Institute Code & Name 250440 Skill Paramedical Vocational Training Centre Buldana

Examination: April 2024 **Date**: 28/05/2024 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ANATOMY PHYSIOLOGY AND PATHOLOGY THEORY

Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo Signatur
2404257771	250440	KHANDERAO VIJAYKUMAR LAHANU	
2404257772	250440	SHAIKH SHAILA PARVEEN SANAWAR	
2404257773	250440	DHARAMKAR SANKET RAMDAS	
2404257774	250440	DONGARWAR MAYA LAXMAN	

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 250440 Skill Paramedical Vocational Training Centre Buldana

Examination: April 2024 **Date**: 29/05/2024 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: BIOCHEMISTRY THEORY

Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo Signature
2404257771	250440	KHANDERAO VIJAYKUMAR LAHANU	
2404257772	250440	SHAIKH SHAILA PARVEEN SANAWAR	
2404257773	250440	DHARAMKAR SANKET RAMDAS	
2404257774	250440	DONGARWAR MAYA LAXMAN	

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 250440 Skill Paramedical Vocational Training Centre Buldana

Examination: April 2024 **Date**: 27/05/2024 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN **Subject**: COMPUTER APPLICATION THEORY

Name Of Supervisor:

Institute	Name Of Student	Photo	Signature
250440	SHAIKH SHAILA PARVEEN SANAWAR	6	
250440	DHARAMKAR SANKET RAMDAS		
250440	DONGARWAR MAYA LAXMAN		
	250440 250440	250440 SHAIKH SHAILA PARVEEN SANAWAR 250440 DHARAMKAR SANKET RAMDAS	250440 SHAIKH SHAILA PARVEEN SANAWAR 250440 DHARAMKAR SANKET RAMDAS 250440 DONGARWAR MAYA LAXMAN

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 250440 Skill Paramedical Vocational Training Centre Buldana

Examination: April 2024 **Date**: 24/05/2024 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: ENGLISH (COMMUNICATION SKILL) THEORY

Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo	Signature
2404257772	250440	SHAIKH SHAILA PARVEEN SANAWAR	8	
2404257773	250440	DHARAMKAR SANKET RAMDAS		
2404257774	250440	DONGARWAR MAYA LAXMAN		

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 250440 Skill Paramedical Vocational Training Centre Buldana

Examination: April 2024 **Date**: 30/05/2024 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: MICROBIOLOGY AND MEDICAL CARE THEORY

Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo Signatur
2404257771	250440	KHANDERAO VIJAYKUMAR LAHANU	
2404257772	250440	SHAIKH SHAILA PARVEEN SANAWAR	
2404257773	250440	DHARAMKAR SANKET RAMDAS	
2404257774	250440	DONGARWAR MAYA LAXMAN	

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 250440 Skill Paramedical Vocational Training Centre Buldana

Examination: April 2024 **Date**: 25/05/2024 **Time**: 10 AM TO 1 PM

Course Code & Name: 201404 MEDICAL LAB TECHNICIAN

Subject: PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) THEORY

Name Of Supervisor:

Seat No.	Institute	Name Of Student	Photo	Signature
2404257772	250440	SHAIKH SHAILA PARVEEN SANAWAR	8	
2404257773	250440	DHARAMKAR SANKET RAMDAS		
2404257774	250440	DONGARWAR MAYA LAXMAN		

Total Present No	Total Absent No.	Total Absent 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