



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

**Institute Code & Name** 330276 M G Paramedical Vocational Training Center Gondia  
**Examination :** August 2023 **Date :** 05/09/2023 **Time :** 2 M 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
2308337771	330276	GAHANE ACHAL DNYANCHANDRA		<input type="text"/>
2308337772	330276	KATRE MAYURI RISHESHWAR		<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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**Attendance Sheet**

**Institute Code & Name** 330276 M G Paramedical Vocational Training Center Gondia  
**Examination :** August 2023 **Date :** 05/09/2023 **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
2308337771	330276	GAHANE ACHAL DNYANCHANDRA		<input type="text"/>
2308337772	330276	KATRE MAYURI RISHESHWAR		<input type="text"/>

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**Attendance Sheet**

**Institute Code & Name** 330276 M G Paramedical Vocational Training Center Gondia  
**Examination :** August 2023 **Date :** 06/09/2023 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN  
**Subject :** BIOCHEMISTRY PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2308337771	330276	GAHANE ACHAL DNYANCHANDRA		<input type="text"/>
2308337772	330276	KATRE MAYURI RISHESHWAR		<input type="text"/>

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**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN  
**Subject :** ENGLISH (COMMUNICATION SKILL) PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2308337771	330276	GAHANE ACHAL DNYANCHANDRA		<input type="text"/>
2308337772	330276	KATRE MAYURI RISHESHWAR		<input type="text"/>

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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	Photo	Signature
2308337771	330276	GAHANE ACHAL DNYANCHANDRA		<input type="text"/>
2308337772	330276	KATRE MAYURI RISHESHWAR		<input type="text"/>

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**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN  
**Subject :** PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

**Name Of Supervisor :**

Seat No.	Institute	Name Of Student	Photo	Signature
2308337771	330276	GAHANE ACHAL DNYANCHANDRA		<input type="text"/>
2308337772	330276	KATRE MAYURI RISHESHWAR		<input type="text"/>

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