATION PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No. Ins	tituteName Of Student	Photo Signature
1862677782 2004267782 260	112 SHEKH IMRAN SHEKH IBRAHIM	3
1862677783 2004267783 260	112 KHAN MUZAMMIL RAZA ULLAH KHAN	
1862677784 2004267784 260	112 SHEKH SAHIR SHEKH NASIR	
1862677785 2004267785 260	112 PATIL SHUBHAM SUNIL	

Total Present No.	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
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Institute Code & Name 260412 VAIDEHI VISHNU SARAF MAHAVIDYALAY

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

**Course Code & Name**: 302405 ELECTRICAL ENGINEERING **Subject**: ELECTRICAL MACHINES PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677771	2004267771	260412	GOTEWALA MOHD JAVED ABDUL RASID		
1862677772	2004267772	260412	KAMLE PRATIK PRAKASH	9	
1862677773	2004267773	260412	INGLE DHIRAJ PANJABRAO	1	
1862677774	2004267774	260412	GAWAI VIKAS GAUTAM	3	
1862677775	2004267775	260412	MAHOR SHIRISH DAYARAM		
1862677776	2004267776	260412	GAWAI ADITYA ANIL	1	
1862677777	2004267777	260412	ZAMBRE SHARAD PRABHAKAR		
1862677778	2004267778	260412	JADHAV GOPAL VILAS	1	
1862677779	2004267779	260412	THAKUR ANAND RAVIPALSING	3	
1862677780	2004267780	260412	GADAM SANDIP ARUN		
1862677781	2004267781	260412	GOTPHODE SANJAY SHRAWAN	3	

Total Present No.	Total Absent No.	Total Absent No.	

#### Supervisor

#### **Exam Center In-Charge**

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Institute Code & Name 260412 VAIDEHI VISHNU SARAF MAHAVIDYALAY

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

**Course Code & Name**: 302405 ELECTRICAL ENGINEERING **Subject**: ELECTRICAL MACHINES PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No. Ins	tituteName Of Student	Photo Signature
1862677782 2004267782 260	112 SHEKH IMRAN SHEKH IBRAHIM	3
1862677783 2004267783 260	112 KHAN MUZAMMIL RAZA ULLAH KHAN	
1862677784 2004267784 260	112 SHEKH SAHIR SHEKH NASIR	
1862677785 2004267785 260	112 PATIL SHUBHAM SUNIL	

Total Present No.	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260412 VAIDEHI VISHNU SARAF MAHAVIDYALAY

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 302405 ELECTRICAL ENGINEERING

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

	1				
Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677771	2004267771	260412	GOTEWALA MOHD JAVED ABDUL RASID		
1862677772	2004267772	260412	KAMLE PRATIK PRAKASH	9	
1862677773	2004267773	260412	INGLE DHIRAJ PANJABRAO		
1862677774	2004267774	260412	GAWAI VIKAS GAUTAM	3	
1862677775	2004267775	260412	MAHOR SHIRISH DAYARAM		
1862677776	2004267776	260412	GAWAI ADITYA ANIL	19	
1862677777	2004267777	260412	ZAMBRE SHARAD PRABHAKAR		
1862677778	2004267778	260412	JADHAV GOPAL VILAS		
1862677779	2004267779	260412	THAKUR ANAND RAVIPALSING	3,	
1862677780	2004267780	260412	GADAM SANDIP ARUN		
1862677781	2004267781	260412	GOTPHODE SANJAY SHRAWAN	8	

Total Present No.	Total Absent No.	Total Absent No.	

#### Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
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Institute Code & Name 260412 VAIDEHI VISHNU SARAF MAHAVIDYALAY

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 302405 ELECTRICAL ENGINEERING

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No. Institu	teName Of Student	Photo Signature
1862677782 2004267782 260412	SHEKH IMRAN SHEKH IBRAHIM	
1862677783 2004267783 260412	KHAN MUZAMMIL RAZA ULLAH KHAN	
1862677784 2004267784 260412	SHEKH SAHIR SHEKH NASIR	
1862677785 2004267785 260412	PATIL SHUBHAM SUNIL	

Total Present No.	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260412 VAIDEHI VISHNU SARAF MAHAVIDYALAY

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 302405 ELECTRICAL ENGINEERING

Subject: FUNDAMENTALS OF ELECTRICAL ENGINEERING PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677771	2004267771	260412	GOTEWALA MOHD JAVED ABDUL RASID		
1862677772	2004267772	260412	KAMLE PRATIK PRAKASH	9	
1862677773	2004267773	260412	INGLE DHIRAJ PANJABRAO		
1862677774	2004267774	260412	GAWAI VIKAS GAUTAM	3	
1862677775	2004267775	260412	MAHOR SHIRISH DAYARAM		
1862677776	2004267776	260412	GAWAI ADITYA ANIL		
1862677777	2004267777	260412	ZAMBRE SHARAD PRABHAKAR		
1862677778	2004267778	260412	JADHAV GOPAL VILAS		
1862677779	2004267779	260412	THAKUR ANAND RAVIPALSING	3	
1862677780	2004267780	260412	GADAM SANDIP ARUN	9	
1862677781	2004267781	260412	GOTPHODE SANJAY SHRAWAN	8	

# Total Present No. Total Absent No. Total Absent No.

#### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260412 VAIDEHI VISHNU SARAF MAHAVIDYALAY

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 302405 ELECTRICAL ENGINEERING

Subject: FUNDAMENTALS OF ELECTRICAL ENGINEERING PRACTICAL

Name Of Supervisor :

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677782	2004267782	260412	SHEKH IMRAN SHEKH IBRAHIM	9	
1862677783	2004267783	260412	KHAN MUZAMMIL RAZA ULLAH KHAN	9	
1862677784	2004267784	260412	SHEKH SAHIR SHEKH NASIR		
1862677785	2004267785	260412	PATIL SHUBHAM SUNIL		

Total Present No.	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

#### Name Of Supervisor:

Enrolment N	lo. Seat No.	Institut	eName Of Student	Photo	Signature
1762677866	2004267823	260445	SARODE NEHA PRAKASH		
1762677873	2004267824	260445	KHARODE CHAITANYA SUDHIR	9	
1762677874	2004267825	260445	KHANDARE PRADNYA RAJU	8	
1762677877	2004267826	260445	TALE MAYUR UTTAM	9	
1662677865	2004267827	260445	DABHADE DHANRAJ GAJANAN		
1862677832	2004267861	260445	MULANKAR SHUBHAM DINESH		
1862677833	2004267862	260445	CHANDURKAR RAHUL SADASHIV		
1862677834	2004267863	260445	DOSE POOJA BABURAO		
1862677835	2004267864	260445	BHISE BHARAT SANDIP	3	
1862677836	2004267865	260445	SATAV NIKITA GAJANAN		
1862677837	2004267866	260445	JADHAO ROHAN DASHRATH	9	

Total Present No.	Total Absent No.	Total Absent N	О	i

#### **Supervisor**

#### **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No.	Institut	eName Of Student	Photo Signature
1862677838	2004267867	260445	UGALE DHANSHRI SHESHRAO	
1862677839	2004267868	260445	JAWANJAL VASUNDHARA GOTIRAM	
1862677840	2004267869	260445	VARMA SAKSHI PRADIP	
1862677841	2004267870	260445	BHANDE NANDKISHOR ASHOK	
1862677842	2004267871	260445	TAYADE KUSHAL MOHANDAS	
1862677843	2004267872	260445	ATTARKAR SONAM RAMDAS	
1862677844	2004267873	260445	UGALE ANKUSH MADHUKAR	
1862677845	2004267874	260445	SUFYAN AHMED JALEEL AHMED	
1862677846	2004267875	260445	TALE POOJA SUBHASHRAO	
1862677847	2004267876	260445	LANJUDKAR SHUBHAM DHANANJAY	
1862677848	2004267877	260445	CHAVARE YOGITA GAJANAN	

Total Present No.	Total Absent No.	Total Absent No.	

#### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

#### Name Of Supervisor:

Enrolment N	lo. Seat No.	Institut	eName Of Student	Photo	Signature
1862677849	2004267878	260445	RATHOD LAKHAN UDAYSING		
1862677850	2004267879	260445	PATIL DIPALI PRABHAKAR	9	
1862677851	2004267880	260445	KASTURE MANSI AAMRAPALI	-	
1862677852	2004267881	260445	ATHAWALE SUBODH SHESHRAO	0	
1862677853	2004267882	260445	BAGDE ABHIJIT KISHOR		
1862677854	2004267883	260445	ADE SACHIN NATTHU	9	
1862677855	2004267884	260445	SALPHALE SHUBHAM MOHAN	-	
1862677856	2004267885	260445	BHISE RADHIKA JANARDHAN	3	

Total Present No.	Total Absent No.	Total Absent No.	

#### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

#### Name Of Supervisor:

Enrolment N	lo. Seat No.	Institut	eName Of Student	Photo	Signature
1762677866	2004267823	260445	SARODE NEHA PRAKASH		
1762677873	2004267824	260445	KHARODE CHAITANYA SUDHIR	9	
1762677874	2004267825	260445	KHANDARE PRADNYA RAJU	8	
1762677877	2004267826	260445	TALE MAYUR UTTAM	9	
1662677865	2004267827	260445	DABHADE DHANRAJ GAJANAN		
1862677832	2004267861	260445	MULANKAR SHUBHAM DINESH		
1862677833	2004267862	260445	CHANDURKAR RAHUL SADASHIV		
1862677834	2004267863	260445	DOSE POOJA BABURAO		
1862677835	2004267864	260445	BHISE BHARAT SANDIP	3	
1862677836	2004267865	260445	SATAV NIKITA GAJANAN		
1862677837	2004267866	260445	JADHAO ROHAN DASHRATH	9	

## Total Present No. Total Absent No. Total Absent No.

### Supervisor

#### **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor:

	- C N-	I as a state of	- Name Of Charlent	DI: - + -	Ciana at an a
			e <b>Name Of Student</b> UGALE DHANSHRI SHESHRAO	Photo	Signature
1862677839	2004267868	260445	JAWANJAL VASUNDHARA GOTIRAM		
1862677840	2004267869	260445	VARMA SAKSHI PRADIP		
1862677841	2004267870	260445	BHANDE NANDKISHOR ASHOK	9	
1862677842	2004267871	260445	TAYADE KUSHAL MOHANDAS		
1862677843	2004267872	260445	ATTARKAR SONAM RAMDAS		
1862677844	2004267873	260445	UGALE ANKUSH MADHUKAR	9	
1862677845	2004267874	260445	SUFYAN AHMED JALEEL AHMED		
1862677846	2004267875	260445	TALE POOJA SUBHASHRAO		
1862677847	2004267876	260445	LANJUDKAR SHUBHAM DHANANJAY		
1862677848	2004267877	260445	CHAVARE YOGITA GAJANAN		

Total Present No.	Total Absent No.	Total Absent No.	
			•

### Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No. Institut	eName Of Student	Photo	Signature
1862677849	2004267878 260445	RATHOD LAKHAN UDAYSING		
1862677850	2004267879 260445	PATIL DIPALI PRABHAKAR	9	
1862677851	2004267880 260445	KASTURE MANSI AAMRAPALI	4	
1862677852	2004267881 260445	ATHAWALE SUBODH SHESHRAO	3	
1862677853	2004267882 260445	BAGDE ABHIJIT KISHOR	8	
1862677854	2004267883 260445	ADE SACHIN NATTHU	9	
1862677855	2004267884 260445	SALPHALE SHUBHAM MOHAN	9	
1862677856	2004267885 260445	BHISE RADHIKA JANARDHAN	9	

Total Present No.	Total Absent No.	Total Absent No.	
•			

#### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: BIOCHEMISTRY PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1762677866	2004267823	260445	SARODE NEHA PRAKASH		
1762677873	2004267824	260445	KHARODE CHAITANYA SUDHIR	10	
1762677874	2004267825	260445	KHANDARE PRADNYA RAJU	8	
1762677877	2004267826	260445	TALE MAYUR UTTAM	9	
1662677865	2004267827	260445	DABHADE DHANRAJ GAJANAN		
1862677832	2004267861	260445	MULANKAR SHUBHAM DINESH		
1862677833	2004267862	260445	CHANDURKAR RAHUL SADASHIV		
1862677834	2004267863	260445	DOSE POOJA BABURAO		
1862677835	2004267864	260445	BHISE BHARAT SANDIP	9	
1862677836	2004267865	260445	SATAV NIKITA GAJANAN	1	
1862677837	2004267866	260445	JADHAO ROHAN DASHRATH	9	

### Supervisor

**Total Present No.** 

**Exam Center In-Charge** 

Total Absent No.

#### Notice:

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Total Absent No.

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: BIOCHEMISTRY PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677838	2004267867	260445	UGALE DHANSHRI SHESHRAO		
1862677839	2004267868	260445	JAWANJAL VASUNDHARA GOTIRAM	9	
1862677840	2004267869	260445	VARMA SAKSHI PRADIP	0	
1862677841	2004267870	260445	BHANDE NANDKISHOR ASHOK		
1862677842	2004267871	260445	TAYADE KUSHAL MOHANDAS		
1862677843	2004267872	260445	ATTARKAR SONAM RAMDAS		
1862677844	2004267873	260445	UGALE ANKUSH MADHUKAR	9	
1862677845	2004267874	260445	SUFYAN AHMED JALEEL AHMED	9	
1862677846	2004267875	260445	TALE POOJA SUBHASHRAO		
1862677847	2004267876	260445	LANJUDKAR SHUBHAM DHANANJAY		
1862677848	2004267877	260445	CHAVARE YOGITA GAJANAN		

### Supervisor

**Total Present No.** 

Exam Center In-Charge

Total Absent No.

#### Notice:

- 1) Student must check his course, seat no etc before sign.
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Total Absent No.

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: BIOCHEMISTRY PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No.	Institute	eName Of Student	Photo	Signature
1862677849	2004267878	260445	RATHOD LAKHAN UDAYSING		
1862677850	2004267879	260445	PATIL DIPALI PRABHAKAR	9	
1862677851	2004267880	260445	KASTURE MANSI AAMRAPALI	-	
1862677852	2004267881	260445	ATHAWALE SUBODH SHESHRAO	3	
1862677853	2004267882	260445	BAGDE ABHIJIT KISHOR	8	
1862677854	2004267883	260445	ADE SACHIN NATTHU	9	
1862677855	2004267884	260445	SALPHALE SHUBHAM MOHAN	9	
1862677856	2004267885	260445	BHISE RADHIKA JANARDHAN	3	

Total Present No.	Total Absent No.	Total Absent No.	

#### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1762677866	2004267823	260445	SARODE NEHA PRAKASH		
1762677873	2004267824	260445	KHARODE CHAITANYA SUDHIR	10	
1762677874	2004267825	260445	KHANDARE PRADNYA RAJU	3	
1762677877	2004267826	260445	TALE MAYUR UTTAM	9	
1662677865	2004267827	260445	DABHADE DHANRAJ GAJANAN		
1862677832	2004267861	260445	MULANKAR SHUBHAM DINESH		
1862677833	2004267862	260445	CHANDURKAR RAHUL SADASHIV		
1862677834	2004267863	260445	DOSE POOJA BABURAO		
1862677835	2004267864	260445	BHISE BHARAT SANDIP		
1862677836	2004267865	260445	SATAV NIKITA GAJANAN		
1862677837	2004267866	260445	JADHAO ROHAN DASHRATH	9	

Total Present No		Total Absent No.		Total Absent No.		
·	-	<u>.                                      </u>	-	·	•	-

#### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo Signature
1862677838	2004267867	260445	UGALE DHANSHRI SHESHRAO	
1862677839	2004267868	260445	JAWANJAL VASUNDHARA GOTIRAM	
1862677840	2004267869	260445	VARMA SAKSHI PRADIP	
1862677841	2004267870	260445	BHANDE NANDKISHOR ASHOK	
1862677842	2004267871	260445	TAYADE KUSHAL MOHANDAS	
1862677843	2004267872	260445	ATTARKAR SONAM RAMDAS	
1862677844	2004267873	260445	UGALE ANKUSH MADHUKAR	
1862677845	2004267874	260445	SUFYAN AHMED JALEEL AHMED	9
1862677846	2004267875	260445	TALE POOJA SUBHASHRAO	
1862677847	2004267876	260445	LANJUDKAR SHUBHAM DHANANJAY	
1862677848	2004267877	260445	CHAVARE YOGITA GAJANAN	

Supervisor

**Total Present No.** 

**Exam Center In-Charge** 

Total Absent No.

#### Notice:

2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Total Absent No.

<sup>1)</sup> Student must check his course, seat no etc before sign.

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING Examination: April 2020 Date: 22/10/2020 Time: 10 AM TO 1 PM

**Examination**: April 2020 **Date Course Code & Name**: 201404 MEDICAL LAB TECHNICIAN

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No.	Institut	eName Of Student	Photo	Signature
1862677849	2004267878	260445	RATHOD LAKHAN UDAYSING		
1862677850	2004267879	260445	PATIL DIPALI PRABHAKAR	9	
1862677851	2004267880	260445	KASTURE MANSI AAMRAPALI	-	
1862677852	2004267881	260445	ATHAWALE SUBODH SHESHRAO	0	
1862677853	2004267882	260445	BAGDE ABHIJIT KISHOR		
1862677854	2004267883	260445	ADE SACHIN NATTHU	9	
1862677855	2004267884	260445	SALPHALE SHUBHAM MOHAN	-	
1862677856	2004267885	260445	BHISE RADHIKA JANARDHAN	3	

Total Present No.	Total Absent No.	Total Absent No.	

#### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1762677866	2004267823	260445	SARODE NEHA PRAKASH		
1762677873	2004267824	260445	KHARODE CHAITANYA SUDHIR	10	
1762677874	2004267825	260445	KHANDARE PRADNYA RAJU	8	
1762677877	2004267826	260445	TALE MAYUR UTTAM	9	
1662677865	2004267827	260445	DABHADE DHANRAJ GAJANAN		
1862677832	2004267861	260445	MULANKAR SHUBHAM DINESH		
1862677833	2004267862	260445	CHANDURKAR RAHUL SADASHIV		
1862677834	2004267863	260445	DOSE POOJA BABURAO		
1862677835	2004267864	260445	BHISE BHARAT SANDIP	9	
1862677836	2004267865	260445	SATAV NIKITA GAJANAN	1	
1862677837	2004267866	260445	JADHAO ROHAN DASHRATH	9	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

## **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo Signature
1862677838	2004267867	260445	UGALE DHANSHRI SHESHRAO	
1862677839	2004267868	260445	JAWANJAL VASUNDHARA GOTIRAM	
1862677840	2004267869	260445	VARMA SAKSHI PRADIP	
1862677841	2004267870	260445	BHANDE NANDKISHOR ASHOK	
1862677842	2004267871	260445	TAYADE KUSHAL MOHANDAS	
1862677843	2004267872	260445	ATTARKAR SONAM RAMDAS	
1862677844	2004267873	260445	UGALE ANKUSH MADHUKAR	
1862677845	2004267874	260445	SUFYAN AHMED JALEEL AHMED	9
1862677846	2004267875	260445	TALE POOJA SUBHASHRAO	
1862677847	2004267876	260445	LANJUDKAR SHUBHAM DHANANJAY	
1862677848	2004267877	260445	CHAVARE YOGITA GAJANAN	

Supervisor

**Total Present No.** 

**Exam Center In-Charge** 

Total Absent No.

#### Notice:

2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

**Total Absent No.** 

<sup>1)</sup> Student must check his course, seat no etc before sign.

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING Examination: April 2020 Date: 28/10/2020 Time: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677849	2004267878	260445	RATHOD LAKHAN UDAYSING		
1862677850	2004267879	260445	PATIL DIPALI PRABHAKAR	9	
1862677851	2004267880	260445	KASTURE MANSI AAMRAPALI	-	
1862677852	2004267881	260445	ATHAWALE SUBODH SHESHRAO	9	
1862677853	2004267882	260445	BAGDE ABHIJIT KISHOR	9	
1862677854	2004267883	260445	ADE SACHIN NATTHU	9	
1862677855	2004267884	260445	SALPHALE SHUBHAM MOHAN	1	
1862677856	2004267885	260445	BHISE RADHIKA JANARDHAN	3	

Total Present No.	Total Absent No.	Total Absent No.	
•			

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1762677866	2004267823	260445	SARODE NEHA PRAKASH		
1762677873	2004267824	260445	KHARODE CHAITANYA SUDHIR	9	
1762677874	2004267825	260445	KHANDARE PRADNYA RAJU	8	
1762677877	2004267826	260445	TALE MAYUR UTTAM	9	
1662677865	2004267827	260445	DABHADE DHANRAJ GAJANAN		
1862677832	2004267861	260445	MULANKAR SHUBHAM DINESH		
1862677833	2004267862	260445	CHANDURKAR RAHUL SADASHIV		
1862677834	2004267863	260445	DOSE POOJA BABURAO		
1862677835	2004267864	260445	BHISE BHARAT SANDIP	3	
1862677836	2004267865	260445	SATAV NIKITA GAJANAN		
1862677837	2004267866	260445	JADHAO ROHAN DASHRATH	9	

## Supervisor

**Total Present No.** 

**Exam Center In-Charge** 

Total Absent No.

#### Notice:

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

**Total Absent No.** 

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

	- C N-	I an a different	- Name Of Charlent	DI: - + -	Ciana at an a
			e <b>Name Of Student</b> UGALE DHANSHRI SHESHRAO	Photo	Signature
1862677839	2004267868	260445	JAWANJAL VASUNDHARA GOTIRAM		
1862677840	2004267869	260445	VARMA SAKSHI PRADIP		
1862677841	2004267870	260445	BHANDE NANDKISHOR ASHOK	9	
1862677842	2004267871	260445	TAYADE KUSHAL MOHANDAS		
1862677843	2004267872	260445	ATTARKAR SONAM RAMDAS		
1862677844	2004267873	260445	UGALE ANKUSH MADHUKAR	9	
1862677845	2004267874	260445	SUFYAN AHMED JALEEL AHMED		
1862677846	2004267875	260445	TALE POOJA SUBHASHRAO		
1862677847	2004267876	260445	LANJUDKAR SHUBHAM DHANANJAY		
1862677848	2004267877	260445	CHAVARE YOGITA GAJANAN		

Total Present No.	Total Absent No.		Total Absent No.		
	<u> </u>	·-	·	·	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

## Name Of Supervisor:

Enrolment N	o. Seat No. Instit	uteName Of Student	Photo Signature
1862677849	2004267878 26044	5 RATHOD LAKHAN UDAYSING	
1862677850	2004267879 26044	5 PATIL DIPALI PRABHAKAR	
1862677851	2004267880 26044	5 KASTURE MANSI AAMRAPALI	
1862677852	2004267881 26044	5 ATHAWALE SUBODH SHESHRAO	
1862677853	2004267882 26044	5 BAGDE ABHIJIT KISHOR	
1862677854	2004267883 26044	5 ADE SACHIN NATTHU	
1862677855	2004267884 26044	5 SALPHALE SHUBHAM MOHAN	
1862677856	2004267885 26044	5 BHISE RADHIKA JANARDHAN	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ANATOMY, PHYSIOLOGY AND PSYCHOLOGY PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No.	Institute	eName Of Student	Photo	Signature
1762677786	2004267812	260445	TIPARE AARTI SUDHAKAR	No Altestation सार्व माहिसी निक्क्या किंस्सा कांक्क्या माहिस्सा बॉलिपेनने कळक म केंग्रिटल अध्यात लिहाने.	
1762677788	2004267813	260445	UBAIDULLAH SAAH BADULLAH	*	
1762677791	2004267814	260445	NAIK MANISH SUDHIR	9	
1762677798	2004267815	260445	PATIL BHAKTI SANJAY	9	
1762677800	2004267816	260445	BHOMBE MANGESH HIMMATRAO	3	
1762677803	2004267817	260445	PURI HARIOM RAMESHWAR	No Attentation सर्व माहिती निक्व्या श्लिका काळ्या शाहित्या औंलपेनने उळक व कॅपिटल अध्यस्त रिहाके.	
1762677804	2004267818	260445	NAPHADE PRAJAKTA ARVIND		
1662677819	2004267819	260445	RAWANCHAVARE RAJENDRA RAMSING	9	
1662677822	2004267820	260445	AGRAWAL ABHISHEK BHARAT		
1662677827	2004267821	260445	PANCHAL ARJUN GANESHRAO		
1662677837	2004267822	260445	SHAH JAYESH LAKHAMSHIBHAI		

Total Present No.	Total Absent No.	Total Absent No.	

### **Supervisor**

## **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ANATOMY, PHYSIOLOGY AND PSYCHOLOGY PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo Signature
1862677810	2004267839	260445	GANODE MAHENDRA BHAGWAN	
1862677811	2004267840	260445	KHANDEKAR HARSHAL VIKAS	
1862677812	2004267841	260445	KALE SHUBHAM SHYAM	
1862677813	2004267842	260445	KHADE AVINASH SHRIKRUSHNA	
1862677814	2004267843	260445	SHINDE RAKSHA NARAYAN	
1862677815	2004267844	260445	TAYADE SUPRIYA PRAMOD	
1862677816	2004267845	260445	PATIL UMESH VIJAY	
1862677817	2004267846	260445	WATHODKAR LAXMIKANT SURESH	
1862677818	2004267847	260445	HARIMKAR GANESH VISHWANATH	
1862677819	2004267848	260445	DESHMUKH RAHUL MANCHAKRAO	
1862677820	2004267849	260445	MOTWANI NILAKSHI SATISH	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ANATOMY, PHYSIOLOGY AND PSYCHOLOGY PRACTICAL

Name Of Supervisor:

			eName Of Student DESHMUKH SAURABH JITENDRA	Photo	Signature
1862677822	2004267851 26	60445	DESHMUKH SADHANA RAHUL	(	
1862677823	2004267852 26	60445	SHEKH KABIR MOHAMMAD SHEKH AHMED	8	
1862677824	2004267853 26	60445	GIRJAPURE VARUN NANDKISHOR	9	
1862677825	2004267854 26	50445	SHELKA MANJEERI RAGHUNATH		
1862677826	2004267855 26	50445	MISAR ADESH BAPURAO		
1862677827	2004267856 26	50445	LONKAR AJAY SUDAM	9	
1862677828	2004267857 26	50445	WADHWANI NANCY DAULATRAM		
1862677829	2004267858 26	50445	DESHMUKH DIKSHA BHARATRAO		
1862677830	2004267859 26	50445	DESHMUKH NAMRATA SURESH		
1862677831	2004267860 26	60445	DHURVE VISHAL DILIP		

Total Present No.	Total Absent No.	Total Absent No.	
			•

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ANATOMY, PHYSIOLOGY AND PSYCHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No. Seat No. Institute Name Of Student

1862677894 2004267921 260445 FIROZ KHAN GAFFAR KHAN

Photo

Signature



Total Present No	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No.	Institute	eName Of Student	Photo	Signature
1762677786	2004267812	260445	TIPARE AARTI SUDHAKAR	No Attentation  शर्व माहिती रिकट्या किंवा काळ्या शाहित्या वेलिपेनने ठळक स कॅपिटल अध्यात रिल्हा वे.	
1762677788	2004267813	260445	UBAIDULLAH SAAH BADULLAH	-	
1762677791	2004267814	260445	NAIK MANISH SUDHIR	9	
1762677798	2004267815	260445	PATIL BHAKTI SANJAY	9	
1762677800	2004267816	260445	BHOMBE MANGESH HIMMATRAO	4	
1762677803	2004267817	260445	PURI HARIOM RAMESHWAR	No Attestation बार्ज माहिली निक्क्या विशेषा काळ्या शहिल्या वेहिली ठळक व केपिटल अध्यस्त रिहाजे.	
1762677804	2004267818	260445	NAPHADE PRAJAKTA ARVIND		
1662677819	2004267819	260445	RAWANCHAVARE RAJENDRA RAMSING	8	
1662677822	2004267820	260445	AGRAWAL ABHISHEK BHARAT		
1662677827	2004267821	260445	PANCHAL ARJUN GANESHRAO		
1662677837	2004267822	260445	SHAH JAYESH LAKHAMSHIBHAI		

Total Present No.	Total Absent No.	Total Absent No.	
			•

### **Supervisor**

## **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo Signature
1862677810	2004267839	260445	GANODE MAHENDRA BHAGWAN	
1862677811	2004267840	260445	KHANDEKAR HARSHAL VIKAS	
1862677812	2004267841	260445	KALE SHUBHAM SHYAM	
1862677813	2004267842	260445	KHADE AVINASH SHRIKRUSHNA	
1862677814	2004267843	260445	SHINDE RAKSHA NARAYAN	
1862677815	2004267844	260445	TAYADE SUPRIYA PRAMOD	
1862677816	2004267845	260445	PATIL UMESH VIJAY	
1862677817	2004267846	260445	WATHODKAR LAXMIKANT SURESH	
1862677818	2004267847	260445	HARIMKAR GANESH VISHWANATH	
1862677819	2004267848	260445	DESHMUKH RAHUL MANCHAKRAO	
1862677820	2004267849	260445	MOTWANI NILAKSHI SATISH	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

#### **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No. Institut	eName Of Student	Photo Signature
1862677821	2004267850 260445	DESHMUKH SAURABH JITENDRA	
1862677822	2004267851 260445	DESHMUKH SADHANA RAHUL	
1862677823	2004267852 260445	SHEKH KABIR MOHAMMAD SHEKH AHMED	8
1862677824	2004267853 260445	GIRJAPURE VARUN NANDKISHOR	
1862677825	2004267854 260445	SHELKA MANJEERI RAGHUNATH	
1862677826	2004267855 260445	MISAR ADESH BAPURAO	
1862677827	2004267856 260445	LONKAR AJAY SUDAM	
1862677828	2004267857 260445	WADHWANI NANCY DAULATRAM	
1862677829	2004267858 260445	DESHMUKH DIKSHA BHARATRAO	
1862677830	2004267859 260445	DESHMUKH NAMRATA SURESH	
1862677831	2004267860 260445	DHURVE VISHAL DILIP	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

## **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor :

Enrolment No. Seat No. Institute Name Of Student

1862677894 2004267921 260445 FIROZ KHAN GAFFAR KHAN

Photo

Signature



Total Present No.	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ELECTROTHERAPY, BIOMECHANICS AND EXERCISE THERAPY PRACTICAL

## Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1762677786	2004267812	260445	TIPARE AARTI SUDHAKAR	No Attentation चार्च माहिती निक्क्या किंग्सा काळ्या शाहित्या बॉलपेनने कळक म कॅपिटल अध्यस्त रिहाले.	
1762677788	2004267813	260445	UBAIDULLAH SAAH BADULLAH	-	
1762677791	2004267814	260445	NAIK MANISH SUDHIR	3	
1762677798	2004267815	260445	PATIL BHAKTI SANJAY	9	
1762677800	2004267816	260445	BHOMBE MANGESH HIMMATRAO	3	
1762677803	2004267817	260445	PURI HARIOM RAMESHWAR	No Attentation सार्व माहिती निक्क्या श्विका काळवा शाहिका बॉल्सिनने ठळक व केंपिटल अखरात लिहाके.	
1762677804	2004267818	260445	NAPHADE PRAJAKTA ARVIND		
1662677819	2004267819	260445	RAWANCHAVARE RAJENDRA RAMSING	9	
1662677822	2004267820	260445	AGRAWAL ABHISHEK BHARAT		
1662677827	2004267821	260445	PANCHAL ARJUN GANESHRAO		
1662677837	2004267822	260445	SHAH JAYESH LAKHAMSHIBHAI		

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

## **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ELECTROTHERAPY, BIOMECHANICS AND EXERCISE THERAPY PRACTICAL

## Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo Signature
1862677810	2004267839	260445	GANODE MAHENDRA BHAGWAN	
1862677811	2004267840	260445	KHANDEKAR HARSHAL VIKAS	
1862677812	2004267841	260445	KALE SHUBHAM SHYAM	9
1862677813	2004267842	260445	KHADE AVINASH SHRIKRUSHNA	
1862677814	2004267843	260445	SHINDE RAKSHA NARAYAN	
1862677815	2004267844	260445	TAYADE SUPRIYA PRAMOD	
1862677816	2004267845	260445	PATIL UMESH VIJAY	
1862677817	2004267846	260445	WATHODKAR LAXMIKANT SURESH	3
1862677818	2004267847	260445	HARIMKAR GANESH VISHWANATH	
1862677819	2004267848	260445	DESHMUKH RAHUL MANCHAKRAO	
1862677820	2004267849	260445	MOTWANI NILAKSHI SATISH	

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ELECTROTHERAPY, BIOMECHANICS AND EXERCISE THERAPY PRACTICAL

## Name Of Supervisor:

Enrolment N	o. Seat No. Instit	uteName Of Student	Photo Signature
		5 DESHMUKH SAURABH JITENDRA	
1862677822	2004267851 26044	5 DESHMUKH SADHANA RAHUL	(9)
1862677823	2004267852 26044	5 SHEKH KABIR MOHAMMAD SHEKH AHMED	3
1862677824	2004267853 26044	5 GIRJAPURE VARUN NANDKISHOR	9
1862677825	2004267854 26044	5 SHELKA MANJEERI RAGHUNATH	
1862677826	2004267855 26044	5 MISAR ADESH BAPURAO	
1862677827	2004267856 26044	5 LONKAR AJAY SUDAM	
1862677828	2004267857 26044	5 WADHWANI NANCY DAULATRAM	
1862677829	2004267858 26044	5 DESHMUKH DIKSHA BHARATRAO	
1862677830	2004267859 26044	5 DESHMUKH NAMRATA SURESH	
1862677831	2004267860 26044	5 DHURVE VISHAL DILIP	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING Institute Code & Name 260445

**Examination:** April **Date**: 27/10/2020 Time: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ELECTROTHERAPY, BIOMECHANICS AND EXERCISE THERAPY PRACTICAL

Name Of Supervisor:

**Enrolment No. Seat No. Institute Name Of Student** 

1862677894 2004267921 260445 FIROZ KHAN GAFFAR KHAN

Photo

Signature



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Total Present No.	Total Absent No.	Total Absent No.	

**Supervisor** 

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	Name Of Student	Photo	Signature
1762677786	2004267812 2	260445	TIPARE AARTI SUDHAKAR	No Attentation सर्ज गाहिती निकट्या श्रिका काळ्या शाहिता व्याचित्रको उळक च चेंगियटल अक्षरात लिहाजे.	
1762677788	2004267813 2	260445	UBAIDULLAH SAAH BADULLAH	-	
1762677791	2004267814 2	260445	NAIK MANISH SUDHIR	9	
1762677798	2004267815 2	260445	PATIL BHAKTI SANJAY	9	
1762677800	2004267816 2	260445	BHOMBE MANGESH HIMMATRAO	3	
1762677803	2004267817 2	260445	PURI HARIOM RAMESHWAR	No Attentation सार्व माहिती निक्क्या शिव्या काळ्या शाहित्या श्रीत्मेनने उळक व कॅरियटल अखराट सिहार्जे.	
1762677804	2004267818 2	260445	NAPHADE PRAJAKTA ARVIND		
1662677819	2004267819 2	260445	RAWANCHAVARE RAJENDRA RAMSING	9	
1662677822	2004267820 2	260445	AGRAWAL ABHISHEK BHARAT		
1662677827	2004267821 2	260445	PANCHAL ARJUN GANESHRAO		
1662677837	2004267822 2	260445	SHAH JAYESH LAKHAMSHIBHAI		

Total Present No. Total Absent No. Total Absent No.

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677810	2004267839	260445	GANODE MAHENDRA BHAGWAN		
1862677811	2004267840	260445	KHANDEKAR HARSHAL VIKAS		
862677812	2004267841	260445	KALE SHUBHAM SHYAM	9	
1862677813	2004267842	260445	KHADE AVINASH SHRIKRUSHNA	3	
1862677814	2004267843	260445	SHINDE RAKSHA NARAYAN		
1862677815	2004267844	260445	TAYADE SUPRIYA PRAMOD		
1862677816	2004267845	260445	PATIL UMESH VIJAY		
862677817	2004267846	260445	WATHODKAR LAXMIKANT SURESH	3	
1862677818	2004267847	260445	HARIMKAR GANESH VISHWANATH		
1862677819	2004267848	260445	DESHMUKH RAHUL MANCHAKRAO		
1862677820	2004267849	260445	MOTWANI NILAKSHI SATISH		

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

## **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No. Ins	tuteName Of Student	Photo Signature
1862677821	2004267850 2604	45 DESHMUKH SAURABH JITENDRA	
1862677822	2004267851 2604	15 DESHMUKH SADHANA RAHUL	9
1862677823	2004267852 2604	45 SHEKH KABIR MOHAMMAD SHEKH AHMED	8
1862677824	2004267853 2604	45 GIRJAPURE VARUN NANDKISHOR	
1862677825	2004267854 2604	45 SHELKA MANJEERI RAGHUNATH	
1862677826	2004267855 2604	45 MISAR ADESH BAPURAO	
1862677827	2004267856 2604	45 LONKAR AJAY SUDAM	
1862677828	2004267857 2604	45 WADHWANI NANCY DAULATRAM	
1862677829	2004267858 2604	45 DESHMUKH DIKSHA BHARATRAO	
1862677830	2004267859 2604	45 DESHMUKH NAMRATA SURESH	
1862677831	2004267860 2604	45 DHURVE VISHAL DILIP	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

## **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No. Institute Name Of Student

1862677894 2004267921 260445 FIROZ KHAN GAFFAR KHAN

Photo

Signature



Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ORTHOPAEDICS, NEUROLOGY, MEDICAL AND SURGICAL CONDITION PRACTICAL

#### Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1762677786	2004267812	260445	TIPARE AARTI SUDHAKAR	No Attentation सार्व माहिसी निकल्पा किसा काळ्या शाहिष्या व्यक्तिमने उळक म कॅपिटल अक्षारात लिहाले.	
1762677788	2004267813	260445	UBAIDULLAH SAAH BADULLAH	*	
1762677791	2004267814	260445	NAIK MANISH SUDHIR		
1762677798	2004267815	260445	PATIL BHAKTI SANJAY	9	
1762677800	2004267816	260445	BHOMBE MANGESH HIMMATRAO	3	
1762677803	2004267817	260445	PURI HARIOM RAMESHWAR	No Attentation सर्व भाडिती निळ्या श्लिबा काळ्या शाहिया ऑल्पेनने उळक व वॅनिय्टल अस्तरत सिहत्वे.	
1762677804	2004267818	260445	NAPHADE PRAJAKTA ARVIND		
1662677819	2004267819	260445	RAWANCHAVARE RAJENDRA RAMSING	9	
1662677822	2004267820	260445	AGRAWAL ABHISHEK BHARAT	9	
1662677827	2004267821	260445	PANCHAL ARJUN GANESHRAO		
1662677837	2004267822	260445	SHAH JAYESH LAKHAMSHIBHAI		

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ORTHOPAEDICS, NEUROLOGY, MEDICAL AND SURGICAL CONDITION PRACTICAL

## Name Of Supervisor:

Enrolment N	lo. Seat No.	Institute	eName Of Student	Photo Signature
1862677810	2004267839	260445	GANODE MAHENDRA BHAGWAN	
1862677811	2004267840	260445	KHANDEKAR HARSHAL VIKAS	-9,
1862677812	2004267841	260445	KALE SHUBHAM SHYAM	
1862677813	2004267842	260445	KHADE AVINASH SHRIKRUSHNA	
1862677814	2004267843	260445	SHINDE RAKSHA NARAYAN	
1862677815	2004267844	260445	TAYADE SUPRIYA PRAMOD	
1862677816	2004267845	260445	PATIL UMESH VIJAY	
1862677817	2004267846	260445	WATHODKAR LAXMIKANT SURESH	
1862677818	2004267847	260445	HARIMKAR GANESH VISHWANATH	
1862677819	2004267848	260445	DESHMUKH RAHUL MANCHAKRAO	
1862677820	2004267849	260445	MOTWANI NILAKSHI SATISH	

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ORTHOPAEDICS, NEUROLOGY, MEDICAL AND SURGICAL CONDITION PRACTICAL

## Name Of Supervisor:

Enrolment N	lo. Seat No.	Institute	eName Of Student	Photo	Signature
1862677821	2004267850	260445	DESHMUKH SAURABH JITENDRA	9	
1862677822	2004267851	260445	DESHMUKH SADHANA RAHUL	•	
1862677823	2004267852	260445	SHEKH KABIR MOHAMMAD SHEKH AHMED	3	
1862677824	2004267853	260445	GIRJAPURE VARUN NANDKISHOR	9	
1862677825	2004267854	260445	SHELKA MANJEERI RAGHUNATH		
1862677826	2004267855	260445	MISAR ADESH BAPURAO		
1862677827	2004267856	260445	LONKAR AJAY SUDAM	1	
1862677828	2004267857	260445	WADHWANI NANCY DAULATRAM		
1862677829	2004267858	260445	DESHMUKH DIKSHA BHARATRAO		
1862677830	2004267859	260445	DESHMUKH NAMRATA SURESH		
1862677831	2004267860	260445	DHURVE VISHAL DILIP		

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

## **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
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Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: ORTHOPAEDICS, NEUROLOGY, MEDICAL AND SURGICAL CONDITION PRACTICAL

Name Of Supervisor :

**Enrolment No. Seat No. Institute Name Of Student** 

1862677894 2004267921 260445 FIROZ KHAN GAFFAR KHAN

Photo

Signature



Total Present No	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
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Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1762677786	2004267812	260445	TIPARE AARTI SUDHAKAR	No Attentation सर्व माहिती निळ्या किंग्सा फाळ्या शाहित्या बीलपेनने ठळक व कैंपिटल अक्षरात लिहाले.	
1762677788	2004267813	260445	UBAIDULLAH SAAH BADULLAH	-	
1762677791	2004267814	260445	NAIK MANISH SUDHIR		
1762677798	2004267815	260445	PATIL BHAKTI SANJAY	9	
1762677800	2004267816	260445	BHOMBE MANGESH HIMMATRAO	3	
1762677803	2004267817	260445	PURI HARIOM RAMESHWAR	No Attentation  पार्व माहिती निळ्या थिल्या काळवा पहिल्या औहरनेनने ठळक व कैंपिटल अखरार	
1762677804	2004267818	260445	NAPHADE PRAJAKTA ARVIND		
1662677819	2004267819	260445	RAWANCHAVARE RAJENDRA RAMSING	8	
1662677822	2004267820	260445	AGRAWAL ABHISHEK BHARAT		
1662677827	2004267821	260445	PANCHAL ARJUN GANESHRAO		
1662677837	2004267822	260445	SHAH JAYESH LAKHAMSHIBHAI		

## Supervisor

**Total Present No.** 

**Exam Center In-Charge** 

Total Absent No.

#### Notice:

- 1) Student must check his course, seat no etc before sign.
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**Total Absent No.** 

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

## Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo Signature
1862677810	2004267839	260445	GANODE MAHENDRA BHAGWAN	
1862677811	2004267840	260445	KHANDEKAR HARSHAL VIKAS	
1862677812	2004267841	260445	KALE SHUBHAM SHYAM	9
1862677813	2004267842	260445	KHADE AVINASH SHRIKRUSHNA	
1862677814	2004267843	260445	SHINDE RAKSHA NARAYAN	
1862677815	2004267844	260445	TAYADE SUPRIYA PRAMOD	
1862677816	2004267845	260445	PATIL UMESH VIJAY	
1862677817	2004267846	260445	WATHODKAR LAXMIKANT SURESH	3
1862677818	2004267847	260445	HARIMKAR GANESH VISHWANATH	
1862677819	2004267848	260445	DESHMUKH RAHUL MANCHAKRAO	
1862677820	2004267849	260445	MOTWANI NILAKSHI SATISH	

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No.	Institute	eName Of Student	Photo	Signature
1862677821	2004267850	260445	DESHMUKH SAURABH JITENDRA	3	
1862677822	2004267851	260445	DESHMUKH SADHANA RAHUL	6	
1862677823	2004267852	260445	SHEKH KABIR MOHAMMAD SHEKH AHMED	3	
1862677824	2004267853	260445	GIRJAPURE VARUN NANDKISHOR	9	
1862677825	2004267854	260445	SHELKA MANJEERI RAGHUNATH		
1862677826	2004267855	260445	MISAR ADESH BAPURAO		
1862677827	2004267856	260445	LONKAR AJAY SUDAM	9	
1862677828	2004267857	260445	WADHWANI NANCY DAULATRAM		
1862677829	2004267858	260445	DESHMUKH DIKSHA BHARATRAO	40.	
1862677830	2004267859	260445	DESHMUKH NAMRATA SURESH		
1862677831	2004267860	260445	DHURVE VISHAL DILIP		

Total Present No	Total Absent No.	Total Abser	nt No.

## Supervisor

**Exam Center In-Charge** 

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Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201410 PHYSIOTHERAPIST

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No. Institute Name Of Student

1862677894 2004267921 260445 FIROZ KHAN GAFFAR KHAN

Photo

Signature



Total Present No.	Total Absent No.	Total Absent No.	

**Supervisor** 

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1662677845	2004267829	260445	BAJAD POOJA SUDHAKAR	No Attestation सर्व माहिसी निज्या किंवा काळ्या शाहित्या कॉलपेनने उळक च कॅनियटल अधरार लिहाले.	
1762677811	2004267830	260445	RATHI ASHOK SUKALAL	3	
1762677824	2004267831	260445	JUMNAKE GANGARAM PISARAM		
1762677825	2004267832	260445	PANDIT SHUBHANGI VISVISHNANATH	5	
1762677826	2004267833	260445	SHAIK MASTAN BAAJI SHAIK BAAJI		
1862677857	2004267886	260445	PATTAN DADANAGURVALI NAGULMEERA	3	
1862677858	2004267887	260445	SHAIKH RAFIK SHAIKH ISMAIL	3	
1862677859	2004267888	260445	KAKDE VIJAY LAXMAN	9	
1862677860	2004267889	260445	MOKALKAR PURUSHOTTAM		
1862677861	2004267890	260445	SHAIK NAGURVALI MASTAN SAHEB	3	
1862677862	2004267891	260445	MOGHUL NAGULMEER KAILASH	9	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

## **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677863	2004267892	260445	PATHAN DURGAJI NAGULMEERA	0	
1862677864	2004267893	260445	SHAIK SUBHANI SAHEB SHAIKH MASTAN	3	
1862677865	2004267894	260445	BEIG RIZWAN MIYAN	3	
1862677866	2004267895	260445	SHAIK BIKKU SAHEB SHAIK KHASHIM	3	
1862677867	2004267896	260445	SAVAKE MEENA SHRIRAM	R	
1862677868	2004267897	260445	SUNAR MOHIT MANOHAR	THE STATE STATES, WHICH AND THE STATES OF TH	
1862677869	2004267898	260445	DARAKHE SHRIKRUSHNA SUGDEV	Bath A Was Prospect	
1862677871	2004267899	260445	MORE KAILASH KASHIBA	8	
1862677872	2004267900	260445	BAKAL KIRAN BHAGWAT	9	
1862677873	2004267901	260445	BHATTAD SHILPA JAGDISH		
1862677874	2004267902	260445	SELKAR NITIN VINAYAKRAO	3	

Total Present No		Total Absent No.		Total Absent No.		
•	-	<u>.                                      </u>	-	·	•	-

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No.	. Institut	teName Of Student	Photo	Signature
1862677875 200426790	3 260445	TAMBUSKAR NIKHIL ARVIND		
1862677876 200426790	260445	DHOTE SUMIT SUBHASH		
1862677877 200426790	5 260445	PATHANU NAGARJUNA RAO SHAMRAO	9	
1862677878 200426790	06 260445	CHAUKASKAR GHANSHYAM VASANTRAO		
1862677879 200426790	7 260445	ATOTE RAJU MADHAORAO	9	
1862677880 200426790	08 260445	BEIG IMRAN MIYAN	4	
1862677881 200426790	9 260445	SHAIK NAGUR MASTHAN VALI	3	

Total Present No.	Total Absent No.	Total Absent No.	

#### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
			BAJAD POOJA SUDHAKAR	No Altestation सर्व माहिसी निक्या किंदा काळ्या शाईच्या बेलिपेनने उळक व कैंदिएक अक्षरार सिहाके	
1762677811	2004267830	260445	RATHI ASHOK SUKALAL	3	
1762677824	2004267831	260445	JUMNAKE GANGARAM PISARAM		
1762677825	2004267832	260445	PANDIT SHUBHANGI VISVISHNANATH		
1762677826	2004267833	260445	SHAIK MASTAN BAAJI SHAIK BAAJI		
1862677857	2004267886	260445	PATTAN DADANAGURVALI NAGULMEERA	3	
1862677858	2004267887	260445	SHAIKH RAFIK SHAIKH ISMAIL	3	
1862677859	2004267888	260445	KAKDE VIJAY LAXMAN	9	
1862677860	2004267889	260445	MOKALKAR PURUSHOTTAM	9	
1862677861	2004267890	260445	SHAIK NAGURVALI MASTAN SAHEB	3	
1862677862	2004267891	260445	MOGHUL NAGULMEER KAILASH	9	

Total Present No.	Total Absent No.	Total Absent No.	

#### **Supervisor**

**Exam Center In-Charge** 

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Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor:

1862677863 2004267892 260445 PATHAN DURGA 1862677864 2004267893 260445 SHAIK SUBHAI		Signature
1862677864 2004267893 260445 SHAIK SUBHAI	NI SAHEB SHAIKH MASTAN	
1862677865 2004267894 260445 BEIG RIZWAN N	MIYAN	
1862677866 2004267895 260445 SHAIK BIKKU S	SAHEB SHAIK KHASHIM	
1862677867 2004267896 260445 SAVAKE MEENA	A SHRIRAM	
1862677868 2004267897 260445 SUNAR MOHIT	MANOHAR  Street The Action Action Control of the Action Control of	
1862677869 2004267898 260445 DARAKHE SHRI	KRUSHNA SUGDEV	
1862677871 2004267899 260445 MORE KAILASH	KASHIBA	
1862677872 2004267900 260445 BAKAL KIRAN E	BHAGWAT	
1862677873 2004267901 260445 BHATTAD SHILI	PA JAGDISH	
1862677874 2004267902 260445 SELKAR NITIN	VINAYAKRAO	

Total Present No.	Total Absent No.	Total Absent No.	

#### **Supervisor**

## **Exam Center In-Charge**

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Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677875	2004267903	260445	TAMBUSKAR NIKHIL ARVIND	9	
1862677876	2004267904	260445	DHOTE SUMIT SUBHASH		
1862677877	2004267905	260445	PATHANU NAGARJUNA RAO SHAMRAO	9	
1862677878	2004267906	260445	CHAUKASKAR GHANSHYAM VASANTRAO	9	
1862677879	2004267907	260445	ATOTE RAJU MADHAORAO	3	
1862677880	2004267908	260445	BEIG IMRAN MIYAN		
1862677881	2004267909	260445	SHAIK NAGUR MASTHAN VALI	S	

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
			BAJAD POOJA SUDHAKAR	No Attentation सार्व माहिती निकट्या किंग्सा काळ्या शाहित्या बॉल्पिनने ठळक च कॅरियटल अधारार रिलंहाके	
1762677811	2004267830	260445	RATHI ASHOK SUKALAL	3	
1762677824	2004267831	260445	JUMNAKE GANGARAM PISARAM		
1762677825	2004267832	260445	PANDIT SHUBHANGI VISVISHNANATH		
1762677826	2004267833	260445	SHAIK MASTAN BAAJI SHAIK BAAJI	<b>\$</b>	
1862677857	2004267886	260445	PATTAN DADANAGURVALI NAGULMEERA	3	
1862677858	2004267887	260445	SHAIKH RAFIK SHAIKH ISMAIL	3	
1862677859	2004267888	260445	KAKDE VIJAY LAXMAN	1	
1862677860	2004267889	260445	MOKALKAR PURUSHOTTAM	9	
1862677861	2004267890	260445	SHAIK NAGURVALI MASTAN SAHEB	3	
1862677862	2004267891	260445	MOGHUL NAGULMEER KAILASH	8	

Total Present No.	Total Absent No.	Total Absent No.	

### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677863	2004267892	260445	PATHAN DURGAJI NAGULMEERA	0	
1862677864	2004267893	260445	SHAIK SUBHANI SAHEB SHAIKH MASTAN	3	
1862677865	2004267894	260445	BEIG RIZWAN MIYAN		
1862677866	2004267895	260445	SHAIK BIKKU SAHEB SHAIK KHASHIM	3	
1862677867	2004267896	260445	SAVAKE MEENA SHRIRAM	B	
1862677868	2004267897	260445	SUNAR MOHIT MANOHAR	William variety, world assertion (S.N. 46, N.N. 46), and d. N.N. 46), with a sertion (S.N. 46, N.N. 46), with a sertion (Speak for Proceedings of the Control of the Contro	
1862677869	2004267898	260445	DARAKHE SHRIKRUSHNA SUGDEV	Ratio & What Principriant	
1862677871	2004267899	260445	MORE KAILASH KASHIBA	8	
1862677872	2004267900	260445	BAKAL KIRAN BHAGWAT		
1862677873	2004267901	260445	BHATTAD SHILPA JAGDISH		
1862677874	2004267902	260445	SELKAR NITIN VINAYAKRAO		

Total Present No.	Total Absent No.	Total Absent No.	

### **Supervisor**

## **Exam Center In-Charge**

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Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Enrolment N	lo. Seat No.	Institut	eName Of Student	Photo	Signature
1862677875	2004267903	260445	TAMBUSKAR NIKHIL ARVIND	3	
1862677876	2004267904	260445	DHOTE SUMIT SUBHASH	3	
1862677877	2004267905	260445	PATHANU NAGARJUNA RAO SHAMRAO	9	
1862677878	2004267906	260445	CHAUKASKAR GHANSHYAM VASANTRAO	9	
1862677879	2004267907	260445	ATOTE RAJU MADHAORAO	8	
1862677880	2004267908	260445	BEIG IMRAN MIYAN	6	
1862677881	2004267909	260445	SHAIK NAGUR MASTHAN VALI	1	

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

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Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No. Institut	eName Of Student	Photo Signature
1662677845	2004267829 260445	BAJAD POOJA SUDHAKAR	No Attestation सर्व माडिसी निकट्या किंग्बा काळ्या शाहिष्या व्यक्तियेगने ठळक व कॅगियटल अक्षरार निहाजे.
1762677811	2004267830 260445	RATHI ASHOK SUKALAL	3
1762677824	2004267831 260445	JUMNAKE GANGARAM PISARAM	
1762677825	2004267832 260445	PANDIT SHUBHANGI VISVISHNANATH	
1762677826	2004267833 260445	SHAIK MASTAN BAAJI SHAIK BAAJI	
1862677857	2004267886 260445	PATTAN DADANAGURVALI NAGULMEERA	
1862677858	2004267887 260445	SHAIKH RAFIK SHAIKH ISMAIL	3
1862677859	2004267888 260445	KAKDE VIJAY LAXMAN	· · · · · · · · · · · · · · · · · · ·
1862677860	2004267889 260445	MOKALKAR PURUSHOTTAM	
1862677861	2004267890 260445	SHAIK NAGURVALI MASTAN SAHEB	
1862677862	2004267891 260445	MOGHUL NAGULMEER KAILASH	8

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

## **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677863	2004267892	260445	PATHAN DURGAJI NAGULMEERA	0	
1862677864	2004267893	260445	SHAIK SUBHANI SAHEB SHAIKH MASTAN	3	
1862677865	2004267894	260445	BEIG RIZWAN MIYAN	3	
1862677866	2004267895	260445	SHAIK BIKKU SAHEB SHAIK KHASHIM		
1862677867	2004267896	260445	SAVAKE MEENA SHRIRAM	A,	
1862677868	2004267897	260445	SUNAR MOHIT MANOHAR	tertifier within with asserting to the control of t	
1862677869	2004267898	260445	DARAKHE SHRIKRUSHNA SUGDEV	9	
1862677871	2004267899	260445	MORE KAILASH KASHIBA	8	
1862677872	2004267900	260445	BAKAL KIRAN BHAGWAT	9	
1862677873	2004267901	260445	BHATTAD SHILPA JAGDISH		
1862677874	2004267902	260445	SELKAR NITIN VINAYAKRAO		

## Supervisor

**Total Present No.** 

**Exam Center In-Charge** 

Total Absent No.

### Notice:

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Total Absent No.

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677875	2004267903	260445	TAMBUSKAR NIKHIL ARVIND		
1862677876	2004267904	260445	DHOTE SUMIT SUBHASH	3	
1862677877	2004267905	260445	PATHANU NAGARJUNA RAO SHAMRAO	9	
1862677878	2004267906	260445	CHAUKASKAR GHANSHYAM VASANTRAO	9	
1862677879	2004267907	260445	ATOTE RAJU MADHAORAO	9	
1862677880	2004267908	260445	BEIG IMRAN MIYAN		
1862677881	2004267909	260445	SHAIK NAGUR MASTHAN VALI	3	

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE

Subject: PRACTICE IN NATUROPATHY PRACTICAL

### Name Of Supervisor:

Enrolment N	lo. Seat No.	Institute	eName Of Student	Photo	Signature
1662677845	2004267829	260445	BAJAD POOJA SUDHAKAR	No Altestation सर्व माहिसी निकट्या किंवा कारक्या शाहिज्या जीरग्येनने छठक व कीयटल अक्षरार रिस्हावे.	
1762677811	2004267830	260445	RATHI ASHOK SUKALAL	3	
1762677824	2004267831	260445	JUMNAKE GANGARAM PISARAM		
1762677825	2004267832	260445	PANDIT SHUBHANGI VISVISHNANATH	50	
1762677826	2004267833	260445	SHAIK MASTAN BAAJI SHAIK BAAJI	-	
1862677857	2004267886	260445	PATTAN DADANAGURVALI NAGULMEERA	3	
1862677858	2004267887	260445	SHAIKH RAFIK SHAIKH ISMAIL	3	
1862677859	2004267888	260445	KAKDE VIJAY LAXMAN	.9	
1862677860	2004267889	260445	MOKALKAR PURUSHOTTAM	1	
1862677861	2004267890	260445	SHAIK NAGURVALI MASTAN SAHEB	9	
1862677862	2004267891	260445	MOGHUL NAGULMEER KAILASH	8	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

## **Exam Center In-Charge**

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- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE
Subject: PRACTICE IN NATUROPATHY PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677863	2004267892	260445	PATHAN DURGAJI NAGULMEERA	0	
1862677864	2004267893	260445	SHAIK SUBHANI SAHEB SHAIKH MASTAN	3	
1862677865	2004267894	260445	BEIG RIZWAN MIYAN		
1862677866	2004267895	260445	SHAIK BIKKU SAHEB SHAIK KHASHIM	3	
1862677867	2004267896	260445	SAVAKE MEENA SHRIRAM	B	
1862677868	2004267897	260445	SUNAR MOHIT MANOHAR	William variety, world assertion (S.N. 46, N.N. 46), and d. N.N. 46), with a sertion (S.N. 46, N.N. 46), with a sertion (Speak for Proceedings of the Control of the Contro	
1862677869	2004267898	260445	DARAKHE SHRIKRUSHNA SUGDEV	Ratio & What Principriant	
1862677871	2004267899	260445	MORE KAILASH KASHIBA	8	
1862677872	2004267900	260445	BAKAL KIRAN BHAGWAT		
1862677873	2004267901	260445	BHATTAD SHILPA JAGDISH		
1862677874	2004267902	260445	SELKAR NITIN VINAYAKRAO		

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

### **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE
Subject: PRACTICE IN NATUROPATHY PRACTICAL

Name Of Supervisor:

Enrolment No	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677875	2004267903	260445	TAMBUSKAR NIKHIL ARVIND		
1862677876	2004267904	260445	DHOTE SUMIT SUBHASH		
1862677877	2004267905	260445	PATHANU NAGARJUNA RAO SHAMRAO	9	
1862677878	2004267906	260445	CHAUKASKAR GHANSHYAM VASANTRAO	9	
1862677879	2004267907	260445	ATOTE RAJU MADHAORAO	8	
1862677880	2004267908	260445	BEIG IMRAN MIYAN	-	
1862677881	2004267909	260445	SHAIK NAGUR MASTHAN VALI	3	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE
Subject: YOGA AND VARIOUS THERAPIES PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
			BAJAD POOJA SUDHAKAR	No Attentation सार्व माहिती निकट्या किंग्सा काळ्या शाहित्या बॉल्पिनने ठळक च कॅरियटल अधारार रिलंहाके	
1762677811	2004267830	260445	RATHI ASHOK SUKALAL	3	
1762677824	2004267831	260445	JUMNAKE GANGARAM PISARAM		
1762677825	2004267832	260445	PANDIT SHUBHANGI VISVISHNANATH		
1762677826	2004267833	260445	SHAIK MASTAN BAAJI SHAIK BAAJI	<b>\$</b>	
1862677857	2004267886	260445	PATTAN DADANAGURVALI NAGULMEERA	3	
1862677858	2004267887	260445	SHAIKH RAFIK SHAIKH ISMAIL	3	
1862677859	2004267888	260445	KAKDE VIJAY LAXMAN	9	
1862677860	2004267889	260445	MOKALKAR PURUSHOTTAM	9	
1862677861	2004267890	260445	SHAIK NAGURVALI MASTAN SAHEB	3	
1862677862	2004267891	260445	MOGHUL NAGULMEER KAILASH	8	

Total Present No.	Total Absent No.	Total Absent No.	

## Supervisor

## **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE
Subject: YOGA AND VARIOUS THERAPIES PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677863	2004267892	260445	PATHAN DURGAJI NAGULMEERA	0	
1862677864	2004267893	260445	SHAIK SUBHANI SAHEB SHAIKH MASTAN	3	
1862677865	2004267894	260445	BEIG RIZWAN MIYAN		
1862677866	2004267895	260445	SHAIK BIKKU SAHEB SHAIK KHASHIM	3	
1862677867	2004267896	260445	SAVAKE MEENA SHRIRAM	B	
1862677868	2004267897	260445	SUNAR MOHIT MANOHAR	William variety, world assertion (S.N. 46, N.N. 46), and d. N.N. 46), with a sertion (S.N. 46, N.N. 46), with a sertion (Speak for Proceedings of the Control of the Contro	
1862677869	2004267898	260445	DARAKHE SHRIKRUSHNA SUGDEV	Ratio & What Principriant	
1862677871	2004267899	260445	MORE KAILASH KASHIBA	8	
1862677872	2004267900	260445	BAKAL KIRAN BHAGWAT		
1862677873	2004267901	260445	BHATTAD SHILPA JAGDISH		
1862677874	2004267902	260445	SELKAR NITIN VINAYAKRAO		

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

### **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
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Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201417 NATUROPATHY AND YOGIC SCIENCE
Subject: YOGA AND VARIOUS THERAPIES PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No.	Institut	eName Of Student	Photo	Signature
1862677875	2004267903	260445	TAMBUSKAR NIKHIL ARVIND		
1862677876	2004267904	260445	DHOTE SUMIT SUBHASH	9	
1862677877	2004267905	260445	PATHANU NAGARJUNA RAO SHAMRAO	9	
1862677878	2004267906	260445	CHAUKASKAR GHANSHYAM VASANTRAO		
1862677879	2004267907	260445	ATOTE RAJU MADHAORAO	9	
1862677880	2004267908	260445	BEIG IMRAN MIYAN	1	
1862677881	2004267909	260445	SHAIK NAGUR MASTHAN VALI	3	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201418 DIETICIAN & NUTRITION SCIENCE

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No.	InstituteName Of Student	Photo	Signature
1762677834 2004267828	260445 DHENGE ASMITA RAMDAS	No Attentation सर्व माहिनी निक्या बिंग्सा काळवा याहिन्या बेलिपीनने कळक व कैपिटल अक्षरार लिहाबे.	
1862677882 2004267910	260445 KATHALE KIRAN NITIN	9	
1862677883 2004267911	260445 AHERKAR BHAGYASHREE SANJAY	9	
1862677884 2004267912	260445 LAHOTI JYOTI HARNARAYAN	9	
1862677885 2004267913	260445 MOHAMMAD GHUFRAN MOHAMMAD USN	MAN	

Total Present No	Total Absent No.	Total Absent No.	

**Supervisor** 

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201418 DIETICIAN & NUTRITION SCIENCE

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No.	Institut	eName Of Student	Photo	Signature
1762677834 200426782	3 260445	DHENGE ASMITA RAMDAS	No Altestation सर्व माहिसी निक्क्या किंवा काक्या शाईच्या कॉलपेनने उठक व कॅपिटल अक्सर हिहाते.	
1862677882 200426791	260445	KATHALE KIRAN NITIN	THE STATE OF THE S	
1862677883 200426791	1 260445	AHERKAR BHAGYASHREE SANJAY	9	
1862677884 200426791	2 260445	LAHOTI JYOTI HARNARAYAN		
1862677885 200426791	3 260445	MOHAMMAD GHUFRAN MOHAMMAD	USMAN	

Total Present No.	Total Absent No.	Total Absent No.	

**Supervisor** 

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201418 DIETICIAN & NUTRITION SCIENCE

Subject: DIETICIAN THERAPEUTICS PRACTICAL

Name Of Supervisor:

	-				
Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1762677834	2004267828	260445	DHENGE ASMITA RAMDAS	No Altestation	
				सर्व माहिती निळ्या किया काळ्या शाईच्या बॉलपेनने उळक व कॅपिटल अक्षरार लिहाले.	
1862677882	2004267910	260445	KATHALE KIRAN NITIN		
1862677883	2004267911	260445	AHERKAR BHAGYASHREE SANJAY	2	
1862677884	2004267912	260445	LAHOTI JYOTI HARNARAYAN		
1862677885	2004267913	260445	MOHAMMAD GHUFRAN MOHAMMAD	USMAN	

Total Present No	Total Absent No.	Total Absent No.	

## Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201418 DIETICIAN & NUTRITION SCIENCE

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No.	Institut	eName Of Student	Photo	Signature
1762677834	2004267828 2	260445	DHENGE ASMITA RAMDAS	No Altestation	-
				सर्व माहिसी निळ्या किंवा काळ्या शाहिल्या बॉलपेनने ठळक व कॅपिटल अक्षरार लिहाले.	
1862677882	2004267910 2	260445	KATHALE KIRAN NITIN		
1862677883	2004267911	260445	AHERKAR BHAGYASHREE SANJAY	3	
1862677884	2004267912 2	260445	LAHOTI JYOTI HARNARAYAN	9	
1862677885	2004267913 2	260445	MOHAMMAD GHUFRAN MOHAMMAD U	JSMAN (	

Total Present No	Total Absent No.	Total Absent No.	

Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201418 DIETICIAN & NUTRITION SCIENCE

Subject: NUTRITION AND DIETETICS PRACTICAL

Name Of Supervisor:

<b>Enrolment No. Seat No.</b>	InstituteName	e Of Student	Photo	Signature
1762677834 2004267828	260445 DHEN	GE ASMITA RAMDAS	No Attestation	
			सर्व माहिती निळ्या किया कळ्या शाईच्या बॉलपेनने उळक च कॅपिटल अक्षरार लिहाके.	
1862677882 2004267910	260445 KATH <i>i</i>	ALE KIRAN NITIN		
1862677883 2004267917	260445 AHERI	KAR BHAGYASHREE SANJAY	9	
1862677884 2004267912	260445 LAHO	TI JYOTI HARNARAYAN		
1862677885 2004267913	260445 MOHA	AMMAD GHUFRAN MOHAMMAD	USMAN	

Total Present No	Total Absent No.	To	otal Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201418 DIETICIAN & NUTRITION SCIENCE

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No.	Institute	Name Of Student	Photo	Signature
1762677834 2004267828	260445	DHENGE ASMITA RAMDAS	No Attentation	
			सर्व माहिती निळ्या किंवा काळ्या शाईच्या बॉलपेनने उळक व कॅपिटल अक्षरार लिहावे.	
1862677882 2004267910	260445	KATHALE KIRAN NITIN	0	
1862677883 2004267911	260445	AHERKAR BHAGYASHREE SANJAY	90	
1862677884 2004267912	260445	LAHOTI JYOTI HARNARAYAN		
1862677885 2004267913	260445	MOHAMMAD GHUFRAN MOHAMMAD U	ISMAN SAME	
			E T	

Total Present No.	Total Absent No.	Total Absent No.	

**Supervisor** 

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201419 PANCHAKARMA THERAPY

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No.	Institut	eName Of Student	Photo	Signature
1862677886	2004267914	260445	KHURSADE YOGESH DNYANESHWAR	3	
1862677887	2004267915	260445	VERMA KOMALRAM SANTURAM	9	
1862677888	2004267916	260445	TAYADE VIJAY MAROTI		
1862677889	2004267917	260445	GOND PRAKASH VISHNU		
1862677890	2004267918	260445	GHULE VIKRAM TRYAMBAKRAO	3	
1862677891	2004267919	260445	WAGHMARE RAJESH GULABRAO		
1862677893	2004267920	260445	SHAIKH RAFIQUE SHIKH ISMAIL	9	

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201419 PANCHAKARMA THERAPY

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No.	Institute	eName Of Student	Photo	Signature
1862677886	2004267914	260445	KHURSADE YOGESH DNYANESHWAR	3	
1862677887	2004267915	260445	VERMA KOMALRAM SANTURAM	9	
1862677888	2004267916	260445	TAYADE VIJAY MAROTI		
1862677889	2004267917	260445	GOND PRAKASH VISHNU	8	
1862677890	2004267918	260445	GHULE VIKRAM TRYAMBAKRAO	3	
1862677891	2004267919	260445	WAGHMARE RAJESH GULABRAO	3	
1862677893	2004267920	260445	SHAIKH RAFIQUE SHIKH ISMAIL	3	

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

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- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

**Course Code & Name**: 201419 PANCHAKARMA THERAPY **Subject**: BASICS OF AYURVEDA PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677886	2004267914	260445	KHURSADE YOGESH DNYANESHWAR	3	
1862677887	2004267915	260445	VERMA KOMALRAM SANTURAM		
1862677888	2004267916	260445	TAYADE VIJAY MAROTI		
1862677889	2004267917	260445	GOND PRAKASH VISHNU	5	
1862677890	2004267918	260445	GHULE VIKRAM TRYAMBAKRAO	3	
1862677891	2004267919	260445	WAGHMARE RAJESH GULABRAO		
1862677893	2004267920	260445	SHAIKH RAFIQUE SHIKH ISMAIL	9	

Total Present No	Total Absent No.	To	otal Absent No.	

### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201419 PANCHAKARMA THERAPY

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No.	Institut	eName Of Student	Photo	Signature
1862677886	2004267914	260445	KHURSADE YOGESH DNYANESHWAR	3	
1862677887	2004267915	260445	VERMA KOMALRAM SANTURAM	9	
1862677888	2004267916	260445	TAYADE VIJAY MAROTI		
1862677889	2004267917	260445	GOND PRAKASH VISHNU	8	
1862677890	2004267918	260445	GHULE VIKRAM TRYAMBAKRAO	3	
1862677891	2004267919	260445	WAGHMARE RAJESH GULABRAO	3	
1862677893	2004267920	260445	SHAIKH RAFIQUE SHIKH ISMAIL	9	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201419 PANCHAKARMA THERAPY

Subject: PANCHAKARMA PRACTICAL

Name Of Supervisor:

Enrolment N	lo. Seat No.	Institut	eName Of Student	Photo	Signature
1862677886	2004267914	260445	KHURSADE YOGESH DNYANESHWAR	E.	
1862677887	2004267915	260445	VERMA KOMALRAM SANTURAM	9	
1862677888	2004267916	260445	TAYADE VIJAY MAROTI		
1862677889	2004267917	260445	GOND PRAKASH VISHNU	8	
1862677890	2004267918	260445	GHULE VIKRAM TRYAMBAKRAO	3	
1862677891	2004267919	260445	WAGHMARE RAJESH GULABRAO		
1862677893	2004267920	260445	SHAIKH RAFIQUE SHIKH ISMAIL	3	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260445 JAMANLAL GOYANKA PARAMEDICAL VOCATIONAL TRAINING

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201419 PANCHAKARMA THERAPY

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677886	2004267914	260445	KHURSADE YOGESH DNYANESHWAR	3	
1862677887	2004267915	260445	VERMA KOMALRAM SANTURAM	9	
1862677888	2004267916	260445	TAYADE VIJAY MAROTI		
1862677889	2004267917	260445	GOND PRAKASH VISHNU	8	
1862677890	2004267918	260445	GHULE VIKRAM TRYAMBAKRAO	3	
1862677891	2004267919	260445	WAGHMARE RAJESH GULABRAO		
1862677893	2004267920	260445	SHAIKH RAFIQUE SHIKH ISMAIL	3	

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

### Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo Signature
1862677786	2004267786	260461	PATIL SONU DASHRATH	
1862677787	2004267787	260461	SHENDE SHIVAM RAJESH	
1862677788	2004267788	260461	TIRANKAR RAJU ANANDRAO	
1862677789	2004267789	260461	GATULE LAXMI SUPAJI	
1862677790	2004267790	260461	MHATURKAR YOGESH DHANRAJ	
1862677791	2004267791	260461	MADANKAR AKSHAY MANOHAR	
1862677792	2004267792	260461	KHOTARE KRUTIKA SANTOSH	
1862677793	2004267793	260461	MOHAMMAD TAHSEEN MOHAMMAD NAZ	IM
1862677794	2004267794	260461	DHARMADHIKARI MAHADEO PRAMOD	
1862677795	2004267795	260461	FARHEEN TABASSUM SHEIKH AHEMAD	
1862677796	2004267796	260461	ABDUL NAFEES NAIN ABDUL ZAMIR	

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

## **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677797	2004267797	260461	PATHRIKAR ROSHAN ARUN		
1862677798	2004267798	260461	ZABIHULLAH KHAN AKHTAR KHAN		
1862677799	2004267799	260461	MOHAMMAD RAGHIB MOHAMMAD RAFIQUE		
1862677800	2004267800	260461	SHADABUR REHMAN ANIQURREHMAN	6	
1862677801	2004267801	260461	LAIQUE MAHEWASH ABDUL AZIZ		
1862677802	2004267802	260461	MAZIYA PAEVEEN MAOHAMMAD MAZHAR	3	
1862677803	2004267803	260461	DHULBHARE SACHIN GULABRAO		
1862677804	2004267804	260461	WAGHMARE AISHWARYA MAHADEO		
1862677805	2004267805	260461	KHOTRE KAUSTUBH SHALIGRAM		
1862677806	2004267806	260461	DAMODAR BIDDHABHUSAN DEVDHAN		
1862677807	2004267807	260461	MOHAMMAD AJMAL IFTEKHAR ABDUL		

Total Present No.	Total Absent No.	Total Absent No.	

### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 26/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor:

Enrolment No. Seat No.	. InstituteName Of Student	Photo Signature
1862677808 200426780	08 260461 MOTE VIJAY SURYAKANT	
1862677809 200426780	09 260461 DESHMUKH ASHMIRA ALTAF	
1762677873 200426783	34 260461 KHARODE CHAITANYA SUDHIR	
1762677874 200426783	35 260461 KHANDARE PRADNYA RAJU	
1762677877 200426783	36 260461 TALE MAYUR UTTAM	
1762677865 200426783	37 260461 DABHADE DHANRAJ GAJANAN	No Attentation सर्व गाहिती निकल्प किंग्या काळ्या शहिल्या अहित्येचने ठळक व कॅपिटल अक्षरात लिहाने.
1662677870 200426783	38 260461 ZINE MANGALA RAJU	No Attestation  सर्व माहिती निळ्या किंवा काळ्या शाहित्या बॉल्पेयने ठळफ व कॅपिटल अक्सरात

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

### Name Of Supervisor:

			eName Of Student	Photo	Signature
18626///86	2004267786	260461	PATIL SONU DASHRATH	3	
1862677787	2004267787	260461	SHENDE SHIVAM RAJESH		
1862677788	2004267788	260461	TIRANKAR RAJU ANANDRAO	9	
1862677789	2004267789	260461	GATULE LAXMI SUPAJI		
1862677790	2004267790	260461	MHATURKAR YOGESH DHANRAJ		
1862677791	2004267791	260461	MADANKAR AKSHAY MANOHAR		
1862677792	2004267792	260461	KHOTARE KRUTIKA SANTOSH		
1862677793	2004267793	260461	MOHAMMAD TAHSEEN MOHAMMAD NAZIM		
1862677794	2004267794	260461	DHARMADHIKARI MAHADEO PRAMOD		
1862677795	2004267795	260461	FARHEEN TABASSUM SHEIKH AHEMAD		
1862677796	2004267796	260461	ABDUL NAFEES NAIN ABDUL ZAMIR		

Total Present No	Total Absent No.	Total Absent No.	

## **Supervisor**

### **Exam Center In-Charge**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677797	2004267797	260461	PATHRIKAR ROSHAN ARUN		
1862677798	2004267798	260461	ZABIHULLAH KHAN AKHTAR KHAN		
1862677799	2004267799	260461	MOHAMMAD RAGHIB MOHAMMAD RAFIQUE		
1862677800	2004267800	260461	SHADABUR REHMAN ANIQURREHMAN	(a o	
1862677801	2004267801	260461	LAIQUE MAHEWASH ABDUL AZIZ		
1862677802	2004267802	260461	MAZIYA PAEVEEN MAOHAMMAD MAZHAR	3	
1862677803	2004267803	260461	DHULBHARE SACHIN GULABRAO		
1862677804	2004267804	260461	WAGHMARE AISHWARYA MAHADEO		
1862677805	2004267805	260461	KHOTRE KAUSTUBH SHALIGRAM		
1862677806	2004267806	260461	DAMODAR BIDDHABHUSAN DEVDHAN		
1862677807	2004267807	260461	MOHAMMAD AJMAL IFTEKHAR ABDUL		

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 24/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor :

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677808	2004267808	260461	MOTE VIJAY SURYAKANT	3	
1862677809	2004267809	260461	DESHMUKH ASHMIRA ALTAF		
1762677873	2004267834	260461	KHARODE CHAITANYA SUDHIR		
1762677874	2004267835	260461	KHANDARE PRADNYA RAJU		
1762677877	2004267836	260461	TALE MAYUR UTTAM		
1762677865	2004267837	260461	DABHADE DHANRAJ GAJANAN	No Attestation सर्व माहिती निक्व्या किंवा काळ्या शाहित्या कॉल्योनने ठळक व कॅपिटल अक्सपत रितृत्वे	
1662677870	2004267838	260461	ZINE MANGALA RAJU	No Attentation सर्व माहिती निक्क्या किंवा काळ्या साईच्या वॉल्पेनने ठळक व कॅपिटल अक्सरत रिहाने.	

Total Present No	Total Absent No.	Total Absent No.	

### **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: BIOCHEMISTRY PRACTICAL

Name Of Supervisor:

1862677786 2004267786 260461 PATIL SONU DASHRATH	Signature
1862677787 2004267787 260461 SHENDE SHIVAM RAJESH	
1862677788 2004267788 260461 TIRANKAR RAJU ANANDRAO	
1862677789 2004267789 260461 GATULE LAXMI SUPAJI	)
1862677790 2004267790 260461 MHATURKAR YOGESH DHANRAJ	
1862677791 2004267791 260461 MADANKAR AKSHAY MANOHAR	
1862677792 2004267792 260461 KHOTARE KRUTIKA SANTOSH	
1862677793 2004267793 260461 MOHAMMAD TAHSEEN MOHAMMAD NAZIM	
1862677794 2004267794 260461 DHARMADHIKARI MAHADEO PRAMOD	
1862677795 2004267795 260461 FARHEEN TABASSUM SHEIKH AHEMAD	<i>y</i>
1862677796 2004267796 260461 ABDUL NAFEES NAIN ABDUL ZAMIR	

## Supervisor

**Exam Center In-Charge** 

Total Absent No.

### Notice:

**Total Present No.** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

**Total Absent No.** 

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: BIOCHEMISTRY PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No	Institut	eName Of Student	Photo	Signature
			PATHRIKAR ROSHAN ARUN		
1862677798	2004267798	260461	ZABIHULLAH KHAN AKHTAR KHAN		
1862677799	2004267799	260461	MOHAMMAD RAGHIB MOHAMMAD RAFIQUE		
1862677800	2004267800	260461	SHADABUR REHMAN ANIQURREHMAN		
1862677801	2004267801	260461	LAIQUE MAHEWASH ABDUL AZIZ		
1862677802	2004267802	260461	MAZIYA PAEVEEN MAOHAMMAD MAZHAR	3	
1862677803	2004267803	260461	DHULBHARE SACHIN GULABRAO		
1862677804	2004267804	260461	WAGHMARE AISHWARYA MAHADEO		
1862677805	2004267805	260461	KHOTRE KAUSTUBH SHALIGRAM	0	
1862677806	2004267806	260461	DAMODAR BIDDHABHUSAN DEVDHAN		
1862677807	2004267807	260461	MOHAMMAD AJMAL IFTEKHAR ABDUL		

Total Present No.	Total Absent No.	Total Absent No.	
			•

## Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 27/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: BIOCHEMISTRY PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677808	2004267808	260461	MOTE VIJAY SURYAKANT	3	
1862677809	2004267809	260461	DESHMUKH ASHMIRA ALTAF		
1762677873	2004267834	260461	KHARODE CHAITANYA SUDHIR		
1762677874	2004267835	260461	KHANDARE PRADNYA RAJU		
1762677877	2004267836	260461	TALE MAYUR UTTAM		
1762677865	2004267837	260461	DABHADE DHANRAJ GAJANAN	No Attentation सर्ज माहिती निळ्या किंवा काळ्या शाहिया बॉलपेनने ठळफ व कॅपिटल अक्सात लिहाजे.	
1662677870	2004267838	260461	ZINE MANGALA RAJU	No Attestation सर्व माहिती निक्क्या किंवा काळ्या शाहित्या बॉलपेनने ठळक व कॅपिटल अक्सात रिकाले.	

Total Present No.	Total Absent No.	Total Absent No.	

## Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677786	2004267786	260461	PATIL SONU DASHRATH		
1862677787	2004267787	260461	SHENDE SHIVAM RAJESH		
1862677788	2004267788	260461	TIRANKAR RAJU ANANDRAO		
1862677789	2004267789	260461	GATULE LAXMI SUPAJI		
1862677790	2004267790	260461	MHATURKAR YOGESH DHANRAJ		
1862677791	2004267791	260461	MADANKAR AKSHAY MANOHAR		
1862677792	2004267792	260461	KHOTARE KRUTIKA SANTOSH		
1862677793	2004267793	260461	MOHAMMAD TAHSEEN MOHAMMAD NAZIN		
1862677794	2004267794	260461	DHARMADHIKARI MAHADEO PRAMOD		
1862677795	2004267795	260461	FARHEEN TABASSUM SHEIKH AHEMAD		
1862677796	2004267796	260461	ABDUL NAFEES NAIN ABDUL ZAMIR		

Total Present No.	1	Total Absent No.	Total Absent No.	

## Supervisor

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677797	2004267797	260461	PATHRIKAR ROSHAN ARUN		
1862677798	2004267798	260461	ZABIHULLAH KHAN AKHTAR KHAN		
1862677799	2004267799	260461	MOHAMMAD RAGHIB MOHAMMAD RAFIQUE	0	
1862677800	2004267800	260461	SHADABUR REHMAN ANIQURREHMAN	(a a)	
1862677801	2004267801	260461	LAIQUE MAHEWASH ABDUL AZIZ		
1862677802	2004267802	260461	MAZIYA PAEVEEN MAOHAMMAD MAZHAR		
1862677803	2004267803	260461	DHULBHARE SACHIN GULABRAO		
1862677804	2004267804	260461	WAGHMARE AISHWARYA MAHADEO		
1862677805	2004267805	260461	KHOTRE KAUSTUBH SHALIGRAM		
1862677806	2004267806	260461	DAMODAR BIDDHABHUSAN DEVDHAN		
1862677807	2004267807	260461	MOHAMMAD AJMAL IFTEKHAR ABDUL		

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 22/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677808	2004267808	260461	MOTE VIJAY SURYAKANT	3	
1862677809	2004267809	260461	DESHMUKH ASHMIRA ALTAF		
1762677873	2004267834	260461	KHARODE CHAITANYA SUDHIR		
1762677874	2004267835	260461	KHANDARE PRADNYA RAJU		
1762677877	2004267836	260461	TALE MAYUR UTTAM		
1762677865	2004267837	260461	DABHADE DHANRAJ GAJANAN	No Attestation सर्ज माहिती निळ्या किंवा काळ्या शाहिया बॉलपेनने ठळफ व कॅपिटल अक्सात लिहाजे.	
1662677870	2004267838	260461	ZINE MANGALA RAJU	No Attestation सर्व माहिती निक्क्या किंवा काळ्या शाहित्या बॉलपेनने ठळक व कॅपिटल अक्सात रिकाले.	

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor:

	· 						
			Name Of Stu			Photo	Signature
1862677786	2004267786	260461	PATIL SONU D	ASHRATH			
1862677787	2004267787	260461	SHENDE SHIV	AM RAJESH			
1862677788	2004267788	260461	TIRANKAR RAJ	IU ANANDRAC	)		
1862677789	2004267789	260461	GATULE LAXM	I SUPAJI			
1862677790	2004267790	260461	MHATURKAR Y	OGESH DHAN	IRAJ		
1862677791	2004267791	260461	MADANKAR AK	(SHAY MANOF	IAR		
1862677792	2004267792	260461	KHOTARE KRU	TIKA SANTOS	SH		
1862677793	2004267793	260461	MOHAMMAD T	TAHSEEN MOH	HAMMAD NAZIM		
1862677794	2004267794	260461	DHARMADHIKA	ARI MAHADEC	) PRAMOD	0	
1862677795	2004267795	260461	FARHEEN TAB	BASSUM SHEII	CH AHEMAD		
1862677796	2004267796	260461	ABDUL NAFEE	S NAIN ABDU	IL ZAMIR		
Total Preser	nt No.	Tot	al Absent No.		Total Absent N	No.	

## Supervisor

**Exam Center In-Charge** 

<sup>1)</sup> Student must check his course, seat no etc before sign.

<sup>2)</sup> Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677797	2004267797	260461	PATHRIKAR ROSHAN ARUN		
1862677798	2004267798	260461	ZABIHULLAH KHAN AKHTAR KHAN		
1862677799	2004267799	260461	MOHAMMAD RAGHIB MOHAMMAD RAFIQUE		
1862677800	2004267800	260461	SHADABUR REHMAN ANIQURREHMAN		
1862677801	2004267801	260461	LAIQUE MAHEWASH ABDUL AZIZ		
1862677802	2004267802	260461	MAZIYA PAEVEEN MAOHAMMAD MAZHAR	3	
1862677803	2004267803	260461	DHULBHARE SACHIN GULABRAO		
1862677804	2004267804	260461	WAGHMARE AISHWARYA MAHADEO		
1862677805	2004267805	260461	KHOTRE KAUSTUBH SHALIGRAM		
1862677806	2004267806	260461	DAMODAR BIDDHABHUSAN DEVDHAN		
1862677807	2004267807	260461	MOHAMMAD AJMAL IFTEKHAR ABDUL		

## Total Present No. Total Absent No. Total Absent No.

## **Supervisor**

**Exam Center In-Charge** 

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 28/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor:

Enrolment No. Seat N	No. InstituteNan	ne Of Student	Photo	Signature
1862677808 2004267	808 260461 MOT	E VIJAY SURYAKANT	3	
1862677809 2004267	809 260461 DESI	HMUKH ASHMIRA ALTAF		
1762677873 2004267	834 260461 KHAI	RODE CHAITANYA SUDHIR		
1762677874 2004267	835 260461 KHAI	NDARE PRADNYA RAJU		
1762677877 2004267	836 260461 TALE	MAYUR UTTAM		
1762677865 2004267	837 260461 DABI	HADE DHANRAJ GAJANAN	No Attestation सर्व माडिती निकट्या श्विंत्वा काळ्या यहाँक्या व्यक्तिपनने उळक स स्रीपटल अक्सात निहाले.	
1662677870 2004267	838 260461 ZINE	MANGALA RAJU	No Attestation सर्व माहिती निकट्या किंग्सा काळ्या शाहित्या व्यंत्सिनने उळक स कॅपिटल अक्षरात रिस्हार्जे.	

Total Present No.	Total Absent No.	Total Absent No.	

## Supervisor

**Exam Center In-Charge** 

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Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Enrolment N	o Seat No	Institute	eName Of Student	Photo	Signature
			PATIL SONU DASHRATH		
1862677787	2004267787	260461	SHENDE SHIVAM RAJESH		
1862677788	2004267788	260461	TIRANKAR RAJU ANANDRAO	3	
1862677789	2004267789	260461	GATULE LAXMI SUPAJI		
1862677790	2004267790	260461	MHATURKAR YOGESH DHANRAJ		
1862677791	2004267791	260461	MADANKAR AKSHAY MANOHAR		
1862677792	2004267792	260461	KHOTARE KRUTIKA SANTOSH		
1862677793	2004267793	260461	MOHAMMAD TAHSEEN MOHAMMAD NAZIM		
1862677794	2004267794	260461	DHARMADHIKARI MAHADEO PRAMOD		
1862677795	2004267795	260461	FARHEEN TABASSUM SHEIKH AHEMAD		
1862677796	2004267796	260461	ABDUL NAFEES NAIN ABDUL ZAMIR		

Total Present No	7	Total Absent No.	Total Absent No.	
	·-	<u> </u>		•

## **Supervisor**

**Exam Center In-Charge** 

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Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institut	eName Of Student	Photo	Signature
1862677797	2004267797	260461	PATHRIKAR ROSHAN ARUN		
1862677798	2004267798	260461	ZABIHULLAH KHAN AKHTAR KHAN		
1862677799	2004267799	260461	MOHAMMAD RAGHIB MOHAMMAD RAFIQUE	9	
1862677800	2004267800	260461	SHADABUR REHMAN ANIQURREHMAN	(a)	
1862677801	2004267801	260461	LAIQUE MAHEWASH ABDUL AZIZ		
1862677802	2004267802	260461	MAZIYA PAEVEEN MAOHAMMAD MAZHAR		
1862677803	2004267803	260461	DHULBHARE SACHIN GULABRAO		
1862677804	2004267804	260461	WAGHMARE AISHWARYA MAHADEO		
1862677805	2004267805	260461	KHOTRE KAUSTUBH SHALIGRAM		
1862677806	2004267806	260461	DAMODAR BIDDHABHUSAN DEVDHAN		
1862677807	2004267807	260461	MOHAMMAD AJMAL IFTEKHAR ABDUL		

Total Present No.	Total Absent No.	Total Absent No.	

## **Supervisor**

**Exam Center In-Charge** 

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Institute Code & Name 260461 SHIV VOCATIONAL TRAINING CENTER

**Examination**: April 2020 **Date**: 23/10/2020 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Enrolment N	o. Seat No.	Institute	eName Of Student	Photo	Signature
1862677808	2004267808	260461	MOTE VIJAY SURYAKANT		
1862677809	2004267809	260461	DESHMUKH ASHMIRA ALTAF		
1762677873	2004267834	260461	KHARODE CHAITANYA SUDHIR		
1762677874	2004267835	260461	KHANDARE PRADNYA RAJU		
1762677877	2004267836	260461	TALE MAYUR UTTAM		
1762677865	2004267837	260461	DABHADE DHANRAJ GAJANAN	No Attestation सर्व माहिती निकटमा श्विंत्वा काळ्या शाहित्या व्यक्तिपेनने ठळक व कॅपियटल अक्षरात रिस्हाजे.	
1662677870	2004267838	260461	ZINE MANGALA RAJU	No Attestation सर्व माहिती शिक्या श्विम्या काळ्या शाहित्या जॉलपेयने ठळक व कॅपिटल आसरार शिहाजे.	

Total Present No.	Total Absent No.	Total Absent No.	

### **Supervisor**

**Exam Center In-Charge** 

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