Institute Code & Name 320057 Bhandara Para Medical College Bhandara

**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
2304327780	320057	LICHADE JYOTI VASUDEVJI	
2304327781	320057	SAMRIT SEEMA RAJESH	

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 320057 Bhandara Para Medical College Bhandara

**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
2304327780	320057	LICHADE JYOTI VASUDEVJI		
2304327781	320057	SAMRIT SEEMA RAJESH		

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 320057 Bhandara Para Medical College Bhandara

**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
2304327780	320057	LICHADE JYOTI VASUDEVJI	
2304327781	320057	SAMRIT SEEMA RAJESH	

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 320057 Bhandara Para Medical College Bhandara

**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
2304327780	320057	LICHADE JYOTI VASUDEVJI		
2304327781	320057	SAMRIT SEEMA RAJESH		

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 320057 Bhandara Para Medical College Bhandara

**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
2304327780	320057	LICHADE JYOTI VASUDEVJI	
2304327781	320057	SAMRIT SEEMA RAJESH	

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 320057 Bhandara Para Medical College Bhandara

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

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo	Signature
2304327780	320057	LICHADE JYOTI VASUDEVJI		
2304327781	320057	SAMRIT SEEMA RAJESH		

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 320294 Anuradha Paramedical College Tumsar

**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
2304327771	320294	SHAHARE PUJA FAGULAL	
2304327772	320294	GADKARI ISHA CHANDRAHAS	
2304327774	320294	BANTE RUPALEE DIWARU	
2304327775	320294	KHARWADE SARVESHWARI SURESH	
2304327776	320294	AGRE TANIYA DAYASHANKAR	

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 320294 Anuradha Paramedical College Tumsar

**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
2304327771	320294	SHAHARE PUJA FAGULAL	
2304327772	320294	GADKARI ISHA CHANDRAHAS	
2304327774	320294	BANTE RUPALEE DIWARU	
2304327775	320294	KHARWADE SARVESHWARI SURESH	
2304327776	320294	AGRE TANIYA DAYASHANKAR	The state of the s
2304327777	320294	SAKTEL TEJASVI RAJESH	

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 320294 Anuradha Paramedical College Tumsar

**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
2304327771	320294	SHAHARE PUJA FAGULAL	
2304327772	320294	GADKARI ISHA CHANDRAHAS	
2304327774	320294	BANTE RUPALEE DIWARU	
2304327775	320294	KHARWADE SARVESHWARI SURESH	
2304327776	320294	AGRE TANIYA DAYASHANKAR	And

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 320294 Anuradha Paramedical College Tumsar

**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
2304327771	320294	SHAHARE PUJA FAGULAL	
2304327772	320294	GADKARI ISHA CHANDRAHAS	
2304327774	320294	BANTE RUPALEE DIWARU	
2304327775	320294	KHARWADE SARVESHWARI SURESH	
2304327776	320294	AGRE TANIYA DAYASHANKAR	The state of the 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 320294 Anuradha Paramedical College Tumsar

**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
2304327771	320294	SHAHARE PUJA FAGULAL	
2304327772	320294	GADKARI ISHA CHANDRAHAS	
2304327774	320294	BANTE RUPALEE DIWARU	
2304327775	320294	KHARWADE SARVESHWARI SURESH	
2304327776	320294	AGRE TANIYA DAYASHANKAR	

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 320294 Anuradha Paramedical College Tumsar

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

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

### Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo Signature
2304327771	320294	SHAHARE PUJA FAGULAL	
2304327772	320294	GADKARI ISHA CHANDRAHAS	
2304327774	320294	BANTE RUPALEE DIWARU	
2304327775	320294	KHARWADE SARVESHWARI SURESH	
2304327776	320294	AGRE TANIYA DAYASHANKAR	

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 320359 Vivekanand 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
2304327787	320359	RANE PRIYA VISHNU	
2304327789	320359	SAMBALWAR JAYANT DUDIRAJ	
2304327790	320359	PATHAN NAUSABA MANSURKHAN	
2304327791	320359	WATHE MANGESH LAXMAN	
2304327792	320359	KATORE ROHIT DEVIDAS	

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

Vivekanand Vocational Training Center Institute Code & Name 320359

**Examination:** April 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. Name Of Student Photo Signature Institute 2304327790 320359 PATHAN NAUSABA MANSURKHAN

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 320359 Vivekanand 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

2304327790 320359 PATHAN NAUSABA MANSURKHAN

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 320359 Vivekanand 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.InstituteName Of StudentPhotoSignature2304327790320359PATHAN NAUSABA MANSURKHAN

Total Present No.	Total Absent No.	Total Abso	ent 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 320359 Vivekanand 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:

<b>Seat No.</b> 2304327788	Institute 320359	Name Of Student UKE ANIKET PRALHAD	Photo	Signature
2304327790	320359	PATHAN NAUSABA MANSURKHAN		

Total Present No	Total Absent No.	Total Absent No.	

**Supervisor** 

**Exam Center In-Charge** 

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Institute Code & Name 320359 Vivekanand Vocational Training Center

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

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor:

Seat No.InstituteName Of StudentPhotoSignature2304327790320359PATHAN NAUSABA MANSURKHAN

Total Present No	Total Absent No.	Т	Total Absent No.	]

Supervisor

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