

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



**Institute Code & Name** 260445 Jamanlal Goenka Paramedical Vocational Training Centre

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

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** ANATOMY,PHYSIOLOGY AND PSYCHOLOGY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404267778	260445	WATHODKAR LAXMIKANT SURESH		

**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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**Attendance Sheet**


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**Institute Code & Name** 260445 Jamanlal Goenka Paramedical Vocational Training Centre  
**Examination :** April 2024 **Date :** 30/04/2024 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 201410 PHYSIOTHERAPIST  
**Subject :** APPLIED MATHEMATICS PRACTICAL

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**Name Of Supervisor :**

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Seat No.	Institute	Name Of Student	Photo	Signature
2404267778	260445	WATHODKAR LAXMIKANT SURESH		<input data-bbox="1317 365 1507 462" type="text"/>

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**Examination :** April 2024 **Date :** 02/05/2024 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 201410 PHYSIOTHERAPIST  
**Subject :** APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

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**Name Of Supervisor :**

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Seat No.	Institute	Name Of Student	Photo	Signature
2404267778	260445	WATHODKAR LAXMIKANT SURESH		

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

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** ELECTROTHERAPY,BIOMECHANICS AND EXERCISE THERAPY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404267778	260445	WATHODKAR LAXMIKANT SURESH		

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**Examination :** April 2024 **Date :** 29/04/2024 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 201410 PHYSIOTHERAPIST  
**Subject :** ENGLISH (COMMUNICATION SKILL) PRACTICAL

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**Name Of Supervisor :**

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Seat No.	Institute	Name Of Student	Photo	Signature
2404267778	260445	WATHODKAR LAXMIKANT SURESH		

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

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** ORTHOPAEDICS,NEUROLOGY,MEDICAL AND SURGICAL CONDITION PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404267778	260445	WATHODKAR LAXMIKANT SURESH		

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**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

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**Name Of Supervisor :**

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Seat No.	Institute	Name Of Student	Photo	Signature
2404267771	260445	GAUD SHIVANI SACHINSINGH		<input type="text"/>

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

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**Course Code & Name :** 201417 NATUROPATHY AND YOGIC SCIENCE  
**Subject :** APPLIED MATHEMATICS PRACTICAL

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**Name Of Supervisor :**

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<b>Seat No.</b>	<b>Institute</b>	<b>Name Of Student</b>	<b>Photo</b>	<b>Signature</b>
2404267771	260445	GAUD SHIVANI SACHINSINGH		<input type="text"/>

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**Course Code & Name :** 201417 NATUROPATHY AND YOGIC SCIENCE  
**Subject :** APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

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**Name Of Supervisor :**

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Seat No.	Institute	Name Of Student	Photo	Signature
2404267771	260445	GAUD SHIVANI SACHINSINGH		

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**Course Code & Name :** 201417 NATUROPATHY AND YOGIC SCIENCE  
**Subject :** ENGLISH (COMMUNICATION SKILL) PRACTICAL

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**Name Of Supervisor :**

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Seat No.	Institute	Name Of Student	Photo	Signature
2404267771	260445	GAUD SHIVANI SACHINSINGH		<input type="text"/>

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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

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**Name Of Supervisor :**

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Seat No.	Institute	Name Of Student	Photo	Signature
2404267771	260445	GAUD SHIVANI SACHINSINGH		

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

**Subject :** YOGA AND VARIOUS THERAPIES PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404267771	260445	GAUD SHIVANI SACHINSINGH		<input type="text"/>

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**Examination :** April 2024 **Date :** 29/04/2024 **Time :** 2 PM TO 5 PM  
**Course Code & Name :** 201419 PANCHAKARMA THERAPY  
**Subject :** ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404267772	260445	SHAIKH NAGURVALI MASTAN SAHEB		<input type="text"/>
2404267773	260445	SHAIKH SUBHANI SAHEB MASTAN		<input type="text"/>
2404267774	260445	PATHAN DURGAJI NAGUL MEERA		<input type="text"/>
2404267775	260445	PATTAN DADA NAGURVALI		<input type="text"/>
2404267776	260445	PATHANU NAGARJUNA RAO		<input type="text"/>
2404267777	260445	SHAIKH BIKKU SAHEB SHAIKH KHASHIM		<input type="text"/>

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**Subject :** APPLIED MATHEMATICS PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404267772	260445	SHAIKH NAGURVALI MASTAN SAHEB		<input type="text"/>
2404267773	260445	SHAIKH SUBHANI SAHEB MASTAN		<input type="text"/>
2404267774	260445	PATHAN DURGAJI NAGUL MEERA		<input type="text"/>
2404267775	260445	PATTAN DADA NAGURVALI		<input type="text"/>
2404267776	260445	PATHANU NAGARJUNA RAO		<input type="text"/>
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**Subject :** APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

**Name Of Supervisor :**

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2404267772	260445	SHAIKH NAGURVALI MASTAN SAHEB		<input type="text"/>
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2404267775	260445	PATTAN DADA NAGURVALI		<input type="text"/>
2404267776	260445	PATHANU NAGARJUNA RAO		<input type="text"/>
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**Course Code & Name :** 201419 PANCHAKARMA THERAPY  
**Subject :** BASICS OF AYURVEDA PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2404267772	260445	SHAIKH NAGURVALI MASTAN SAHEB		<input type="text"/>
2404267773	260445	SHAIKH SUBHANI SAHEB MASTAN		<input type="text"/>
2404267774	260445	PATHAN DURGAJI NAGUL MEERA		<input type="text"/>
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2404267772	260445	SHAIKH NAGURVALI MASTAN SAHEB		<input type="text"/>
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