

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




**Institute Code & Name** 230519 K T Patil Institute Of Health Sciences

**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
2404237771	230519	BONGALE SNEHAL SHANTINATH		<input type="text"/>
2404237772	230519	CHOURE POOJA UTTAMRAO		<input type="text"/>
2404237773	230519	SHINDE ROHIT RAMLING		<input type="text"/>

**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

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**Institute Code & Name** 230519 K T Patil Institute Of Health Sciences

**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
2404237771	230519	BONGALE SNEHAL SHANTINATH		<input type="text"/>
2404237772	230519	CHOURE POOJA UTTAMRAO		<input type="text"/>
2404237773	230519	SHINDE ROHIT RAMLING		<input type="text"/>

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**Institute Code & Name** 230519 K T Patil Institute Of Health Sciences

**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
2404237771	230519	BONGALE SNEHAL SHANTINATH		<input type="text"/>
2404237772	230519	CHOURE POOJA UTTAMRAO		<input type="text"/>
2404237773	230519	SHINDE ROHIT RAMLING		<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
2404237771	230519	BONGALE SNEHAL SHANTINATH		<input type="text"/>
2404237772	230519	CHOURE POOJA UTTAMRAO		<input type="text"/>
2404237773	230519	SHINDE ROHIT RAMLING		<input type="text"/>

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**Institute Code & Name** 230519 K T Patil Institute Of Health Sciences

**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
2404237771	230519	BONGALE SNEHAL SHANTINATH		<input type="text"/>
2404237772	230519	CHOURE POOJA UTTAMRAO		<input type="text"/>
2404237773	230519	SHINDE ROHIT RAMLING		<input type="text"/>

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**Institute Code & Name** 230519 K T Patil Institute Of Health Sciences

**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
2404237771	230519	BONGALE SNEHAL SHANTINATH		<input type="text"/>
2404237772	230519	CHOURE POOJA UTTAMRAO		<input type="text"/>
2404237773	230519	SHINDE ROHIT RAMLING		<input type="text"/>

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

**Institute Code & Name** 230520 Renuka Vocational Training Center

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

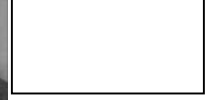
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN

**Subject :** ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404237774	230520	SATHE AKSHATA CHANDRAKANT

**Photo** **Signature**



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

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

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**Attendance Sheet**

**Institute Code & Name** 230520 Renuka Vocational Training Center

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

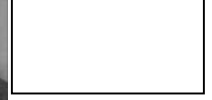
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN

**Subject :** APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404237774	230520	SATHE AKSHATA CHANDRAKANT

**Photo** **Signature**



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

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**Institute Code & Name** 230520 Renuka 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
2404237774	230520	SATHE AKSHATA CHANDRAKANT

**Photo** **Signature**



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

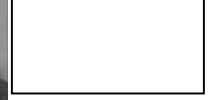
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN

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

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404237774	230520	SATHE AKSHATA CHANDRAKANT

**Photo** **Signature**



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

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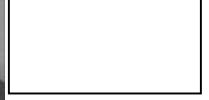
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN

**Subject :** MICROBIOLOGY AND MEDICAL CARE PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student
2404237774	230520	SATHE AKSHATA CHANDRAKANT

**Photo** **Signature**



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

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**Institute Code & Name** 230520 Renuka Vocational Training Center

**Examination :** April 2024 **Date :** 30/04/2024 **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
2404237774	230520	SATHE AKSHATA CHANDRAKANT

**Photo** **Signature**



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**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** 230530 SAI 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
2404237777	230530	LIKHE JAYSHREE BABASAHEB		<input type="text"/>

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

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

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**Institute Code & Name** 230530 SAI VOCATIONAL TRAINING CENTER

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

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

**Subject :** APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404237777	230530	LIKHE JAYSHREE BABASAHEB		<input type="text"/>

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

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

**Subject :** BIOCHEMISTRY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404237777	230530	LIKHE JAYSHREE BABASAHEB		<input type="text"/>

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

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404237777	230530	LIKHE JAYSHREE BABASAHEB		<input type="text"/>

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**Subject :** MICROBIOLOGY AND MEDICAL CARE PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404237777	230530	LIKHE JAYSHREE BABASAHEB		<input type="text"/>

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**Subject :** PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
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