Institute Code & Name 330276 M G Paramedical Vocational Training Center Gondia

**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
2404337771	330276	GAHANE ACHAL DNYANCHANDRA	
2404337772	330276	KATRE MAYURI RISHESHWAR	

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 330276 M G Paramedical Vocational Training Center Gondia

**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
2404337771	330276	GAHANE ACHAL DNYANCHANDRA	9	
2404337772	330276	KATRE MAYURI RISHESHWAR		

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 330276 M G Paramedical Vocational Training Center Gondia

**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
2404337771	330276	GAHANE ACHAL DNYANCHANDRA		
2404337772	330276	KATRE MAYURI RISHESHWAR		

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 330276 M G Paramedical Vocational Training Center Gondia

**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
2404337771	330276	GAHANE ACHAL DNYANCHANDRA		
2404337772	330276	KATRE MAYURI RISHESHWAR		

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 330276 M G Paramedical Vocational Training Center Gondia

**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
2404337771	330276	GAHANE ACHAL DNYANCHANDRA		
2404337772	330276	KATRE MAYURI RISHESHWAR		

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 330276 M G Paramedical Vocational Training Center Gondia

**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	Photo	Signature
2404337771	330276	GAHANE ACHAL DNYANCHANDRA		
2404337772	330276	KATRE MAYURI RISHESHWAR	19	

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 330302 Chetana Vocational Training Institute Amgaon

**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.InstituteName Of StudentPhotoSignature2404337783330302KARNJEKAR UMESHKUMAR PAWANLAL

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 330302 Chetana Vocational Training Institute Amgaon

**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.InstituteName Of StudentPhotoSignature2404337783330302KARNJEKAR UMESHKUMAR PAWANLAL

KARNJEKAR UMESHKUMAR PAWANLAL

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 330302 Chetana Vocational Training Institute Amgaon

**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.InstituteName Of StudentPhotoSignature2404337783330302KARNJEKAR UMESHKUMAR PAWANLAL

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 330302 Chetana Vocational Training Institute Amgaon

**Examination:** April 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. Name Of Student Institute Photo Signature KARNJEKAR UMESHKUMAR PAWANLAL 2404337783 330302

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 330302 Chetana Vocational Training Institute Amgaon

**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.InstituteName Of StudentPhotoSignature2404337783330302KARNJEKAR UMESHKUMAR PAWANLAL

3

Total Present No	Total Absent No.	Т	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 330302 Chetana Vocational Training Institute Amgaon

**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.InstituteName Of StudentPhotoSignature2404337783330302KARNJEKAR UMESHKUMAR PAWANLAL

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 330307 Laxmibai Vocational Training Center

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

Course Code & Name: 305403 AGRICULTURAL TECHNOLOGY

Subject: AGRICULTURE ECONOMICS AND EXTENSION PRACTICAL

### Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo Signature
2404337774	330307	KATRE YOGESHWARI DINESH	
2404337777	330307	BRAMHANKAR HARICHANDRA WASUDEO	
2404337778	330307	BHANDARKAR VINOD DHANRAJ	
2404337779	330307	KAPGATE RAMCHAND MORESHWAR	

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 330307 Laxmibai Vocational Training Center

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

Course Code & Name: 305403 AGRICULTURAL TECHNOLOGY

Subject: APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

## Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo Signature
2404337774	330307	KATRE YOGESHWARI DINESH	
2404337777	330307	BRAMHANKAR HARICHANDRA WASUDEO	
2404337778	330307	BHANDARKAR VINOD DHANRAJ	
2404337779	330307	KAPGATE RAMCHAND MORESHWAR	

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 330307 Laxmibai Vocational Training Center

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

Course Code & Name: 305403 AGRICULTURAL TECHNOLOGY

Subject: CULTIVATION OF AGRONOMICAL CROPS PRACTICAL

## Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo Signature
2404337774	330307	KATRE YOGESHWARI DINESH	
2404337777	330307	BRAMHANKAR HARICHANDRA WASUDEO	
2404337778	330307	BHANDARKAR VINOD DHANRAJ	
2404337779	330307	KAPGATE RAMCHAND MORESHWAR	

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 330307 Laxmibai Vocational Training Center

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

Course Code & Name: 305403 AGRICULTURAL TECHNOLOGY

Subject: ELEMENTS OF AGRICULTURE PRACTICAL

### Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo Signature
2404337774	330307	KATRE YOGESHWARI DINESH	
2404337777	330307	BRAMHANKAR HARICHANDRA WASUDEO	
2404337778	330307	BHANDARKAR VINOD DHANRAJ	
2404337779	330307	KAPGATE RAMCHAND MORESHWAR	

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 330307 Laxmibai Vocational Training Center

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

Course Code & Name: 305403 AGRICULTURAL TECHNOLOGY

Subject: ENGLISH (COMMUNICATION SKILL) PRACTICAL

## Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo Signature
2404337774	330307	KATRE YOGESHWARI DINESH	
2404337775	330307	SAUTKAR MANGAL SURAJLAL	
2404337777	330307	BRAMHANKAR HARICHANDRA WASUDEO	
2404337778	330307	BHANDARKAR VINOD DHANRAJ	
2404337779	330307	KAPGATE RAMCHAND MORESHWAR	

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 330307 Laxmibai Vocational Training Center

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

Course Code & Name: 305403 AGRICULTURAL TECHNOLOGY

**Subject**: ENTREPRENEURSHIP PRACTICAL

Name Of Supervisor :

Seat No. Institute Name Of Student Photo Signature

2404337776 330307 DONODE GHANSHYAM GOWARDHAN

Prioto Signature

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 330307 Laxmibai Vocational Training Center

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

Course Code & Name: 305403 AGRICULTURAL TECHNOLOGY

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

## Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo Signature
2404337774	330307	KATRE YOGESHWARI DINESH	
2404337777	330307	BRAMHANKAR HARICHANDRA WASUDEO	
2404337778	330307	BHANDARKAR VINOD DHANRAJ	
2404337779	330307	KAPGATE RAMCHAND MORESHWAR	

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 330313 Nirmal Institute Of Paramedical And 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
2404337780	330313	BANGADKAR DIPALI PRAMOD	
2404337781	330313	WASNIK ROHIT FANIL	

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 330313 Nirmal Institute Of Paramedical And 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
2404337780	330313	BANGADKAR DIPALI PRAMOD		
2404337781	330313	WASNIK ROHIT FANIL		

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 330313 Nirmal Institute Of Paramedical And Vocational Training Center

**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
2404337780	330313	BANGADKAR DIPALI PRAMOD	
2404337781	330313	WASNIK ROHIT FANIL	

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 330313 Nirmal Institute Of Paramedical And 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
2404337780	330313	BANGADKAR DIPALI PRAMOD		
2404337781	330313	WASNIK ROHIT FANIL	8	

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 330313 Nirmal Institute Of Paramedical And 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
2404337780	330313	BANGADKAR DIPALI PRAMOD	
2404337781	330313	WASNIK ROHIT FANIL	

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 330313 Nirmal Institute Of Paramedical And 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	Photo	Signature
2404337780	330313	BANGADKAR DIPALI PRAMOD		
2404337781	330313	WASNIK ROHIT FANIL	8	

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