

Maharashtra State Board of Skill Development Examinations, Mumbai
Attendance Sheet












Institute Code & Name 300354 SAMRUDDHI BAHU. SHIKSHAN SANSTHA

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	Photo	Signature
1863077771	2004307771	300354	THAKARE MAYUR VINISH		
1863077772	2004307772	300354	GOUPAL SUJATA WAMANRAO		
1863077773	2004307773	300354	KURWADE SWAPNIL PRALHAD		
1863077774	2004307774	300354	KADU VILAS BABASAHEB		
1863077775	2004307775	300354	DHANORKAR DIPAWALI HANUMAN		
1863077776	2004307776	300354	LABHANE MAHIMA BANDUJI		
1863077777	2004307777	300354	RAMTEKE VIDYA VINAYAK		
1863077778	2004307778	300354	YESAMBARE MEGHA SHANTARAMJI		
1863077779	2004307779	300354	CHAUDHARI SONU PRAMOD		
1863077780	2004307780	300354	RAUT BHUSHAN NANDKISHOR		
1863077781	2004307781	300354	CHAUDHARI SHUBHANGI PRAMOD		

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

Supervisor

Exam Center In-Charge

Notice :

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

Maharashtra State Board of Skill Development Examinations, Mumbai
Attendance Sheet

Institute Code & Name 300354 SAMRUDDHI BAHU. SHIKSHAN SANSTHA

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

1863077782 2004307782 300354 JAISWAL AMISHA SHAILESH

Photo

Signature



1863077783 2004307783 300354 GANVIR KAJAL JAIHIND



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

Supervisor

Exam Center In-Charge

Notice :

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

Maharashtra State Board of Skill Development Examinations, Mumbai
Attendance Sheet












Institute Code & Name 300354 SAMRUDDHI BAHU. SHIKSHAN SANSTHA

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

Course Code & Name : 201410 PHYSIOTHERAPIST

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863077771	2004307771	300354	THAKARE MAYUR VINISH		
1863077772	2004307772	300354	GOUPAL SUJATA WAMANRAO		
1863077773	2004307773	300354	KURWADE SWAPNIL PRALHAD		
1863077774	2004307774	300354	KADU VILAS BABASAHEB		
1863077775	2004307775	300354	DHANORKAR DIPAWALI HANUMAN		
1863077776	2004307776	300354	LABHANE MAHIMA BANDUJI		
1863077777	2004307777	300354	RAMTEKE VIDYA VINAYAK		
1863077778	2004307778	300354	YESAMBARE MEGHA SHANTARAMJI		
1863077779	2004307779	300354	CHAUDHARI SONU PRAMOD		
1863077780	2004307780	300354	RAUT BHUSHAN NANDKISHOR		
1863077781	2004307781	300354	CHAUDHARI SHUBHANGI PRAMOD		

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

Supervisor

Exam Center In-Charge

Notice :

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

Maharashtra State Board of Skill Development Examinations, Mumbai
Attendance Sheet

Institute Code & Name 300354 SAMRUDDHI BAHU. SHIKSHAN SANSTHA

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

Course Code & Name : 201410 PHYSIOTHERAPIST

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No. Seat No. Institute Name Of Student

1863077782 2004307782 300354 JAISWAL AMISHA SHAILESH

Photo

Signature



1863077783 2004307783 300354 GANVIR KAJAL JAIHIND



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

Supervisor

Exam Center In-Charge

Notice :

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

Maharashtra State Board of Skill Development Examinations, Mumbai

Attendance Sheet












Institute Code & Name 300354 SAMRUDDHI BAHU. SHIKSHAN SANSTHA

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	Photo	Signature
1863077771	2004307771	300354	THAKARE MAYUR VINISH		
1863077772	2004307772	300354	GOUPAL SUJATA WAMANRAO		
1863077773	2004307773	300354	KURWADE SWAPNIL PRALHAD		
1863077774	2004307774	300354	KADU VILAS BABASAHEB		
1863077775	2004307775	300354	DHANORKAR DIPAWALI HANUMAN		
1863077776	2004307776	300354	LABHANE MAHIMA BANDUJI		
1863077777	2004307777	300354	RAMTEKE VIDYA VINAYAK		
1863077778	2004307778	300354	YESAMBARE MEGHA SHANTARAMJI		
1863077779	2004307779	300354	CHAUDHARI SONU PRAMOD		
1863077780	2004307780	300354	RAUT BHUSHAN NANDKISHOR		
1863077781	2004307781	300354	CHAUDHARI SHUBHANGI PRAMOD		

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

Supervisor

Exam Center In-Charge

Notice :

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

Maharashtra State Board of Skill Development Examinations, Mumbai
Attendance Sheet

Institute Code & Name 300354 SAMRUDDHI BAHU. SHIKSHAN SANSTHA

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

1863077782 2004307782 300354 JAISWAL AMISHA SHAILESH

Photo

Signature



1863077783 2004307783 300354 GANVIR KAJAL JAIHIND



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

Supervisor

Exam Center In-Charge

Notice :

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

Maharashtra State Board of Skill Development Examinations, Mumbai
Attendance Sheet












Institute Code & Name 300354 SAMRUDDHI BAHU. SHIKSHAN SANSTHA

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	Photo	Signature
1863077771	2004307771	300354	THAKARE MAYUR VINISH		
1863077772	2004307772	300354	GOUPAL SUJATA WAMANRAO		
1863077773	2004307773	300354	KURWADE SWAPNIL PRALHAD		
1863077774	2004307774	300354	KADU VILAS BABASAHEB		
1863077775	2004307775	300354	DHANORKAR DIPAWALI HANUMAN		
1863077776	2004307776	300354	LABHANE MAHIMA BANDUJI		
1863077777	2004307777	300354	RAMTEKE VIDYA VINAYAK		
1863077778	2004307778	300354	YESAMBARE MEGHA SHANTARAMJI		
1863077779	2004307779	300354	CHAUDHARI SONU PRAMOD		
1863077780	2004307780	300354	RAUT BHUSHAN NANDKISHOR		
1863077781	2004307781	300354	CHAUDHARI SHUBHANGI PRAMOD		

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

Supervisor

Exam Center In-Charge

Notice :

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

Maharashtra State Board of Skill Development Examinations, Mumbai
Attendance Sheet

Institute Code & Name 300354 SAMRUDDHI BAHU. SHIKSHAN SANSTHA

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

1863077782 2004307782 300354 JAISWAL AMISHA SHAILESH

Photo

Signature



1863077783 2004307783 300354 GANVIR KAJAL JAIHIND



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

Supervisor

Exam Center In-Charge

Notice :

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

Maharashtra State Board of Skill Development Examinations, Mumbai
Attendance Sheet












Institute Code & Name 300354 SAMRUDDHI BAHU. SHIKSHAN SANSTHA

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	Photo	Signature
1863077771	2004307771	300354	THAKARE MAYUR VINISH		
1863077772	2004307772	300354	GOUPAL SUJATA WAMANRAO		
1863077773	2004307773	300354	KURWADE SWAPNIL PRALHAD		
1863077774	2004307774	300354	KADU VILAS BABASAHEB		
1863077775	2004307775	300354	DHANORKAR DIPAWALI HANUMAN		
1863077776	2004307776	300354	LABHANE MAHIMA BANDUJI		
1863077777	2004307777	300354	RAMTEKE VIDYA VINAYAK		
1863077778	2004307778	300354	YESAMBARE MEGHA SHANTARAMJI		
1863077779	2004307779	300354	CHAUDHARI SONU PRAMOD		
1863077780	2004307780	300354	RAUT BHUSHAN NANDKISHOR		
1863077781	2004307781	300354	CHAUDHARI SHUBHANGI PRAMOD		

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

Supervisor

Exam Center In-Charge

Notice :

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

Maharashtra State Board of Skill Development Examinations, Mumbai
Attendance Sheet

Institute Code & Name 300354 SAMRUDDHI BAHU. SHIKSHAN SANSTHA

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

1863077782 2004307782 300354 JAISWAL AMISHA SHAILESH

Photo

Signature



1863077783 2004307783 300354 GANVIR KAJAL JAIHIND



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

Supervisor

Exam Center In-Charge

Notice :

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

Maharashtra State Board of Skill Development Examinations, Mumbai
Attendance Sheet












Institute Code & Name 300354 SAMRUDDHI BAHU. SHIKSHAN SANSTHA

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	Photo	Signature
1863077771	2004307771	300354	THAKARE MAYUR VINISH		
1863077772	2004307772	300354	GOUPAL SUJATA WAMANRAO		
1863077773	2004307773	300354	KURWADE SWAPNIL PRALHAD		
1863077774	2004307774	300354	KADU VILAS BABASAHEB		
1863077775	2004307775	300354	DHANORKAR DIPAWALI HANUMAN		
1863077776	2004307776	300354	LABHANE MAHIMA BANDUJI		
1863077777	2004307777	300354	RAMTEKE VIDYA VINAYAK		
1863077778	2004307778	300354	YESAMBARE MEGHA SHANTARAMJI		
1863077779	2004307779	300354	CHAUDHARI SONU PRAMOD		
1863077780	2004307780	300354	RAUT BHUSHAN NANDKISHOR		
1863077781	2004307781	300354	CHAUDHARI SHUBHANGI PRAMOD		

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

Supervisor

Exam Center In-Charge

Notice :

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

Maharashtra State Board of Skill Development Examinations, Mumbai
Attendance Sheet

Institute Code & Name 300354 SAMRUDDHI BAHU. SHIKSHAN SANSTHA

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

1863077782 2004307782 300354 JAISWAL AMISHA SHAILESH

Photo

Signature



1863077783 2004307783 300354 GANVIR KAJAL JAIHIND



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

Supervisor

Exam Center In-Charge

Notice :

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