Institute Code & Name :140425 Vision Institute Of Vocational Training Center

Examination: April 2023 **Date**: 19/05/2023 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo	Signature
2304147797	140425	BABAR PRITI SUNIL		
2304147798	140425	BHOSALE TEJASWINI TATYASO		

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 :140425 Vision Institute Of Vocational Training Center

Examination: April 2023 **Date**: 20/05/2023 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: BIOCHEMISTRY PRACTICAL

Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo	Signature
2304147797	140425	BABAR PRITI SUNIL		
2304147798	140425	BHOSALE TEJASWINI TATYASO		

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 :140425 Vision Institute Of Vocational Training Center

Examination: April 2023 **Date**: 18/05/2023 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: COMPUTER APPLICATION PRACTICAL

Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo	Signature
2304147797	140425	BABAR PRITI SUNIL		
2304147798	140425	BHOSALE TEJASWINI TATYASO		

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 :140425 Vision Institute Of Vocational Training Center

Examination: April 2023 **Date**: 16/05/2023 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Seat No.	Institute	Name Of Student	Photo	Signature
2304147797	140425	BABAR PRITI SUNIL		
2304147798	140425	BHOSALE TEJASWINI TATYASO	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 :140425 Vision Institute Of Vocational Training Center

Examination: April 2023 **Date**: 17/05/2023 **Time**: 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENTREPRENEURSHIP PRACTICAL

Name Of Supervisor:

Seat No.	Institute	Name Of Student BABAR PRITI SUNIL	Photo	Signature
2304147797	140425	DADAR PRITI SUNIL		
2304147798	140425	BHOSALE TEJASWINI TATYASO	C. with a	

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 :140425 Vision Institute Of Vocational Training Center

Examination: April 2023 **Date**: 22/05/2023 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo	Signature
2304147797	140425	BABAR PRITI SUNIL		
2304147798	140425	BHOSALE TEJASWINI TATYASO	A HINE OF	

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