Institute Code & Name :100183		President College Of Hotel Management				
Examination :	August	2023 <b>Date :</b> 01/09/2023 <b>Time :</b> 2 PM TO 5				
Course Code & Name : 415401 HOSPITALITY MANAGEMENT						
Subject :	FOOD AND	AND BEVERAGE SERVICE THEORY				

#### Name Of Supervisor :

Seat No.	Institute	Name Of Student
2308107771	100183	PATIL DARSHAN RAJENDRA



Total Present No.

**Total Absent No.** 

**Total Absent No.** 

**Exam Center In-Charge** 

#### Supervisor

#### Notice :

1) Student must check his course, seat no etc before sign.

2) Any Correction in student information should be immidiatly reported to concerned district

			Attendence	e Sneet				
Institute Cod	le & Name :1	00413	Abhinav Vocat	ional Training Center				
Examination	: Au	igust	2023	Date: 01/09/2023	Time: 2 PM	TO 5 PM		
Course Code	& Name : 30	2409 ELE	ECTRICIAN					
Subject :	Subject : BASIC ELECTRICITY AND MEASUREMENT THEORY							
Name Of Sup	ervisor :							
Seat No.	Institute	Name	Of Student		Photo	Signature		
2308107775	100413	DABHAI	DE PRABHAKAR PF	RADIP				
2308107776	100413	SALUNK	KE DIPALI RAVIND	RA				
2308107777	100413	SAPKAL	e dipali dnyane.	SHWAR	?			
2308107778	100413	KOLI SH	HASHIKANT VASAI	NT	S			
2308107779	100413	SHINDE	E HARSH SUNIL					
2308107780	100413	SAPKAL	e tejas rajendr.	A				
2308107781	100413	KOLI SA	AGAR RAVINDRA		and the second second			

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

#### Supervisor Notice :

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

Institute Code & Na	ime :100413	Abhinav Voca	tional Training Center			
Examination :	August	2023	Date: 01/09/2023	Time : 10 AM TO 1 PM		
Course Code & Name : 302409 ELECTRICIAN						
Subject : COMPUTER APPLICATION THEORY						

#### Name Of Supervisor :

Seat No.	Institute	Name Of Student	Photo	Signature
2308107775	100413	DABHADE PRABHAKAR PRADIP		
2308107776	100413	SALUNKE DIPALI RAVINDRA	P	
2308107779	100413	SHINDE HARSH SUNIL		
2308107780	100413	SAPKALE TEJAS RAJENDRA		
2308107781	100413	KOLI SAGAR RAVINDRA	the lot of the	

Total Present No.	
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Notice :

**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

Institute Code & Name :100413		Abhinav Vocat	tional Training Center		
Examination :	August	2023	Date: 02/09/2023	Time : 10 AM TO 1 PM	
Course Code & Name : 302409 ELECTRICIAN					
Subject :	ELECTRICIA	ELECTRICIAN PRACTICE THEORY			

#### Name Of Supervisor :

Seat No.	Institute	Name Of Student	Photo S	ignature
2308107775	100413	DABHADE PRABHAKAR PRADIP		
2308107776	100413	SALUNKE DIPALI RAVINDRA		
2308107777	100413	SAPKALE DIPALI DNYANESHWAR	9	
2308107779	100413	SHINDE HARSH SUNIL		
2308107780	100413	SAPKALE TEJAS RAJENDRA		
2308107781	100413	KOLI SAGAR RAVINDRA	i san nine ∞	

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

# Supervisor

Notice :

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

			Attendend	ce Sheet			
Institute Cod	le & Name :1	00413	Abhinav Voca	ational Traini	ng Center		
Examination	: Au	gust	2023	<b>Date :</b> 31	/08/2023	Time:10 AM	TO 1 PM
Course Code	& Name : 30	2409 ELE	CTRICIAN				
Subject :	EN	GLISH (C	OMMUNICATION	I SKILL) THEC	DRY		
Name Of Sup	ervisor :						
Seat No.	Institute		<b>Of Student</b>			Photo	Signature
2308107775	100413	DADHAD	e prabhakar i	RADIP		<b>E</b>	
2308107776	100413	SALUNK	E DIPALI RAVIN	DRA			
2308107779	100413	SHINDE	HARSH SUNIL				
2308107780	100413	SAPKALE	E TEJAS RAJEND	DRA			

2308107781 100413 KOLI SAGAR RAVINDRA

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

#### Supervisor Notice :

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

Institute Code & Name 100413		Abhinav Vocational Training Center		
Examination :	August	2023	Date: 31/08/2023	Time: 2 PM TO 5 PM
Course Code & Name	: 302409 ELE	CTRICIAN		
Subject :	ENTREPRENEURSHIP THEORY			

#### Name Of Supervisor :

Seat No.	Institute	Name Of Student	Photo	Signature
2308107775	100413	DABHADE PRABHAKAR PRADIP		
2308107776	100413	SALUNKE DIPALI RAVINDRA		
2308107779	100413	SHINDE HARSH SUNIL		
2308107780	100413	SAPKALE TEJAS RAJENDRA		
2308107781	100413	KOLI SAGAR RAVINDRA	an a	

Total	Present	No.
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Notice :

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

			Attendence	e Sheet		
Institute Cod	le & Name :1	00413	Abhinav Vocat	ional Training Cente	er	
Examination	: Au	igust	2023	Date: 02/09/2023	Time : 2 PM 1	0 5 PM
Course Code	& Name : 30	2409 ELE	CTRICIAN			
Subject :	W	ORKSHOP	CALCULATION, S	CIENCE AND DRAWIN	IG THEORY	
Name Of Sup	ervisor :					
Seat No.	Institute	Name	Of Student		Photo	Signature
2308107775	100413	DABHAI	de prabhakar pi	RADIP		
2308107776	100413	SALUNK	e dipali ravind	RA		
2308107779	100413	SHINDE	HARSH SUNIL			
2308107780	100413	SAPKAL	E TEJAS RAJENDF	RA .		
2308107781	100413	KOLI SA	GAR RAVINDRA		, data da da ser originador de la serie da ser	

Notice :

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

Institute Code & Na	<b>me :</b> 100443	Institute Of P	aramedical Sciences			
Examination :	August	2023	Date: 01/09/2023	Time: 2 PM TO 5 PM		
Course Code & Nam						
Subject :	ANATOMY P	ANATOMY PHYSIOLOGY AND PATHOLOGY THEORY				

#### Name Of Supervisor :

Seat No.	Institute	Name Of Student
2308107774	100443	SONAWANE SATISH AMRUT



Total Present No.

**Total Absent No.** 

**Total Absent No.** 

# Exam Center In-Charge

Notice :

1) Student must check his course, seat no etc before sign.

2) Any Correction in student information should be immidiatly reported to concerned district

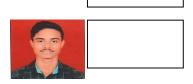
office, in prescribe format by exam center In-charge

Supervisor

Institute Code & Name :100443			Institute Of Paramedical Sciences			
Examination	: Au	igust	2023	Date: 02/09/2023	<b>Time :</b> 10 AM	1 TO 1 PM
Course Code & Name : 201404 MEDICAL LAB TECHNICIAN						
Subject :	BIG	OCHEMIST	RY THEORY			
Name Of Sup	pervisor :					
Seat No.	Institute	Name C	)f Student		Photo	Signature
2308107772	100443	SIDDIQ	GAYASUDDIN TA	ADVI		

2308107773 100443 REHAN AHMAD SHAIKH ASHFAQUE MANYAR

2308107774 100443 SONAWANE SATISH AMRUT



Total Present No.

Notice :

**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

			Attendent			
Institute Coo	de & Name :1	00443	Institute Of P	aramedical Science	S	
Examination	Au	igust	2023	Date: 31/08/202	3 <b>Time :</b> 10 AN	1 TO 1 PM
<b>Course Code</b>	& Name : 20	1404 ME	DICAL LAB TECH	NICIAN		
Subject :	Subject : ENGLISH (COMMUNICATION SKILL) THEORY					
Name Of Supervisor :						
Seat No.	Institute	Name	Of Student		Photo	Signature
2308107772	100443	SIDDIQ	GAYASUDDIN TA	ADVI		
						<b></b>

2308107774 100443 SONAWANE SATISH AMRUT



Total Present No.

Notice :

**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

Institute Code & Name :100443		Institute Of Pa	aramedical Sciences			
Examination :	August	2023	Date: 31/08/2023	Time: 2 PM TO 5 PM		
Course Code & Name						
Subject :	ENTREPRENE	NTREPRENEURSHIP THEORY				

#### Name Of Supervisor :

Seat No.	Institute	Name Of Student
2308107774	100443	SONAWANE SATISH AMRUT



Total Present No.

**Total Absent No.** 

**Total Absent No.** 

**Exam Center In-Charge** 

#### Supervisor Notice :

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Institute Code & N	<b>ame :</b> 100443	Institute Of Pa	aramedical Sciences			
Examination :	August	2023	Date: 02/09/2023	Time: 2 PM TO 5 PM		
Course Code & Name : 201404 MEDICAL LAB TECHNICIAN						
Subject :	MICROBIOL	LOGY AND MEDICAL CARE THEORY				

#### Name Of Supervisor :

Seat No.	Institute	Name Of Student
2308107774	100443	SONAWANE SATISH AMRUT



Total Present No.

Notice :

**Total Absent No.** 

**Total Absent No.** 

**Exam Center In-Charge** 

# Supervisor

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