

**Maharashtra State Board Of Skill, Vocational Education & Training, Mumbai**  
**Attendance Sheet**

**Institute Code & Name :** 170541 Samarth Vocational Training Center

**Examination :** April 2024 **Date :** 29/04/2024 **Time :** 2 PM TO 5 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** BASIC ELECTRICITY AND MEASUREMENT PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177786	170541	GULVE AJINATH SAMADHAN

**Photo** **Signature**



--

**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.
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**Maharashtra State Board Of Skill, Vocational Education & Training, Mumbai**  
**Attendance Sheet**


**Institute Code & Name :** 170541 Samarth Vocational Training Center

**Examination :** April 2024 **Date :** 30/04/2024 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** BUSINESS ECONOMICS PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404177786	170541	GULVE AJINATH SAMADHAN		<input type="text"/>

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

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**Attendance Sheet**

**Institute Code & Name :** 170541 Samarth Vocational Training Center

**Examination :** April 2024 **Date :** 02/05/2024 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** COMPUTER APPLICATION PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177786	170541	GULVE AJINATH SAMADHAN

**Photo** **Signature**



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**Examination :** April 2024 **Date :** 30/04/2024 **Time :** 2 PM TO 5 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** ELECTRICIAN PRACTICE PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404177786	170541	GULVE AJINATH SAMADHAN		<input type="text"/>

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

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**Examination :** April 2024 **Date :** 29/04/2024 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** ENGLISH (COMMUNICATION SKILL) PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404177786	170541	GULVE AJINATH SAMADHAN		

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

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**Examination :** April 2024 **Date :** 02/05/2024 **Time :** 2 PM TO 5 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** WORKSHOP CALCULATION, SCIENCE AND DRAWING PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177786	170541	GULVE AJINATH SAMADHAN

**Photo** **Signature**



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**Maharashtra State Board Of Skill, Vocational Education & Training, Mumbai**  
**Attendance Sheet**

**Institute Code & Name :** 170543 Shree Sai Paramedical Vocational Training Center  
**Examination :** April 2024 **Date :** 29/04/2024 **Time :** 2 PM TO 5 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
2404177771	170543	SANE MUKUND SHANKARRAO		<input type="text"/>
2404177772	170543	SALUNKE ASHISH RAKHAMAJI		<input type="text"/>
2404177773	170543	THOMBRE SAMADHAN DIGAMBAR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**




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**Institute Code & Name :** 170543 Shree Sai Paramedical Vocational Training Center  
**Examination :** April 2024 **Date :** 30/04/2024 **Time :** 2 PM TO 5 PM  
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN  
**Subject :** BIOCHEMISTRY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404177771	170543	SANE MUKUND SHANKARRAO		<input type="text"/>
2404177772	170543	SALUNKE ASHISH RAKHAMAJI		<input type="text"/>
2404177773	170543	THOMBRE SAMADHAN DIGAMBAR		<input type="text"/>

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**Examination :** April 2024 **Date :** 30/04/2024 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN  
**Subject :** BUSINESS ECONOMICS PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404177771	170543	SANE MUKUND SHANKARRAO		<input type="text"/>
2404177772	170543	SALUNKE ASHISH RAKHAMAJI		<input type="text"/>
2404177773	170543	THOMBRE SAMADHAN DIGAMBAR		<input type="text"/>

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**Examination :** April 2024 **Date :** 02/05/2024 **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
2404177771	170543	SANE MUKUND SHANKARRAO		<input type="text"/>
2404177772	170543	SALUNKE ASHISH RAKHAMAJI		<input type="text"/>
2404177773	170543	THOMBRE SAMADHAN DIGAMBAR		<input type="text"/>

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**Examination :** April 2024 **Date :** 29/04/2024 **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
2404177771	170543	SANE MUKUND SHANKARRAO		<input type="text"/>
2404177772	170543	SALUNKE ASHISH RAKHAMAJI		<input type="text"/>
2404177773	170543	THOMBRE SAMADHAN DIGAMBAR		<input type="text"/>

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**Attendance Sheet**

**Institute Code & Name :** 170543 Shree Sai Paramedical Vocational Training Center  
**Examination :** April 2024 **Date :** 02/05/2024 **Time :** 2 PM TO 5 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
2404177771	170543	SANE MUKUND SHANKARRAO		<input type="text"/>
2404177772	170543	SALUNKE ASHISH RAKHAMAJI		<input type="text"/>
2404177773	170543	THOMBRE SAMADHAN DIGAMBAR		<input type="text"/>

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**Maharashtra State Board Of Skill, Vocational Education & Training, Mumbai**  
**Attendance Sheet**

**Institute Code & Name :** 170547 Padmavati Vocational Training Center

**Examination :** April 2024 **Date :** 29/04/2024 **Time :** 2 PM TO 5 PM

**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN

**Subject :** ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177793	170547	PANDAV VISHAL SUBHASH

**Photo**

**Signature**



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

\_\_\_\_\_  
**Supervisor**

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**Exam Center In-Charge**

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**Attendance Sheet**



**Institute Code & Name :** 170547 Padmavati Vocational Training Center

**Examination :** April 2024 **Date :** 30/04/2024 **Time :** 2 PM TO 5 PM

**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN

**Subject :** BIOCHEMISTRY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404177793	170547	PANDAV VISHAL SUBHASH		

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

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**Supervisor**

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**Examination :** April 2024 **Date :** 02/05/2024 **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
2404177793	170547	PANDAV VISHAL SUBHASH

**Photo**



**Signature**

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

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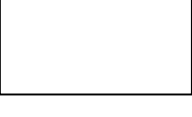
**Institute Code & Name :** 170547 Padmavati Vocational Training Center

**Examination :** April 2024 **Date :** 29/04/2024 **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
2404177793	170547	PANDAV VISHAL SUBHASH		

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**Examination :** April 2024 **Date :** 02/05/2024 **Time :** 2 PM TO 5 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
2404177793	170547	PANDAV VISHAL SUBHASH		<input type="text"/>

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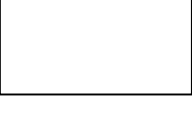
**Institute Code & Name :** 170547 Padmavati Vocational Training Center

**Examination :** April 2024 **Date :** 30/04/2024 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN

**Subject :** PSYCHOLOGY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404177793	170547	PANDAV VISHAL SUBHASH		

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

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**Maharashtra State Board Of Skill, Vocational Education & Training, Mumbai**  
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**Institute Code & Name :** 170553      Pepals Vocational Training Center Waluj  
**Examination :**                      April                                      2024                      **Date :** 29/04/2024                      **Time :** 2 PM TO 5 PM  
**Course Code & Name :** 302409 ELECTRICIAN  
**Subject :**                                      BASIC ELECTRICITY AND MEASUREMENT PRACTICAL

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**Name Of Supervisor :**

---

Seat No.	Institute	Name Of Student	Photo	Signature
2404177775	170553	PATHAN ASHRAF HARUN		<div style="border: 1px solid black; width: 100px; height: 40px;"></div>

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

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**Institute Code & Name :** 170553      Pepals Vocational Training Center Waluj

**Examination :**                      April                                      2024                      **Date :** 30/04/2024                      **Time :** 2 PM TO 5 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :**                                      ELECTRICIAN PRACTICE PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177775	170553	PATHAN ASHRAF HARUN

**Photo                      Signature**



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

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**Examination :**                      April                                      2024                      **Date :** 02/05/2024                      **Time :** 2 PM TO 5 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :**                                      WORKSHOP CALCULATION, SCIENCE AND DRAWING PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177775	170553	PATHAN ASHRAF HARUN

**Photo                      Signature**



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

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**Maharashtra State Board Of Skill, Vocational Education & Training, Mumbai**  
**Attendance Sheet**

**Institute Code & Name :** 170637 Matoshri Vocational Institute

**Examination :** April 2024 **Date :** 29/04/2024 **Time :** 2 PM TO 5 PM

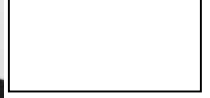
**Course Code & Name :** 201417 NATUROPATHY AND YOGIC SCIENCE

**Subject :** ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177795	170637	SAYYAD VASIM ALI YAKUB ALI

**Photo** **Signature**



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

**Supervisor**

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**Maharashtra State Board Of Skill, Vocational Education & Training, Mumbai**  
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**Institute Code & Name :** 170637 Matoshri Vocational Institute

**Examination :** April 2024 **Date :** 02/05/2024 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201417 NATUROPATHY AND YOGIC SCIENCE

**Subject :** COMPUTER APPLICATION PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177795	170637	SAYYAD VASIM ALI YAKUB ALI

**Photo** **Signature**



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

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**Examination :** April 2024 **Date :** 29/04/2024 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201417 NATUROPATHY AND YOGIC SCIENCE

**Subject :** ENGLISH (COMMUNICATION SKILL) PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177795	170637	SAYYAD VASIM ALI YAKUB ALI

**Photo** **Signature**



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**Examination :** April 2024 **Date :** 30/04/2024 **Time :** 2 PM TO 5 PM

**Course Code & Name :** 201417 NATUROPATHY AND YOGIC SCIENCE

**Subject :** PRACTICE IN NATUROPATHY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177795	170637	SAYYAD VASIM ALI YAKUB ALI

**Photo** **Signature**



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

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**Institute Code & Name :** 170637 Matoshri Vocational Institute

**Examination :** April 2024 **Date :** 30/04/2024 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201417 NATUROPATHY AND YOGIC SCIENCE

**Subject :** PSYCHOLOGY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177795	170637	SAYYAD VASIM ALI YAKUB ALI

**Photo** **Signature**



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**Examination :** April 2024 **Date :** 02/05/2024 **Time :** 2 PM TO 5 PM

**Course Code & Name :** 201417 NATUROPATHY AND YOGIC SCIENCE

**Subject :** YOGA AND VARIOUS THERAPIES PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177795	170637	SAYYAD VASIM ALI YAKUB ALI

**Photo** **Signature**



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

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**Institute Code & Name :** 170637 Matoshri Vocational Institute

**Examination :** April 2024 **Date :** 29/04/2024 **Time :** 2 PM TO 5 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** BASIC ELECTRICITY AND MEASUREMENT PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177794	170637	MANDGE GANESH VINAYAK

**Photo** **Signature**



**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, Vocational Education & Training, Mumbai**  
**Attendance Sheet**

**Institute Code & Name :** 170637 Matoshri Vocational Institute

**Examination :** April 2024 **Date :** 02/05/2024 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** COMPUTER APPLICATION PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177794	170637	MANDGE GANESH VINAYAK

**Photo** **Signature**



--

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

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Exam Center In-Charge**

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**Maharashtra State Board Of Skill, Vocational Education & Training, Mumbai**  
**Attendance Sheet**

**Institute Code & Name :** 170637 Matoshri Vocational Institute

**Examination :** April 2024 **Date :** 30/04/2024 **Time :** 2 PM TO 5 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** ELECTRICIAN PRACTICE PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177794	170637	MANDGE GANESH VINAYAK

**Photo** **Signature**



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

**Supervisor**

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**Maharashtra State Board Of Skill, Vocational Education & Training, Mumbai**  
**Attendance Sheet**

**Institute Code & Name :** 170637 Matoshri Vocational Institute

**Examination :** April 2024 **Date :** 29/04/2024 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** ENGLISH (COMMUNICATION SKILL) PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177794	170637	MANDGE GANESH VINAYAK

**Photo** **Signature**



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

**Supervisor**

**Exam Center In-Charge**

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**Maharashtra State Board Of Skill, Vocational Education & Training, Mumbai**  
**Attendance Sheet**

**Institute Code & Name :** 170637 Matoshri Vocational Institute

**Examination :** April 2024 **Date :** 30/04/2024 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** PSYCHOLOGY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177794	170637	MANDGE GANESH VINAYAK

**Photo** **Signature**



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

**Supervisor**

**Exam Center In-Charge**

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**Maharashtra State Board Of Skill, Vocational Education & Training, Mumbai**  
**Attendance Sheet**

**Institute Code & Name :** 170637 Matoshri Vocational Institute

**Examination :** April 2024 **Date :** 02/05/2024 **Time :** 2 PM TO 5 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** WORKSHOP CALCULATION, SCIENCE AND DRAWING PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404177794	170637	MANDGE GANESH VINAYAK

**Photo** **Signature**



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

**Supervisor**

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