Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320024 APANG PRASHIKSHAN KENDRA

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 304401 ARCHITECT DRAUGHTSMAN

Subject : ARCHITRCTURAL DRAFTING AND ESTIMATING COSTING PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277970	2004327960	320024	BORGHARE AKASH KAILASH		
1863277971	2004327961	320024	DHANDE NILESH MORESHWAR		
1863277972	2004327962	320024	BHUTE AVINASH SUKRAM		
1863277973	2004327963	320024	DAYARE PRIYANKA NIGAM		
1863277974	2004327964	320024	DOHARE MANIRAM GOKULPRASAD		
1863277975	2004327965	320024	HUMNE DIKSHA CHANDRAPRAKASH		
1863277976	2004327966	320024	KADAO MANGESH LAXMAN		
1863277978	2004327967	320024	NIMBARTE BHAGYASHREE ASHOK		
1863277979	2004327968	320024	MASKE AKSHAY JAYDEO		
1863277981	2004327969	320024	MOHURLE RUCHIKA DHANRAJ		
1863277982	2004327970	320024	PATLE PRAVIND GOVINDRAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320024 APANG PRASHIKSHAN KENDRA

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 304401 ARCHITECT DRAUGHTSMAN

Subject : ARCHITRCTURAL DRAFTING AND ESTIMATING COSTING PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277984	2004327971	320024	PUSAM OMPRAKASH MANIRAM		
1863277985	2004327972	320024	RAHANGADALE KIRTI UDELAL		
1863277986	2004327973	320024	RAUT VIKKI NAMDEO		
1863277987	2004327974	320024	SAWARBANDHE RASHMI GOPALRAO		
1863277989	2004327975	320024	TEMBHARE SHYAM SEWAKRAM		
1863277990	2004327976	320024	THAOKAR NIKITA MAHADEO		
1863277991	2004327977	320024	WANJARI SONALI RAVINDRA		
1863277992	2004327978	320024	WANJARI GULSHAN KISHOR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320024 APANG PRASHIKSHAN KENDRA

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 304401 ARCHITECT DRAUGHTSMAN

Subject : BUILDING DRAWING AND CAD PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277970	2004327960	320024	BORGHARE AKASH KAILASH		
1863277971	2004327961	320024	DHANDE NILESH MORESHWAR		
1863277972	2004327962	320024	BHUTE AVINASH SUKRAM		
1863277973	2004327963	320024	DAYARE PRIYANKA NIGAM		
1863277974	2004327964	320024	DOHARE MANIRAM GOKULPRASAD		
1863277975	2004327965	320024	HUMNE DIKSHA CHANDRAPRAKASH		
1863277976	2004327966	320024	KADAO MANGESH LAXMAN		
1863277978	2004327967	320024	NIMBARTE BHAGYASHREE ASHOK		
1863277979	2004327968	320024	MASKE AKSHAY JAYDEO		
1863277981	2004327969	320024	MOHURLE RUCHIKA DHANRAJ		
1863277982	2004327970	320024	PATLE PRAVIND GOVINDRAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320024 APANG PRASHIKSHAN KENDRA

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 304401 ARCHITECT DRAUGHTSMAN

Subject : BUILDING DRAWING AND CAD PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277984	2004327971	320024	PUSAM OMPRAKASH MANIRAM		
1863277985	2004327972	320024	RAHANGADALE KIRTI UDELAL		
1863277986	2004327973	320024	RAUT VIKKI NAMDEO		
1863277987	2004327974	320024	SAWARBANDHE RASHMI GOPALRAO		
1863277989	2004327975	320024	TEMBHARE SHYAM SEWAKRAM		
1863277990	2004327976	320024	THAOKAR NIKITA MAHADEO		
1863277991	2004327977	320024	WANJARI SONALI RAVINDRA		
1863277992	2004327978	320024	WANJARI GULSHAN KISHOR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320024 APANG PRASHIKSHAN KENDRA

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 304401 ARCHITECT DRAUGHTSMAN

Subject : BUILDING MATERIAL AND CONSTRUCTION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277970	2004327960	320024	BORGHARE AKASH KAILASH		
1863277971	2004327961	320024	DHANDE NILESH MORESHWAR		
1863277972	2004327962	320024	BHUTE AVINASH SUKRAM		
1863277973	2004327963	320024	DAYARE PRIYANKA NIGAM		
1863277974	2004327964	320024	DOHARE MANIRAM GOKULPRASAD		
1863277975	2004327965	320024	HUMNE DIKSHA CHANDRAPRAKASH		
1863277976	2004327966	320024	KADAO MANGESH LAXMAN		
1863277978	2004327967	320024	NIMBARTE BHAGYASHREE ASHOK		
1863277979	2004327968	320024	MASKE AKSHAY JAYDEO		
1863277981	2004327969	320024	MOHURLE RUCHIKA DHANRAJ		
1863277982	2004327970	320024	PATLE PRAVIND GOVINDRAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320024 APANG PRASHIKSHAN KENDRA

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 304401 ARCHITECT DRAUGHTSMAN

Subject : BUILDING MATERIAL AND CONSTRUCTION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277984	2004327971	320024	PUSAM OMPRAKASH MANIRAM		
1863277985	2004327972	320024	RAHANGADALE KIRTI UDELAL		
1863277986	2004327973	320024	RAUT VIKKI NAMDEO		
1863277987	2004327974	320024	SAWARBANDHE RASHMI GOPALRAO		
1863277989	2004327975	320024	TEMBHARE SHYAM SEWAKRAM		
1863277990	2004327976	320024	THAOKAR NIKITA MAHADEO		
1863277991	2004327977	320024	WANJARI SONALI RAVINDRA		
1863277992	2004327978	320024	WANJARI GULSHAN KISHOR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320024 APANG PRASHIKSHAN KENDRA

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 304401 ARCHITECT DRAUGHTSMAN

Subject : BUSINESS ECONOMICS PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277970	2004327960	320024	BORGHARE AKASH KAILASH		
1863277971	2004327961	320024	DHANDE NILESH MORESHWAR		
1863277972	2004327962	320024	BHUTE AVINASH SUKRAM		
1863277973	2004327963	320024	DAYARE PRIYANKA NIGAM		
1863277974	2004327964	320024	DOHARE MANIRAM GOKULPRASAD		
1863277975	2004327965	320024	HUMNE DIKSHA CHANDRAPRAKASH		
1863277976	2004327966	320024	KADAO MANGESH LAXMAN		
1863277978	2004327967	320024	NIMBARTE BHAGYASHREE ASHOK		
1863277979	2004327968	320024	MASKE AKSHAY JAYDEO		
1863277981	2004327969	320024	MOHURLE RUCHIKA DHANRAJ		
1863277982	2004327970	320024	PATLE PRAVIND GOVINDRAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320024 APANG PRASHIKSHAN KENDRA

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 304401 ARCHITECT DRAUGHTSMAN

Subject : BUSINESS ECONOMICS PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277984	2004327971	320024	PUSAM OMPRAKASH MANIRAM		
1863277985	2004327972	320024	RAHANGADALE KIRTI UDELAL		
1863277986	2004327973	320024	RAUT VIKKI NAMDEO		
1863277987	2004327974	320024	SAWARBANDHE RASHMI GOPALRAO		
1863277989	2004327975	320024	TEMBHARE SHYAM SEWAKRAM		
1863277990	2004327976	320024	THAOKAR NIKITA MAHADEO		
1863277991	2004327977	320024	WANJARI SONALI RAVINDRA		
1863277992	2004327978	320024	WANJARI GULSHAN KISHOR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320024 APANG PRASHIKSHAN KENDRA

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 304401 ARCHITECT DRAUGHTSMAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277970	2004327960	320024	BORGHARE AKASH KAILASH		
1863277971	2004327961	320024	DHANDE NILESH MORESHWAR		
1863277972	2004327962	320024	BHUTE AVINASH SUKRAM		
1863277973	2004327963	320024	DAYARE PRIYANKA NIGAM		
1863277974	2004327964	320024	DOHARE MANIRAM GOKULPRASAD		
1863277975	2004327965	320024	HUMNE DIKSHA CHANDRAPRAKASH		
1863277976	2004327966	320024	KADAO MANGESH LAXMAN		
1863277978	2004327967	320024	NIMBARTE BHAGYASHREE ASHOK		
1863277979	2004327968	320024	MASKE AKSHAY JAYDEO		
1863277981	2004327969	320024	MOHURLE RUCHIKA DHANRAJ		
1863277982	2004327970	320024	PATLE PRAVIND GOVINDRAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320024 APANG PRASHIKSHAN KENDRA

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 304401 ARCHITECT DRAUGHTSMAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277984	2004327971	320024	PUSAM OMPRAKASH MANIRAM		
1863277985	2004327972	320024	RAHANGADALE KIRTI UDELAL		
1863277986	2004327973	320024	RAUT VIKKI NAMDEO		
1863277987	2004327974	320024	SAWARBANDHE RASHMI GOPALRAO		
1863277989	2004327975	320024	TEMBHARE SHYAM SEWAKRAM		
1863277990	2004327976	320024	THAOKAR NIKITA MAHADEO		
1863277991	2004327977	320024	WANJARI SONALI RAVINDRA		
1863277992	2004327978	320024	WANJARI GULSHAN KISHOR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320024 APANG PRASHIKSHAN KENDRA

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 304401 ARCHITECT DRAUGHTSMAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277970	2004327960	320024	BORGHARE AKASH KAILASH		
1863277971	2004327961	320024	DHANDE NILESH MORESHWAR		
1863277972	2004327962	320024	BHUTE AVINASH SUKRAM		
1863277973	2004327963	320024	DAYARE PRIYANKA NIGAM		
1863277974	2004327964	320024	DOHARE MANIRAM GOKULPRASAD		
1863277975	2004327965	320024	HUMNE DIKSHA CHANDRAPRAKASH		
1863277976	2004327966	320024	KADAO MANGESH LAXMAN		
1863277978	2004327967	320024	NIMBARTE BHAGYASHREE ASHOK		
1863277979	2004327968	320024	MASKE AKSHAY JAYDEO		
1863277981	2004327969	320024	MOHURLE RUCHIKA DHANRAJ		
1863277982	2004327970	320024	PATLE PRAVIND GOVINDRAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320024 APANG PRASHIKSHAN KENDRA

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 304401 ARCHITECT DRAUGHTSMAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277984	2004327971	320024	PUSAM OMPRAKASH MANIRAM		
1863277985	2004327972	320024	RAHANGADALE KIRTI UDELAL		
1863277986	2004327973	320024	RAUT VIKKI NAMDEO		
1863277987	2004327974	320024	SAWARBANDHE RASHMI GOPALRAO		
1863277989	2004327975	320024	TEMBHARE SHYAM SEWAKRAM		
1863277990	2004327976	320024	THAOKAR NIKITA MAHADEO		
1863277991	2004327977	320024	WANJARI SONALI RAVINDRA		
1863277992	2004327978	320024	WANJARI GULSHAN KISHOR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277771	2004327771	320057	CHITRIVEKAR SURBHI DILIP		
1863277772	2004327772	320057	NAKADE ROSHANI MAHADEO		
1863277773	2004327773	320057	GHAWALE GITANJALI PRAKASH		
1863277774	2004327774	320057	AWAL ASHWINI BHOJRAM		
1863277775	2004327775	320057	KALPALLIWAR MADHUR SHRIKANT		
1863277776	2004327776	320057	LENDE POONAM SHESHARAO		
1863277777	2004327777	320057	BHURE KARAN DILIP		
1863277778	2004327778	320057	ATKARI PALLAVI DILIP		
1863277779	2004327779	320057	MENGRE SUJATA GHANASHYAM		
1863277780	2004327780	320057	DAHAKE PRANALI ASHOK		
1863277781	2004327781	320057	GABHANE RESHAP SURYABHAN		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277782	2004327782	320057	KAWALE SUWARNA WAMANRAO		
1863277783	2004327783	320057	DHARGAVE PAYAL DEVENDRA		
1863277784	2004327784	320057	DEWADE CHETANA MURLIDHAR		
1863277785	2004327785	320057	THAKRE NIKHITA VIJAY		
1863277786	2004327786	320057	SHAHARE PRACHI RAJU		
1863277787	2004327787	320057	THAOKAR HEMLATA SHRIRAM		
1863277788	2004327788	320057	KELWADE PRANALI WAMAN		
1863277789	2004327789	320057	SHINDE SHITAL SURESH		
1863277790	2004327790	320057	DHORE NIKITA SHIVAJI		
1863277791	2004327791	320057	DORLE ARPITA PURUSHOTTAM		
1863277792	2004327792	320057	LUTE PRITI MANIK		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277793	2004327793	320057	MESHRAM RESHMA RADHESHAM		
1863277794	2004327794	320057	LONARE SHUBHAM MADHUKAR		
1863277795	2004327795	320057	VAIDYA SHITAL RAIBHAN		
1863277796	2004327796	320057	ZALKE KALYANI RAVINDRA		
1863277797	2004327797	320057	CHUTE LINATAI KHOJRAM		
1863277798	2004327798	320057	KALAMBE DIPTI GANGADHAR		
1863277799	2004327799	320057	IRLE PRACHI PRAKASH		
1863277800	2004327800	320057	CHAWADE VRUSHALI SUBHASH		
1863277801	2004327801	320057	AMBADKAR TUSHAR SUBHASHJI		
1863277802	2004327802	320057	MASKE JAYESH UMESH		
1863277803	2004327803	320057	PARSHURAMKAR CHARULATA YASHAWANT		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277804	2004327804	320057	FUTANE JYOTI JASWANTA		
1863277805	2004327805	320057	SHRAWANKAR ANAMIKA VINASHYAM		
1863277806	2004327806	320057	CHARDE LINA KESHAV		
1863277807	2004327807	320057	WASNIK SHRADDHA NIRANJAN		
1863277808	2004327808	320057	PADOLE SHITAL RAJKUMAR		
1863277809	2004327809	320057	PADOLE ASHWINI RAJKUMAR		
1863277810	2004327810	320057	RANGARI SAKSHI ANIL		
1863277811	2004327811	320057	MASKE KIRTI KAKA		
1863277812	2004327812	320057	THAKARE BHAGYASHRI HOMESHWAR		
1863277813	2004327813	320057	BORKAR HEENA NARENDRA		
1863277814	2004327814	320057	DHARGAVE RAJASHRI VINAYAK		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277815	2004327815	320057	HARKANDE NIKHIL GANGADHAR		
1863277816	2004327816	320057	ATKARI RINA KESHAV		
1863277817	2004327817	320057	HUMANE SNEHA MANOHAR		
1863277818	2004327818	320057	PANDE AMIT KALIPADO		
1863277819	2004327819	320057	SAMRIT SEEMA RAJESH		
1863277820	2004327820	320057	PADOLE ACHAL GANESH		
1863277821	2004327821	320057	TEMBHURNIKAR PRADHNYA NAVNIT		
1863277822	2004327822	320057	PISE MEGHA ASHOK		
1863277823	2004327823	320057	RAMTEKE DIKSHA SHAILENDRA		
1863277824	2004327824	320057	CHARDE KARINA TEJRAM		
1863277825	2004327825	320057	RAJGIRE JAYSHREE BABURAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277826	2004327826	320057	AMBILDHUKE SWAPNA RAMCHADRA		
1863277827	2004327827	320057	BORKAR SRUSHTI BHIMRAO		
1863277828	2004327828	320057	FULE ASHWINI ARUN		
1863277829	2004327829	320057	LANJEWAR ARATI CHARANDAS		
1863277830	2004327830	320057	KAREMORE ARTI 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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277771	2004327771	320057	CHITRIVEKAR SURBHI DILIP		
1863277772	2004327772	320057	NAKADE ROSHANI MAHADEO		
1863277773	2004327773	320057	GHAWALE GITANJALI PRAKASH		
1863277774	2004327774	320057	AWAL ASHWINI BHOJRAM		
1863277775	2004327775	320057	KALPALLIWAR MADHUR SHRIKANT		
1863277776	2004327776	320057	LENDE POONAM SHESHARAO		
1863277777	2004327777	320057	BHURE KARAN DILIP		
1863277778	2004327778	320057	ATKARI PALLAVI DILIP		
1863277779	2004327779	320057	MENGRE SUJATA GHANASHYAM		
1863277780	2004327780	320057	DAHAKE PRANALI ASHOK		
1863277781	2004327781	320057	GABHANE RESHAP SURYABHAN		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277782	2004327782	320057	KAWALE SUWARNA WAMANRAO		
1863277783	2004327783	320057	DHARGAVE PAYAL DEVENDRA		
1863277784	2004327784	320057	DEWADE CHETANA MURLIDHAR		
1863277785	2004327785	320057	THAKRE NIKHITA VIJAY		
1863277786	2004327786	320057	SHAHARE PRACHI RAJU		
1863277787	2004327787	320057	THAOKAR HEMLATA SHRIRAM		
1863277788	2004327788	320057	KELWADE PRANALI WAMAN		
1863277789	2004327789	320057	SHINDE SHITAL SURESH		
1863277790	2004327790	320057	DHORE NIKITA SHIVAJI		
1863277791	2004327791	320057	DORLE ARPITA PURUSHOTTAM		
1863277792	2004327792	320057	LUTE PRITI MANIK		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277793	2004327793	320057	MESHRAM RESHMA RADHESHAM		
1863277794	2004327794	320057	LONARE SHUBHAM MADHUKAR		
1863277795	2004327795	320057	VAIDYA SHITAL RAIBHAN		
1863277796	2004327796	320057	ZALKE KALYANI RAVINDRA		
1863277797	2004327797	320057	CHUTE LINATAI KHOJRAM		
1863277798	2004327798	320057	KALAMBE DIPTI GANGADHAR		
1863277799	2004327799	320057	IRLE PRACHI PRAKASH		
1863277800	2004327800	320057	CHAWADE VRUSHALI SUBHASH		
1863277801	2004327801	320057	AMBADKAR TUSHAR SUBHASHJI		
1863277802	2004327802	320057	MASKE JAYESH UMESH		
1863277803	2004327803	320057	PARSHURAMKAR CHARULATA YASHAWANT		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277804	2004327804	320057	FUTANE JYOTI JASWANTA		
1863277805	2004327805	320057	SHRAWANKAR ANAMIKA VINASHYAM		
1863277806	2004327806	320057	CHARDE LINA KESHAV		
1863277807	2004327807	320057	WASNIK SHRADDHA NIRANJAN		
1863277808	2004327808	320057	PADOLE SHITAL RAJKUMAR		
1863277809	2004327809	320057	PADOLE ASHWINI RAJKUMAR		
1863277810	2004327810	320057	RANGARI SAKSHI ANIL		
1863277811	2004327811	320057	MASKE KIRTI KAKA		
1863277812	2004327812	320057	THAKARE BHAGYASHRI HOMESHWAR		
1863277813	2004327813	320057	BORKAR HEENA NARENDRA		
1863277814	2004327814	320057	DHARGAVE RAJASHRI VINAYAK		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277815	2004327815	320057	HARKANDE NIKHIL GANGADHAR		
1863277816	2004327816	320057	ATKARI RINA KESHAV		
1863277817	2004327817	320057	HUMANE SNEHA MANOHAR		
1863277818	2004327818	320057	PANDE AMIT KALIPADO		
1863277819	2004327819	320057	SAMRIT SEEMA RAJESH		
1863277820	2004327820	320057	PADOLE ACHAL GANESH		
1863277821	2004327821	320057	TEMBHURNIKAR PRADHNYA NAVNIT		
1863277822	2004327822	320057	PISE MEGHA ASHOK		
1863277823	2004327823	320057	RAMTEKE DIKSHA SHAILENDRA		
1863277824	2004327824	320057	CHARDE KARINA TEJRAM		
1863277825	2004327825	320057	RAJGIRE JAYSHREE BABURAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277826	2004327826	320057	AMBILDHUKE SWAPNA RAMCHADRA		
1863277827	2004327827	320057	BORKAR SRUSHTI BHIMRAO		
1863277828	2004327828	320057	FULE ASHWINI ARUN		
1863277829	2004327829	320057	LANJEWAR ARATI CHARANDAS		
1863277830	2004327830	320057	KAREMORE ARTI 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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277771	2004327771	320057	CHITRIVEKAR SURBHI DILIP		
1863277772	2004327772	320057	NAKADE ROSHANI MAHADEO		
1863277773	2004327773	320057	GHAWALE GITANJALI PRAKASH		
1863277774	2004327774	320057	AWAL ASHWINI BHOJRAM		
1863277775	2004327775	320057	KALPALLIWAR MADHUR SHRIKANT		
1863277776	2004327776	320057	LENDE POONAM SHESHARAO		
1863277777	2004327777	320057	BHURE KARAN DILIP		
1863277778	2004327778	320057	ATKARI PALLAVI DILIP		
1863277779	2004327779	320057	MENGRE SUJATA GHANASHYAM		
1863277780	2004327780	320057	DAHAKE PRANALI ASHOK		
1863277781	2004327781	320057	GABHANE RESHAP SURYABHAN		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277782	2004327782	320057	KAWALE SUWARNA WAMANRAO		
1863277783	2004327783	320057	DHARGAVE PAYAL DEVENDRA		
1863277784	2004327784	320057	DEWADE CHETANA MURLIDHAR		
1863277785	2004327785	320057	THAKRE NIKHITA VIJAY		
1863277786	2004327786	320057	SHAHARE PRACHI RAJU		
1863277787	2004327787	320057	THAOKAR HEMLATA SHRIRAM		
1863277788	2004327788	320057	KELWADE PRANALI WAMAN		
1863277789	2004327789	320057	SHINDE SHITAL SURESH		
1863277790	2004327790	320057	DHORE NIKITA SHIVAJI		
1863277791	2004327791	320057	DORLE ARPITA PURUSHOTTAM		
1863277792	2004327792	320057	LUTE PRITI MANIK		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277793	2004327793	320057	MESHRAM RESHMA RADHESHAM		
1863277794	2004327794	320057	LONARE SHUBHAM MADHUKAR		
1863277795	2004327795	320057	VAIDYA SHITAL RAIBHAN		
1863277796	2004327796	320057	ZALKE KALYANI RAVINDRA		
1863277797	2004327797	320057	CHUTE LINATAI KHOJRAM		
1863277798	2004327798	320057	KALAMBE DIPTI GANGADHAR		
1863277799	2004327799	320057	IRLE PRACHI PRAKASH		
1863277800	2004327800	320057	CHAWADE VRUSHALI SUBHASH		
1863277801	2004327801	320057	AMBADKAR TUSHAR SUBHASHJI		
1863277802	2004327802	320057	MASKE JAYESH UMESH		
1863277803	2004327803	320057	PARSHURAMKAR CHARULATA YASHAWANT		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277804	2004327804	320057	FUTANE JYOTI JASWANTA		
1863277805	2004327805	320057	SHRAWANKAR ANAMIKA VINASHYAM		
1863277806	2004327806	320057	CHARDE LINA KESHAV		
1863277807	2004327807	320057	WASNIK SHRADDHA NIRANJAN		
1863277808	2004327808	320057	PADOLE SHITAL RAJKUMAR		
1863277809	2004327809	320057	PADOLE ASHWINI RAJKUMAR		
1863277810	2004327810	320057	RANGARI SAKSHI ANIL		
1863277811	2004327811	320057	MASKE KIRTI KAKA		
1863277812	2004327812	320057	THAKARE BHAGYASHRI HOMESHWAR		
1863277813	2004327813	320057	BORKAR HEENA NARENDRA		
1863277814	2004327814	320057	DHARGAVE RAJASHRI VINAYAK		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277815	2004327815	320057	HARKANDE NIKHIL GANGADHAR		
1863277816	2004327816	320057	ATKARI RINA KESHAV		
1863277817	2004327817	320057	HUMANE SNEHA MANOHAR		
1863277818	2004327818	320057	PANDE AMIT KALIPADO		
1863277819	2004327819	320057	SAMRIT SEEMA RAJESH		
1863277820	2004327820	320057	PADOLE ACHAL GANESH		
1863277821	2004327821	320057	TEMBHURNIKAR PRADHNYA NAVNIT		
1863277822	2004327822	320057	PISE MEGHA ASHOK		
1863277823	2004327823	320057	RAMTEKE DIKSHA SHAILENDRA		
1863277824	2004327824	320057	CHARDE KARINA TEJRAM		
1863277825	2004327825	320057	RAJGIRE JAYSHREE BABURAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277826	2004327826	320057	AMBILDHUKE SWAPNA RAMCHADRA		
1863277827	2004327827	320057	BORKAR SRUSHTI BHIMRAO		
1863277828	2004327828	320057	FULE ASHWINI ARUN		
1863277829	2004327829	320057	LANJEWAR ARATI CHARANDAS		
1863277830	2004327830	320057	KAREMORE ARTI 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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277771	2004327771	320057	CHITRIVEKAR SURBHI DILIP		
1863277772	2004327772	320057	NAKADE ROSHANI MAHADEO		
1863277773	2004327773	320057	GHAWALE GITANJALI PRAKASH		
1863277774	2004327774	320057	AWAL ASHWINI BHOJRAM		
1863277775	2004327775	320057	KALPALLIWAR MADHUR SHRIKANT		
1863277776	2004327776	320057	LENDE POONAM SHESHARAO		
1863277777	2004327777	320057	BHURE KARAN DILIP		
1863277778	2004327778	320057	ATKARI PALLAVI DILIP		
1863277779	2004327779	320057	MENGRE SUJATA GHANASHYAM		
1863277780	2004327780	320057	DAHAKE PRANALI ASHOK		
1863277781	2004327781	320057	GABHANE RESHAP SURYABHAN		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277782	2004327782	320057	KAWALE SUWARNA WAMANRAO		
1863277783	2004327783	320057	DHARGAVE PAYAL DEVENDRA		
1863277784	2004327784	320057	DEWADE CHETANA MURLIDHAR		
1863277785	2004327785	320057	THAKRE NIKHITA VIJAY		
1863277786	2004327786	320057	SHAHARE PRACHI RAJU		
1863277787	2004327787	320057	THAOKAR HEMLATA SHRIRAM		
1863277788	2004327788	320057	KELWADE PRANALI WAMAN		
1863277789	2004327789	320057	SHINDE SHITAL SURESH		
1863277790	2004327790	320057	DHORE NIKITA SHIVAJI		
1863277791	2004327791	320057	DORLE ARPITA PURUSHOTTAM		
1863277792	2004327792	320057	LUTE PRITI MANIK		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277793	2004327793	320057	MESHRAM RESHMA RADHESHAM		
1863277794	2004327794	320057	LONARE SHUBHAM MADHUKAR		
1863277795	2004327795	320057	VAIDYA SHITAL RAIBHAN		
1863277796	2004327796	320057	ZALKE KALYANI RAVINDRA		
1863277797	2004327797	320057	CHUTE LINATAI KHOJRAM		
1863277798	2004327798	320057	KALAMBE DIPTI GANGADHAR		
1863277799	2004327799	320057	IRLE PRACHI PRAKASH		
1863277800	2004327800	320057	CHAWADE VRUSHALI SUBHASH		
1863277801	2004327801	320057	AMBADKAR TUSHAR SUBHASHJI		
1863277802	2004327802	320057	MASKE JAYESH UMESH		
1863277803	2004327803	320057	PARSHURAMKAR CHARULATA YASHAWANT		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277804	2004327804	320057	FUTANE JYOTI JASWANTA		
1863277805	2004327805	320057	SHRAWANKAR ANAMIKA VINASHYAM		
1863277806	2004327806	320057	CHARDE LINA KESHAV		
1863277807	2004327807	320057	WASNIK SHRADDHA NIRANJAN		
1863277808	2004327808	320057	PADOLE SHITAL RAJKUMAR		
1863277809	2004327809	320057	PADOLE ASHWINI RAJKUMAR		
1863277810	2004327810	320057	RANGARI SAKSHI ANIL		
1863277811	2004327811	320057	MASKE KIRTI KAKA		
1863277812	2004327812	320057	THAKARE BHAGYASHRI HOMESHWAR		
1863277813	2004327813	320057	BORKAR HEENA NARENDRA		
1863277814	2004327814	320057	DHARGAVE RAJASHRI VINAYAK		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277815	2004327815	320057	HARKANDE NIKHIL GANGADHAR		
1863277816	2004327816	320057	ATKARI RINA KESHAV		
1863277817	2004327817	320057	HUMANE SNEHA MANOHAR		
1863277818	2004327818	320057	PANDE AMIT KALIPADO		
1863277819	2004327819	320057	SAMRIT SEEMA RAJESH		
1863277820	2004327820	320057	PADOLE ACHAL GANESH		
1863277821	2004327821	320057	TEMBHURNIKAR PRADHNYA NAVNIT		
1863277822	2004327822	320057	PISE MEGHA ASHOK		
1863277823	2004327823	320057	RAMTEKE DIKSHA SHAILENDRA		
1863277824	2004327824	320057	CHARDE KARINA TEJRAM		
1863277825	2004327825	320057	RAJGIRE JAYSHREE BABURAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277826	2004327826	320057	AMBILDHUKE SWAPNA RAMCHADRA		
1863277827	2004327827	320057	BORKAR SRUSHTI BHIMRAO		
1863277828	2004327828	320057	FULE ASHWINI ARUN		
1863277829	2004327829	320057	LANJEWAR ARATI CHARANDAS		
1863277830	2004327830	320057	KAREMORE ARTI 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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277771	2004327771	320057	CHITRIVEKAR SURBHI DILIP		
1863277772	2004327772	320057	NAKADE ROSHANI MAHADEO		
1863277773	2004327773	320057	GHAWALE GITANJALI PRAKASH		
1863277774	2004327774	320057	AWAL ASHWINI BHOJRAM		
1863277775	2004327775	320057	KALPALLIWAR MADHUR SHRIKANT		
1863277776	2004327776	320057	LENDE POONAM SHESHARAO		
1863277777	2004327777	320057	BHURE KARAN DILIP		
1863277778	2004327778	320057	ATKARI PALLAVI DILIP		
1863277779	2004327779	320057	MENGRE SUJATA GHANASHYAM		
1863277780	2004327780	320057	DAHAKE PRANALI ASHOK		
1863277781	2004327781	320057	GABHANE RESHAP SURYABHAN		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277782	2004327782	320057	KAWALE SUWARNA WAMANRAO		
1863277783	2004327783	320057	DHARGAVE PAYAL DEVENDRA		
1863277784	2004327784	320057	DEWADE CHETANA MURLIDHAR		
1863277785	2004327785	320057	THAKRE NIKHITA VIJAY		
1863277786	2004327786	320057	SHAHARE PRACHI RAJU		
1863277787	2004327787	320057	THAOKAR HEMLATA SHRIRAM		
1863277788	2004327788	320057	KELWADE PRANALI WAMAN		
1863277789	2004327789	320057	SHINDE SHITAL SURESH		
1863277790	2004327790	320057	DHORE NIKITA SHIVAJI		
1863277791	2004327791	320057	DORLE ARPITA PURUSHOTTAM		
1863277792	2004327792	320057	LUTE PRITI MANIK		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277793	2004327793	320057	MESHRAM RESHMA RADHESHAM		
1863277794	2004327794	320057	LONARE SHUBHAM MADHUKAR		
1863277795	2004327795	320057	VAIDYA SHITAL RAIBHAN		
1863277796	2004327796	320057	ZALKE KALYANI RAVINDRA		
1863277797	2004327797	320057	CHUTE LINATAI KHOJRAM		
1863277798	2004327798	320057	KALAMBE DIPTI GANGADHAR		
1863277799	2004327799	320057	IRLE PRACHI PRAKASH		
1863277800	2004327800	320057	CHAWADE VRUSHALI SUBHASH		
1863277801	2004327801	320057	AMBADKAR TUSHAR SUBHASHJI		
1863277802	2004327802	320057	MASKE JAYESH UMESH		
1863277803	2004327803	320057	PARSHURAMKAR CHARULATA YASHAWANT		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277804	2004327804	320057	FUTANE JYOTI JASWANTA		
1863277805	2004327805	320057	SHRAWANKAR ANAMIKA VINASHYAM		
1863277806	2004327806	320057	CHARDE LINA KESHAV		
1863277807	2004327807	320057	WASNIK SHRADDHA NIRANJAN		
1863277808	2004327808	320057	PADOLE SHITAL RAJKUMAR		
1863277809	2004327809	320057	PADOLE ASHWINI RAJKUMAR		
1863277810	2004327810	320057	RANGARI SAKSHI ANIL		
1863277811	2004327811	320057	MASKE KIRTI KAKA		
1863277812	2004327812	320057	THAKARE BHAGYASHRI HOMESHWAR		
1863277813	2004327813	320057	BORKAR HEENA NARENDRA		
1863277814	2004327814	320057	DHARGAVE RAJASHRI VINAYAK		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277815	2004327815	320057	HARKANDE NIKHIL GANGADHAR		
1863277816	2004327816	320057	ATKARI RINA KESHAV		
1863277817	2004327817	320057	HUMANE SNEHA MANOHAR		
1863277818	2004327818	320057	PANDE AMIT KALIPADO		
1863277819	2004327819	320057	SAMRIT SEEMA RAJESH		
1863277820	2004327820	320057	PADOLE ACHAL GANESH		
1863277821	2004327821	320057	TEMBHURNIKAR PRADHNYA NAVNIT		
1863277822	2004327822	320057	PISE MEGHA ASHOK		
1863277823	2004327823	320057	RAMTEKE DIKSHA SHAILENDRA		
1863277824	2004327824	320057	CHARDE KARINA TEJRAM		
1863277825	2004327825	320057	RAJGIRE JAYSHREE BABURAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277826	2004327826	320057	AMBILDHUKE SWAPNA RAMCHADRA		
1863277827	2004327827	320057	BORKAR SRUSHTI BHIMRAO		
1863277828	2004327828	320057	FULE ASHWINI ARUN		
1863277829	2004327829	320057	LANJEWAR ARATI CHARANDAS		
1863277830	2004327830	320057	KAREMORE ARTI 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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277771	2004327771	320057	CHITRIVEKAR SURBHI DILIP		
1863277772	2004327772	320057	NAKADE ROSHANI MAHADEO		
1863277773	2004327773	320057	GHAWALE GITANJALI PRAKASH		
1863277774	2004327774	320057	AWAL ASHWINI BHOJRAM		
1863277775	2004327775	320057	KALPALLIWAR MADHUR SHRIKANT		
1863277776	2004327776	320057	LENDE POONAM SHESHARAO		
1863277777	2004327777	320057	BHURE KARAN DILIP		
1863277778	2004327778	320057	ATKARI PALLAVI DILIP		
1863277779	2004327779	320057	MENGRE SUJATA GHANASHYAM		
1863277780	2004327780	320057	DAHAKE PRANALI ASHOK		
1863277781	2004327781	320057	GABHANE RESHAP SURYABHAN		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277782	2004327782	320057	KAWALE SUWARNA WAMANRAO		
1863277783	2004327783	320057	DHARGAVE PAYAL DEVENDRA		
1863277784	2004327784	320057	DEWADE CHETANA MURLIDHAR		
1863277785	2004327785	320057	THAKRE NIKHITA VIJAY		
1863277786	2004327786	320057	SHAHARE PRACHI RAJU		
1863277787	2004327787	320057	THAOKAR HEMLATA SHRIRAM		
1863277788	2004327788	320057	KELWADE PRANALI WAMAN		
1863277789	2004327789	320057	SHINDE SHITAL SURESH		
1863277790	2004327790	320057	DHORE NIKITA SHIVAJI		
1863277791	2004327791	320057	DORLE ARPITA PURUSHOTTAM		
1863277792	2004327792	320057	LUTE PRITI MANIK		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277793	2004327793	320057	MESHRAM RESHMA RADHESHAM		
1863277794	2004327794	320057	LONARE SHUBHAM MADHUKAR		
1863277795	2004327795	320057	VAIDYA SHITAL RAIBHAN		
1863277796	2004327796	320057	ZALKE KALYANI RAVINDRA		
1863277797	2004327797	320057	CHUTE LINATAI KHOJRAM		
1863277798	2004327798	320057	KALAMBE DIPTI GANGADHAR		
1863277799	2004327799	320057	IRLE PRACHI PRAKASH		
1863277800	2004327800	320057	CHAWADE VRUSHALI SUBHASH		
1863277801	2004327801	320057	AMBADKAR TUSHAR SUBHASHJI		
1863277802	2004327802	320057	MASKE JAYESH UMESH		
1863277803	2004327803	320057	PARSHURAMKAR CHARULATA YASHAWANT		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277804	2004327804	320057	FUTANE JYOTI JASWANTA		
1863277805	2004327805	320057	SHRAWANKAR ANAMIKA VINASHYAM		
1863277806	2004327806	320057	CHARDE LINA KESHAV		
1863277807	2004327807	320057	WASNIK SHRADDHA NIRANJAN		
1863277808	2004327808	320057	PADOLE SHITAL RAJKUMAR		
1863277809	2004327809	320057	PADOLE ASHWINI RAJKUMAR		
1863277810	2004327810	320057	RANGARI SAKSHI ANIL		
1863277811	2004327811	320057	MASKE KIRTI KAKA		
1863277812	2004327812	320057	THAKARE BHAGYASHRI HOMESHWAR		
1863277813	2004327813	320057	BORKAR HEENA NARENDRA		
1863277814	2004327814	320057	DHARGAVE RAJASHRI VINAYAK		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277815	2004327815	320057	HARKANDE NIKHIL GANGADHAR		
1863277816	2004327816	320057	ATKARI RINA KESHAV		
1863277817	2004327817	320057	HUMANE SNEHA MANOHAR		
1863277818	2004327818	320057	PANDE AMIT KALIPADO		
1863277819	2004327819	320057	SAMRIT SEEMA RAJESH		
1863277820	2004327820	320057	PADOLE ACHAL GANESH		
1863277821	2004327821	320057	TEMBHURNIKAR PRADHNYA NAVNIT		
1863277822	2004327822	320057	PISE MEGHA ASHOK		
1863277823	2004327823	320057	RAMTEKE DIKSHA SHAILENDRA		
1863277824	2004327824	320057	CHARDE KARINA TEJRAM		
1863277825	2004327825	320057	RAJGIRE JAYSHREE BABURAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320057 BHANDARA PARAMEDICAL & HASTAKALA VA KARYANUBHAV

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277826	2004327826	320057	AMBILDHUKE SWAPNA RAMCHADRA		
1863277827	2004327827	320057	BORKAR SRUSHTI BHIMRAO		
1863277828	2004327828	320057	FULE ASHWINI ARUN		
1863277829	2004327829	320057	LANJEWAR ARATI CHARANDAS		
1863277830	2004327830	320057	KAREMORE ARTI 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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277831	2004327831	320294	WASNIK DIKSHA PRAMOD		
1863277832	2004327832	320294	PATLE HINA ARJUN		
1863277833	2004327833	320294	KARANDE VAISHALI MAROTI		
1863277834	2004327834	320294	GOUPALE GEETA CHITTRANJAN		
1863277835	2004327835	320294	HATWAR KARISHMA RAJESH		
1863277836	2004327836	320294	DONGRE SHALU RAJESH		
1863277837	2004327837	320294	BHADRA PUJA VISHWANATH		
1863277838	2004327838	320294	GAIDHANE ISHIKA PRABHAKAR		
1863277839	2004327839	320294	VAIDYA APARNA BHAGWAN		
1863277840	2004327840	320294	GADERIYA PRITI RADHESHYAM		
1863277841	2004327841	320294	ISHWARKAR GEETAKUMARI SUDHAKAR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277842	2004327842	320294	PATLE ARTI SURTILAL		
1863277843	2004327843	320294	ISHWARKAR SHUBHANGINI SUDHAKAR		
1863277844	2004327844	320294	JANGJODE PIYUSH SANJAY		
1863277845	2004327845	320294	SINDPURE RAGINI SANJAY		
1863277846	2004327846	320294	TEMBHURNE SADHANA MUNESHWAR		
1863277847	2004327847	320294	KHAIRAGADE ANKITA TARUN		
1863277848	2004327848	320294	DONGRE DHAMMDIP KHEMRAJ		
1863277849	2004327849	320294	PATLE PRATIMA JAYATNLAL		
1863277850	2004327850	320294	TEMBHARE NIKESH YOGRAJ		
1863277851	2004327851	320294	DHABALE SUBHANGINI UMASHANKAR		
1863277852	2004327852	320294	KUSHWAHA ANKITA VIJAYSINGH		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277853	2004327853	320294	THAKRE KAMALNATH DAKCHAND		
1863277854	2004327854	320294	MESHRAM VAISHNAVI HEMRAJ		
1863277855	2004327855	320294	AKHARE SUVARNA ANKUSH		
1863277856	2004327856	320294	TUMSARE MONIKA RAJENDRA		
1863277857	2004327857	320294	NANDARDHANE YAMINI MANOJ		
1863277858	2004327858	320294	RAUT BHARTI MINRAJ		
1863277859	2004327859	320294	DADURE NEHA LAKHAN		
1863277860	2004327860	320294	TEMBHARE DIVYA CHHAGANLAL		
1863277861	2004327861	320294	BHAGAT NIDHI GHANSHYAM		
1863277862	2004327862	320294	BAGHELE ROSHNI ARUN		
1863277863	2004327863	320294	CHAUDHARI RUPALI DURGAPRASAD		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277864	2004327864	320294	KAWLE RAJLAXMI BASANT		
1863277865	2004327865	320294	HATWAR KALYANI PREMDAS		
1863277866	2004327866	320294	NAWKHARE RAMAN VINAYAK		
1863277867	2004327867	320294	MESHRAM PARAG NAGSEN		
1863277868	2004327868	320294	MOTGHARE SHUBHAM CHINTAMAN		
1863277869	2004327869	320294	BONDRE VEDANTIKA GHANSHYAM		
1863277870	2004327870	320294	SHIVARKAR ROSHNI GOVINDRAO		
1863277871	2004327871	320294	BOPCHE VILAS ISHWARDAS		
1863277872	2004327872	320294	CHUNNE SHUBHAM PRAMOD		
1863277873	2004327873	320294	TEMBHARE PRAFUL MAHENDRA		
1863277874	2004327874	320294	KATORE ARTI BHAGWAN		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277875	2004327875	320294	SHENDE RAKESH JETHIRAM		
1863277876	2004327876	320294	ZANZAD SUPRIYA SHALIK		
1863277877	2004327877	320294	RANE LAKSHMI INDAL		
1863277878	2004327878	320294	VAIDYA NIKLESH GULAB		
1863277879	2004327879	320294	SATPUTE CHETAN RAJU		
1863277880	2004327880	320294	GAIDHANE KARTIK ARUN		
1863277881	2004327881	320294	HIWASE REETU DAMODHAR		
1863277882	2004327882	320294	RAMTEKE KAVITA NEPAL		
1863277883	2004327883	320294	HIWASE RIYA DAMODHAR		
1863277884	2004327884	320294	KAMBLE ANISHA ARVIND		
1863277885	2004327885	320294	NATKAR ASHWINI CHANDU		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277886	2004327886	320294	SAHARE ANKIT RAJENDRA		
1863277887	2004327887	320294	GABHANE GANESH RADHESHYAM		
1863277888	2004327888	320294	TARARE ASHU MANOHARJI		
1863277889	2004327889	320294	BHURE HIMANSHU NATRAJ		
1863277890	2004327890	320294	NIMBEKAR REKHA KISHOR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277831	2004327831	320294	WASNIK DIKSHA PRAMOD		
1863277832	2004327832	320294	PATLE HINA ARJUN		
1863277833	2004327833	320294	KARANDE VAISHALI MAROTI		
1863277834	2004327834	320294	GOUPALE GEETA CHITTRANJAN		
1863277835	2004327835	320294	HATWAR KARISHMA RAJESH		
1863277836	2004327836	320294	DONGRE SHALU RAJESH		
1863277837	2004327837	320294	BHADRA PUJA VISHWANATH		
1863277838	2004327838	320294	GAIDHANE ISHIKA PRABHAKAR		
1863277839	2004327839	320294	VAIDYA APARNA BHAGWAN		
1863277840	2004327840	320294	GADERIYA PRITI RADHESHYAM		
1863277841	2004327841	320294	ISHWARKAR GEETAKUMARI SUDHAKAR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277842	2004327842	320294	PATLE ARTI SURTILAL		
1863277843	2004327843	320294	ISHWARKAR SHUBHANGINI SUDHAKAR		
1863277844	2004327844	320294	JANGJODE PIYUSH SANJAY		
1863277845	2004327845	320294	SINDPURE RAGINI SANJAY		
1863277846	2004327846	320294	TEMBHURNE SADHANA MUNESHWAR		
1863277847	2004327847	320294	KHAIRAGADE ANKITA TARUN		
1863277848	2004327848	320294	DONGRE DHAMMDIP KHEMRAJ		
1863277849	2004327849	320294	PATLE PRATIMA JAYATNLAL		
1863277850	2004327850	320294	TEMBHARE NIKESH YOGRAJ		
1863277851	2004327851	320294	DHABALE SUBHANGINI UMASHANKAR		
1863277852	2004327852	320294	KUSHWAHA ANKITA VIJAYSINGH		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277853	2004327853	320294	THAKRE KAMALNATH DAKCHAND		
1863277854	2004327854	320294	MESHRAM VAISHNAVI HEMRAJ		
1863277855	2004327855	320294	AKHARE SUVARNA ANKUSH		
1863277856	2004327856	320294	TUMSARE MONIKA RAJENDRA		
1863277857	2004327857	320294	NANDARDHANE YAMINI MANOJ		
1863277858	2004327858	320294	RAUT BHARTI MINRAJ		
1863277859	2004327859	320294	DADURE NEHA LAKHAN		
1863277860	2004327860	320294	TEMBHARE DIVYA CHHAGANLAL		
1863277861	2004327861	320294	BHAGAT NIDHI GHANSHYAM		
1863277862	2004327862	320294	BAGHELE ROSHNI ARUN		
1863277863	2004327863	320294	CHAUDHARI RUPALI DURGAPRASAD		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277864	2004327864	320294	KAWLE RAJLAXMI BASANT		
1863277865	2004327865	320294	HATWAR KALYANI PREMDAS		
1863277866	2004327866	320294	NAWKHARE RAMAN VINAYAK		
1863277867	2004327867	320294	MESHRAM PARAG NAGSEN		
1863277868	2004327868	320294	MOTGHARE SHUBHAM CHINTAMAN		
1863277869	2004327869	320294	BONDRE VEDANTIKA GHANSHYAM		
1863277870	2004327870	320294	SHIVARKAR ROSHNI GOVINDRAO		
1863277871	2004327871	320294	BOPCHE VILAS ISHWARDAS		
1863277872	2004327872	320294	CHUNNE SHUBHAM PRAMOD		
1863277873	2004327873	320294	TEMBHARE PRAFUL MAHENDRA		
1863277874	2004327874	320294	KATORE ARTI BHAGWAN		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277875	2004327875	320294	SHENDE RAKESH JETHIRAM		
1863277876	2004327876	320294	ZANZAD SUPRIYA SHALIK		
1863277877	2004327877	320294	RANE LAKSHMI INDAL		
1863277878	2004327878	320294	VAIDYA NIKLESH GULAB		
1863277879	2004327879	320294	SATPUTE CHETAN RAJU		
1863277880	2004327880	320294	GAIDHANE KARTIK ARUN		
1863277881	2004327881	320294	HIWASE REETU DAMODHAR		
1863277882	2004327882	320294	RAMTEKE KAVITA NEPAL		
1863277883	2004327883	320294	HIWASE RIYA DAMODHAR		
1863277884	2004327884	320294	KAMBLE ANISHA ARVIND		
1863277885	2004327885	320294	NATKAR ASHWINI CHANDU		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277886	2004327886	320294	SAHARE ANKIT RAJENDRA		
1863277887	2004327887	320294	GABHANE GANESH RADHESHYAM		
1863277888	2004327888	320294	TARARE ASHU MANOHARJI		
1863277889	2004327889	320294	BHURE HIMANSHU NATRAJ		
1863277890	2004327890	320294	NIMBEKAR REKHA KISHOR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277831	2004327831	320294	WASNIK DIKSHA PRAMOD		
1863277832	2004327832	320294	PATLE HINA ARJUN		
1863277833	2004327833	320294	KARANDE VAISHALI MAROTI		
1863277834	2004327834	320294	GOUPALE GEETA CHITTRANJAN		
1863277835	2004327835	320294	HATWAR KARISHMA RAJESH		
1863277836	2004327836	320294	DONGRE SHALU RAJESH		
1863277837	2004327837	320294	BHADRA PUJA VISHWANATH		
1863277838	2004327838	320294	GAIDHANE ISHIKA PRABHAKAR		
1863277839	2004327839	320294	VAIDYA APARNA BHAGWAN		
1863277840	2004327840	320294	GADERIYA PRITI RADHESHYAM		
1863277841	2004327841	320294	ISHWARKAR GEETAKUMARI SUDHAKAR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277842	2004327842	320294	PATLE ARTI SURTILAL		
1863277843	2004327843	320294	ISHWARKAR SHUBHANGINI SUDHAKAR		
1863277844	2004327844	320294	JANGJODE PIYUSH SANJAY		
1863277845	2004327845	320294	SINDPURE RAGINI SANJAY		
1863277846	2004327846	320294	TEMBHURNE SADHANA MUNESHWAR		
1863277847	2004327847	320294	KHAIRAGADE ANKITA TARUN		
1863277848	2004327848	320294	DONGRE DHAMMDIP KHEMRAJ		
1863277849	2004327849	320294	PATLE PRATIMA JAYATNLAL		
1863277850	2004327850	320294	TEMBHARE NIKESH YOGRAJ		
1863277851	2004327851	320294	DHABALE SUBHANGINI UMASHANKAR		
1863277852	2004327852	320294	KUSHWAHA ANKITA VIJAYSINGH		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277853	2004327853	320294	THAKRE KAMALNATH DAKCHAND		
1863277854	2004327854	320294	MESHRAM VAISHNAVI HEMRAJ		
1863277855	2004327855	320294	AKHARE SUVARNA ANKUSH		
1863277856	2004327856	320294	TUMSARE MONIKA RAJENDRA		
1863277857	2004327857	320294	NANDARDHANE YAMINI MANOJ		
1863277858	2004327858	320294	RAUT BHARTI MINRAJ		
1863277859	2004327859	320294	DADURE NEHA LAKHAN		
1863277860	2004327860	320294	TEMBHARE DIVYA CHHAGANLAL		
1863277861	2004327861	320294	BHAGAT NIDHI GHANSHYAM		
1863277862	2004327862	320294	BAGHELE ROSHNI ARUN		
1863277863	2004327863	320294	CHAUDHARI RUPALI DURGAPRASAD		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277864	2004327864	320294	KAWLE RAJLAXMI BASANT		
1863277865	2004327865	320294	HATWAR KALYANI PREMDAS		
1863277866	2004327866	320294	NAWKHARE RAMAN VINAYAK		
1863277867	2004327867	320294	MESHRAM PARAG NAGSEN		
1863277868	2004327868	320294	MOTGHARE SHUBHAM CHINTAMAN		
1863277869	2004327869	320294	BONDRE VEDANTIKA GHANSHYAM		
1863277870	2004327870	320294	SHIVARKAR ROSHNI GOVINDRAO		
1863277871	2004327871	320294	BOPCHE VILAS ISHWARDAS		
1863277872	2004327872	320294	CHUNNE SHUBHAM PRAMOD		
1863277873	2004327873	320294	TEMBHARE PRAFUL MAHENDRA		
1863277874	2004327874	320294	KATORE ARTI BHAGWAN		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277875	2004327875	320294	SHENDE RAKESH JETHIRAM		
1863277876	2004327876	320294	ZANZAD SUPRIYA SHALIK		
1863277877	2004327877	320294	RANE LAKSHMI INDAL		
1863277878	2004327878	320294	VAIDYA NIKLESH GULAB		
1863277879	2004327879	320294	SATPUTE CHETAN RAJU		
1863277880	2004327880	320294	GAIDHANE KARTIK ARUN		
1863277881	2004327881	320294	HIWASE REETU DAMODHAR		
1863277882	2004327882	320294	RAMTEKE KAVITA NEPAL		
1863277883	2004327883	320294	HIWASE RIYA DAMODHAR		
1863277884	2004327884	320294	KAMBLE ANISHA ARVIND		
1863277885	2004327885	320294	NATKAR ASHWINI CHANDU		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277886	2004327886	320294	SAHARE ANKIT RAJENDRA		
1863277887	2004327887	320294	GABHANE GANESH RADHESHYAM		
1863277888	2004327888	320294	TARARE ASHU MANOHARJI		
1863277889	2004327889	320294	BHURE HIMANSHU NATRAJ		
1863277890	2004327890	320294	NIMBEKAR REKHA KISHOR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277831	2004327831	320294	WASNIK DIKSHA PRAMOD		
1863277832	2004327832	320294	PATLE HINA ARJUN		
1863277833	2004327833	320294	KARANDE VAISHALI MAROTI		
1863277834	2004327834	320294	GOUPALE GEETA CHITTRANJAN		
1863277835	2004327835	320294	HATWAR KARISHMA RAJESH		
1863277836	2004327836	320294	DONGRE SHALU RAJESH		
1863277837	2004327837	320294	BHADRA PUJA VISHWANATH		
1863277838	2004327838	320294	GAIDHANE ISHIKA PRABHAKAR		
1863277839	2004327839	320294	VAIDYA APARNA BHAGWAN		
1863277840	2004327840	320294	GADERIYA PRITI RADHESHYAM		
1863277841	2004327841	320294	ISHWARKAR GEETAKUMARI SUDHAKAR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277842	2004327842	320294	PATLE ARTI SURTILAL		
1863277843	2004327843	320294	ISHWARKAR SHUBHANGINI SUDHAKAR		
1863277844	2004327844	320294	JANGJODE PIYUSH SANJAY		
1863277845	2004327845	320294	SINDPURE RAGINI SANJAY		
1863277846	2004327846	320294	TEMBHURNE SADHANA MUNESHWAR		
1863277847	2004327847	320294	KHAIRAGADE ANKITA TARUN		
1863277848	2004327848	320294	DONGRE DHAMMDIP KHEMRAJ		
1863277849	2004327849	320294	PATLE PRATIMA JAYATNLAL		
1863277850	2004327850	320294	TEMBHARE NIKESH YOGRAJ		
1863277851	2004327851	320294	DHABALE SUBHANGINI UMASHANKAR		
1863277852	2004327852	320294	KUSHWAHA ANKITA VIJAYSINGH		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277853	2004327853	320294	THAKRE KAMALNATH DAKCHAND		
1863277854	2004327854	320294	MESHRAM VAISHNAVI HEMRAJ		
1863277855	2004327855	320294	AKHARE SUVARNA ANKUSH		
1863277856	2004327856	320294	TUMSARE MONIKA RAJENDRA		
1863277857	2004327857	320294	NANDARDHANE YAMINI MANOJ		
1863277858	2004327858	320294	RAUT BHARTI MINRAJ		
1863277859	2004327859	320294	DADURE NEHA LAKHAN		
1863277860	2004327860	320294	TEMBHARE DIVYA CHHAGANLAL		
1863277861	2004327861	320294	BHAGAT NIDHI GHANSHYAM		
1863277862	2004327862	320294	BAGHELE ROSHNI ARUN		
1863277863	2004327863	320294	CHAUDHARI RUPALI DURGAPRASAD		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277864	2004327864	320294	KAWLE RAJLAXMI BASANT		
1863277865	2004327865	320294	HATWAR KALYANI PREMDAS		
1863277866	2004327866	320294	NAWKHARE RAMAN VINAYAK		
1863277867	2004327867	320294	MESHRAM PARAG NAGSEN		
1863277868	2004327868	320294	MOTGHARE SHUBHAM CHINTAMAN		
1863277869	2004327869	320294	BONDRE VEDANTIKA GHANSHYAM		
1863277870	2004327870	320294	SHIVARKAR ROSHNI GOVINDRAO		
1863277871	2004327871	320294	BOPCHE VILAS ISHWARDAS		
1863277872	2004327872	320294	CHUNNE SHUBHAM PRAMOD		
1863277873	2004327873	320294	TEMBHARE PRAFUL MAHENDRA		
1863277874	2004327874	320294	KATORE ARTI BHAGWAN		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277875	2004327875	320294	SHENDE RAKESH JETHIRAM		
1863277876	2004327876	320294	ZANZAD SUPRIYA SHALIK		
1863277877	2004327877	320294	RANE LAKSHMI INDAL		
1863277878	2004327878	320294	VAIDYA NIKLESH GULAB		
1863277879	2004327879	320294	SATPUTE CHETAN RAJU		
1863277880	2004327880	320294	GAIDHANE KARTIK ARUN		
1863277881	2004327881	320294	HIWASE REETU DAMODHAR		
1863277882	2004327882	320294	RAMTEKE KAVITA NEPAL		
1863277883	2004327883	320294	HIWASE RIYA DAMODHAR		
1863277884	2004327884	320294	KAMBLE ANISHA ARVIND		
1863277885	2004327885	320294	NATKAR ASHWINI CHANDU		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277886	2004327886	320294	SAHARE ANKIT RAJENDRA		
1863277887	2004327887	320294	GABHANE GANESH RADHESHYAM		
1863277888	2004327888	320294	TARARE ASHU MANOHARJI		
1863277889	2004327889	320294	BHURE HIMANSHU NATRAJ		
1863277890	2004327890	320294	NIMBEKAR REKHA KISHOR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277831	2004327831	320294	WASNIK DIKSHA PRAMOD		
1863277832	2004327832	320294	PATLE HINA ARJUN		
1863277833	2004327833	320294	KARANDE VAISHALI MAROTI		
1863277834	2004327834	320294	GOUPALE GEETA CHITTRANJAN		
1863277835	2004327835	320294	HATWAR KARISHMA RAJESH		
1863277836	2004327836	320294	DONGRE SHALU RAJESH		
1863277837	2004327837	320294	BHADRA PUJA VISHWANATH		
1863277838	2004327838	320294	GAIDHANE ISHIKA PRABHAKAR		
1863277839	2004327839	320294	VAIDYA APARNA BHAGWAN		
1863277840	2004327840	320294	GADERIYA PRITI RADHESHYAM		
1863277841	2004327841	320294	ISHWARKAR GEETAKUMARI SUDHAKAR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277842	2004327842	320294	PATLE ARTI SURTILAL		
1863277843	2004327843	320294	ISHWARKAR SHUBHANGINI SUDHAKAR		
1863277844	2004327844	320294	JANGJODE PIYUSH SANJAY		
1863277845	2004327845	320294	SINDPURE RAGINI SANJAY		
1863277846	2004327846	320294	TEMBHURNE SADHANA MUNESHWAR		
1863277847	2004327847	320294	KHAIRAGADE ANKITA TARUN		
1863277848	2004327848	320294	DONGRE DHAMMDIP KHEMRAJ		
1863277849	2004327849	320294	PATLE PRATIMA JAYATNLAL		
1863277850	2004327850	320294	TEMBHARE NIKESH YOGRAJ		
1863277851	2004327851	320294	DHABALE SUBHANGINI UMASHANKAR		
1863277852	2004327852	320294	KUSHWAHA ANKITA VIJAYSINGH		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277853	2004327853	320294	THAKRE KAMALNATH DAKCHAND		
1863277854	2004327854	320294	MESHRAM VAISHNAVI HEMRAJ		
1863277855	2004327855	320294	AKHARE SUVARNA ANKUSH		
1863277856	2004327856	320294	TUMSARE MONIKA RAJENDRA		
1863277857	2004327857	320294	NANDARDHANE YAMINI MANOJ		
1863277858	2004327858	320294	RAUT BHARTI MINRAJ		
1863277859	2004327859	320294	DADURE NEHA LAKHAN		
1863277860	2004327860	320294	TEMBHARE DIVYA CHHAGANLAL		
1863277861	2004327861	320294	BHAGAT NIDHI GHANSHYAM		
1863277862	2004327862	320294	BAGHELE ROSHNI ARUN		
1863277863	2004327863	320294	CHAUDHARI RUPALI DURGAPRASAD		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277864	2004327864	320294	KAWLE RAJLAXMI BASANT		
1863277865	2004327865	320294	HATWAR KALYANI PREMDAS		
1863277866	2004327866	320294	NAWKHARE RAMAN VINAYAK		
1863277867	2004327867	320294	MESHRAM PARAG NAGSEN		
1863277868	2004327868	320294	MOTGHARE SHUBHAM CHINTAMAN		
1863277869	2004327869	320294	BONDRE VEDANTIKA GHANSHYAM		
1863277870	2004327870	320294	SHIVARKAR ROSHNI GOVINDRAO		
1863277871	2004327871	320294	BOPCHE VILAS ISHWARDAS		
1863277872	2004327872	320294	CHUNNE SHUBHAM PRAMOD		
1863277873	2004327873	320294	TEMBHARE PRAFUL MAHENDRA		
1863277874	2004327874	320294	KATORE ARTI BHAGWAN		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277875	2004327875	320294	SHENDE RAKESH JETHIRAM		
1863277876	2004327876	320294	ZANZAD SUPRIYA SHALIK		
1863277877	2004327877	320294	RANE LAKSHMI INDAL		
1863277878	2004327878	320294	VAIDYA NIKLESH GULAB		
1863277879	2004327879	320294	SATPUTE CHETAN RAJU		
1863277880	2004327880	320294	GAIDHANE KARTIK ARUN		
1863277881	2004327881	320294	HIWASE REETU DAMODHAR		
1863277882	2004327882	320294	RAMTEKE KAVITA NEPAL		
1863277883	2004327883	320294	HIWASE RIYA DAMODHAR		
1863277884	2004327884	320294	KAMBLE ANISHA ARVIND		
1863277885	2004327885	320294	NATKAR ASHWINI CHANDU		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277886	2004327886	320294	SAHARE ANKIT RAJENDRA		
1863277887	2004327887	320294	GABHANE GANESH RADHESHYAM		
1863277888	2004327888	320294	TARARE ASHU MANOHARJI		
1863277889	2004327889	320294	BHURE HIMANSHU NATRAJ		
1863277890	2004327890	320294	NIMBEKAR REKHA KISHOR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277831	2004327831	320294	WASNIK DIKSHA PRAMOD		
1863277832	2004327832	320294	PATLE HINA ARJUN		
1863277833	2004327833	320294	KARANDE VAISHALI MAROTI		
1863277834	2004327834	320294	GOUPALE GEETA CHITTRANJAN		
1863277835	2004327835	320294	HATWAR KARISHMA RAJESH		
1863277836	2004327836	320294	DONGRE SHALU RAJESH		
1863277837	2004327837	320294	BHADRA PUJA VISHWANATH		
1863277838	2004327838	320294	GAIDHANE ISHIKA PRABHAKAR		
1863277839	2004327839	320294	VAIDYA APARNA BHAGWAN		
1863277840	2004327840	320294	GADERIYA PRITI RADHESHYAM		
1863277841	2004327841	320294	ISHWARKAR GEETAKUMARI SUDHAKAR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277842	2004327842	320294	PATLE ARTI SURTILAL		
1863277843	2004327843	320294	ISHWARKAR SHUBHANGINI SUDHAKAR		
1863277844	2004327844	320294	JANGJODE PIYUSH SANJAY		
1863277845	2004327845	320294	SINDPURE RAGINI SANJAY		
1863277846	2004327846	320294	TEMBHURNE SADHANA MUNESHWAR		
1863277847	2004327847	320294	KHAIRAGADE ANKITA TARUN		
1863277848	2004327848	320294	DONGRE DHAMMDIP KHEMRAJ		
1863277849	2004327849	320294	PATLE PRATIMA JAYATNLAL		
1863277850	2004327850	320294	TEMBHARE NIKESH YOGRAJ		
1863277851	2004327851	320294	DHABALE SUBHANGINI UMASHANKAR		
1863277852	2004327852	320294	KUSHWAHA ANKITA VIJAYSINGH		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277853	2004327853	320294	THAKRE KAMALNATH DAKCHAND		
1863277854	2004327854	320294	MESHRAM VAISHNAVI HEMRAJ		
1863277855	2004327855	320294	AKHARE SUVARNA ANKUSH		
1863277856	2004327856	320294	TUMSARE MONIKA RAJENDRA		
1863277857	2004327857	320294	NANDARDHANE YAMINI MANOJ		
1863277858	2004327858	320294	RAUT BHARTI MINRAJ		
1863277859	2004327859	320294	DADURE NEHA LAKHAN		
1863277860	2004327860	320294	TEMBHARE DIVYA CHHAGANLAL		
1863277861	2004327861	320294	BHAGAT NIDHI GHANSHYAM		
1863277862	2004327862	320294	BAGHELE ROSHNI ARUN		
1863277863	2004327863	320294	CHAUDHARI RUPALI DURGAPRASAD		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277864	2004327864	320294	KAWLE RAJLAXMI BASANT		
1863277865	2004327865	320294	HATWAR KALYANI PREMDAS		
1863277866	2004327866	320294	NAWKHARE RAMAN VINAYAK		
1863277867	2004327867	320294	MESHRAM PARAG NAGSEN		
1863277868	2004327868	320294	MOTGHARE SHUBHAM CHINTAMAN		
1863277869	2004327869	320294	BONDRE VEDANTIKA GHANSHYAM		
1863277870	2004327870	320294	SHIVARKAR ROSHNI GOVINDRAO		
1863277871	2004327871	320294	BOPCHE VILAS ISHWARDAS		
1863277872	2004327872	320294	CHUNNE SHUBHAM PRAMOD		
1863277873	2004327873	320294	TEMBHARE PRAFUL MAHENDRA		
1863277874	2004327874	320294	KATORE ARTI BHAGWAN		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277875	2004327875	320294	SHENDE RAKESH JETHIRAM		
1863277876	2004327876	320294	ZANZAD SUPRIYA SHALIK		
1863277877	2004327877	320294	RANE LAKSHMI INDAL		
1863277878	2004327878	320294	VAIDYA NIKLESH GULAB		
1863277879	2004327879	320294	SATPUTE CHETAN RAJU		
1863277880	2004327880	320294	GAIDHANE KARTIK ARUN		
1863277881	2004327881	320294	HIWASE REETU DAMODHAR		
1863277882	2004327882	320294	RAMTEKE KAVITA NEPAL		
1863277883	2004327883	320294	HIWASE RIYA DAMODHAR		
1863277884	2004327884	320294	KAMBLE ANISHA ARVIND		
1863277885	2004327885	320294	NATKAR ASHWINI CHANDU		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320294 ANURADHA PARAMEDICAL VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277886	2004327886	320294	SAHARE ANKIT RAJENDRA		
1863277887	2004327887	320294	GABHANE GANESH RADHESHYAM		
1863277888	2004327888	320294	TARARE ASHU MANOHARJI		
1863277889	2004327889	320294	BHURE HIMANSHU NATRAJ		
1863277890	2004327890	320294	NIMBEKAR REKHA KISHOR		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320303 SWAVALAMBI APANG AUDYOGIK NIWASI KARMASHALA

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 302409 ELECTRICIAN

Subject : APPLIED MATHEMATICS PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277891	2004327891	320303	BHONDE VIJAY DEVCHAND		
1863277892	2004327892	320303	BISANKAR CHANDAN PISARAM		
1863277893	2004327893	320303	BHOYAR RAKESH DEOCHAND		
1863277894	2004327894	320303	DONODE GHANSHYAM JAGAN		
1863277895	2004327895	320303	GODBOLE AMOL BHAKRU		
1863277896	2004327896	320303	LANJEWAR BHARAT NANAJI		
1863277897	2004327897	320303	LUTE AVIJIT SURESH		
1863277898	2004327898	320303	MARGAYE DNYANESHWAR DEVANAND		
1863277899	2004327899	320303	MESHRAM MANGESHWAR RAMESH		
1863277900	2004327900	320303	NIPANE DOSHIRAM KESHAO		
1863277901	2004327901	320303	PANCHABUDHE AMOL RADHESHYAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320303 SWAVALAMBI APANG AUDYOGIK NIWASI KARMASHALA

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 302409 ELECTRICIAN

Subject : APPLIED MATHEMATICS PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277903	2004327902	320303	RAUT SHIVKUMAR SAKHARAM		
1863277904	2004327903	320303	YESANE ROHIT SUKHDEO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320303 SWAVALAMBI APANG AUDYOGIK NIWASI KARMASHALA

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 302409 ELECTRICIAN

Subject : BASIC ELECTRICITY AND MEASUREMENT PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277891	2004327891	320303	BHONDE VIJAY DEVCHAND		
1863277892	2004327892	320303	BISANKAR CHANDAN PISARAM		
1863277893	2004327893	320303	BHOYAR RAKESH DEOCHAND		
1863277894	2004327894	320303	DONODE GHANSHYAM JAGAN		
1863277895	2004327895	320303	GODBOLE AMOL BHAKRU		
1863277896	2004327896	320303	LANJEWAR BHARAT NANAJI		
1863277897	2004327897	320303	LUTE AVIJIT SURESH		
1863277898	2004327898	320303	MARGAYE DNYANESHWAR DEVANAND		
1863277899	2004327899	320303	MESHRAM MANGESHWAR RAMESH		
1863277900	2004327900	320303	NIPANE DOSHIRAM KESHAO		
1863277901	2004327901	320303	PANCHABUDHE AMOL RADHESHYAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320303 SWAVALAMBI APANG AUDYOGIK NIWASI KARMASHALA

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 302409 ELECTRICIAN

Subject : BASIC ELECTRICITY AND MEASUREMENT PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277903	2004327902	320303	RAUT SHIVKUMAR SAKHARAM		
1863277904	2004327903	320303	YESANE ROHIT SUKHDEO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320303 SWAVALAMBI APANG AUDYOGIK NIWASI KARMASHALA

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 302409 ELECTRICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277891	2004327891	320303	BHONDE VIJAY DEVCHAND		
1863277892	2004327892	320303	BISANKAR CHANDAN PISARAM		
1863277893	2004327893	320303	BHOYAR RAKESH DEOCHAND		
1863277894	2004327894	320303	DONODE GHANSHYAM JAGAN		
1863277895	2004327895	320303	GODBOLE AMOL BHAKRU		
1863277896	2004327896	320303	LANJEWAR BHARAT NANAJI		
1863277897	2004327897	320303	LUTE AVIJIT SURESH		
1863277898	2004327898	320303	MARGAYE DNYANESHWAR DEVANAND		
1863277899	2004327899	320303	MESHRAM MANGESHWAR RAMESH		
1863277900	2004327900	320303	NIPANE DOSHIRAM KESHAO		
1863277901	2004327901	320303	PANCHABUDHE AMOL RADHESHYAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320303 SWAVALAMBI APANG AUDYOGIK NIWASI KARMASHALA

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 302409 ELECTRICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277903	2004327902	320303	RAUT SHIVKUMAR SAKHARAM		
1863277904	2004327903	320303	YESANE ROHIT SUKHDEO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320303 SWAVALAMBI APANG AUDYOGIK NIWASI KARMASHALA

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 302409 ELECTRICIAN

Subject : ELECTRICIAN PRACTICE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277891	2004327891	320303	BHONDE VIJAY DEVCHAND		
1863277892	2004327892	320303	BISANKAR CHANDAN PISARAM		
1863277893	2004327893	320303	BHOYAR RAKESH DEOCHAND		
1863277894	2004327894	320303	DONODE GHANSHYAM JAGAN		
1863277895	2004327895	320303	GODBOLE AMOL BHAKRU		
1863277896	2004327896	320303	LANJEWAR BHARAT NANAJI		
1863277897	2004327897	320303	LUTE AVIJIT SURESH		
1863277898	2004327898	320303	MARGAYE DNYANESHWAR DEVANAND		
1863277899	2004327899	320303	MESHRAM MANGESHWAR RAMESH		
1863277900	2004327900	320303	NIPANE DOSHIRAM KESHAO		
1863277901	2004327901	320303	PANCHABUDHE AMOL RADHESHYAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320303 SWAVALAMBI APANG AUDYOGIK NIWASI KARMASHALA

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 302409 ELECTRICIAN

Subject : ELECTRICIAN PRACTICE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277903	2004327902	320303	RAUT SHIVKUMAR SAKHARAM		
1863277904	2004327903	320303	YESANE ROHIT SUKHDEO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320303 SWAVALAMBI APANG AUDYOGIK NIWASI KARMASHALA

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 302409 ELECTRICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277891	2004327891	320303	BHONDE VIJAY DEVCHAND		
1863277892	2004327892	320303	BISANKAR CHANDAN PISARAM		
1863277893	2004327893	320303	BHOYAR RAKESH DEOCHAND		
1863277894	2004327894	320303	DONODE GHANSHYAM JAGAN		
1863277895	2004327895	320303	GODBOLE AMOL BHAKRU		
1863277896	2004327896	320303	LANJEWAR BHARAT NANAJI		
1863277897	2004327897	320303	LUTE AVIJIT SURESH		
1863277898	2004327898	320303	MARGAYE DNYANESHWAR DEVANAND		
1863277899	2004327899	320303	MESHRAM MANGESHWAR RAMESH		
1863277900	2004327900	320303	NIPANE DOSHIRAM KESHAO		
1863277901	2004327901	320303	PANCHABUDHE AMOL RADHESHYAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320303 SWAVALAMBI APANG AUDYOGIK NIWASI KARMASHALA

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 302409 ELECTRICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277903	2004327902	320303	RAUT SHIVKUMAR SAKHARAM		
1863277904	2004327903	320303	YESANE ROHIT SUKHDEO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320303 SWAVALAMBI APANG AUDYOGIK NIWASI KARMASHALA

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 302409 ELECTRICIAN

Subject : WORKSHOP CALCULATION, SCIENCE AND DRAWING PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277891	2004327891	320303	BHONDE VIJAY DEVCHAND		
1863277892	2004327892	320303	BISANKAR CHANDAN PISARAM		
1863277893	2004327893	320303	BHOYAR RAKESH DEOCHAND		
1863277894	2004327894	320303	DONODE GHANSHYAM JAGAN		
1863277895	2004327895	320303	GODBOLE AMOL BHAKRU		
1863277896	2004327896	320303	LANJEWAR BHARAT NANAJI		
1863277897	2004327897	320303	LUTE AVIJIT SURESH		
1863277898	2004327898	320303	MARGAYE DNYANESHWAR DEVANAND		
1863277899	2004327899	320303	MESHRAM MANGESHWAR RAMESH		
1863277900	2004327900	320303	NIPANE DOSHIRAM KESHAO		
1863277901	2004327901	320303	PANCHABUDHE AMOL RADHESHYAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320303 SWAVALAMBI APANG AUDYOGIK NIWASI KARMASHALA

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 302409 ELECTRICIAN

Subject : WORKSHOP CALCULATION, SCIENCE AND DRAWING PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277903	2004327902	320303	RAUT SHIVKUMAR SAKHARAM		
1863277904	2004327903	320303	YESANE ROHIT SUKHDEO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320345 DELITE VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : AGRICULTURE ECONOMICS AND EXTENSION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1763277956	2004327959	320345	DHOMNE SANDEEP NATHUJI		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320345 DELITE VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1763277956	2004327959	320345	DHOMNE SANDEEP NATHUJI		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320345 DELITE VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : CULTIVATION OF AGRONOMICAL CROPS PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1763277956	2004327959	320345	DHOMNE SANDEEP NATHUJI		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320345 DELITE VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : ELEMENTS OF AGRICULTURE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1763277956	2004327959	320345	DHOMNE SANDEEP NATHUJI		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320345 DELITE VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1763277956	2004327959	320345	DHOMNE SANDEEP NATHUJI		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320345 DELITE VOCATIONAL TRAINING CENTER

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1763277956	2004327959	320345	DHOMNE SANDEEP NATHUJI		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277912	2004327904	320347	CHANDEWAE SONALI YOURAJ		
1863277913	2004327905	320347	HALMARE NISHA KEWALRAM		
1863277914	2004327906	320347	YADAV ARATI SUBHASH		
1863277915	2004327907	320347	WATKAR JYOTSANA DHANRAJ		
1863277916	2004327908	320347	RAMTEKE SUJATA AMRUT		
1863277918	2004327909	320347	DHHALNIYA JYOTI AGRAHIJ		
1863277919	2004327910	320347	RAHANGDALE SEWAKAN BENIRAM		
1863277921	2004327911	320347	TARERE HARSHA TULARAM		
1863277922	2004327912	320347	TUMSARE SUCHITRA RAMESWAR		
1863277923	2004327913	320347	RAHANGDALE KIRTI BENIRAM		
1863277924	2004327914	320347	ADMACHI NEHA NEHRU		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ANATOMY PHYSIOLOGY AND PATHOLOGY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277925	2004327915	320347	BHEDE SANGEETA SEWAKRAM		
1863277926	2004327916	320347	GADPALE BADAL SUNIL		
1863277927	2004327917	320347	GADPALE TEJAS SUNIL		
1863277928	2004327918	320347	WAGHMARE GAYATRI ANKUSH		
1863277929	2004327919	320347	WAGHMARE LAXMI PANDHARI		
1863277930	2004327920	320347	GADPALE RAKSHA SHAMRAO		
1863277932	2004327921	320347	GOMASE SHAILESH MADHUKAR		
1863277933	2004327922	320347	RAMTEKE NIKHIL MAHENDRA		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277912	2004327904	320347	CHANDEWAE SONALI YOURAJ		
1863277913	2004327905	320347	HALMARE NISHA KEWALRAM		
1863277914	2004327906	320347	YADAV ARATI SUBHASH		
1863277915	2004327907	320347	WATKAR JYOTSANA DHANRAJ		
1863277916	2004327908	320347	RAMTEKE SUJATA AMRUT		
1863277918	2004327909	320347	DHHALNIYA JYOTI AGRAHIJ		
1863277919	2004327910	320347	RAHANGDALE SEWAKAN BENIRAM		
1863277921	2004327911	320347	TARERE HARSHA TULARAM		
1863277922	2004327912	320347	TUMSARE SUCHITRA RAMESWAR		
1863277923	2004327913	320347	RAHANGDALE KIRTI BENIRAM		
1863277924	2004327914	320347	ADMACHI NEHA NEHRU		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BIOCHEMISTRY PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277925	2004327915	320347	BHEDE SANGEETA SEWAKRAM		
1863277926	2004327916	320347	GADPALE BADAL SUNIL		
1863277927	2004327917	320347	GADPALE TEJAS SUNIL		
1863277928	2004327918	320347	WAGHMARE GAYATRI ANKUSH		
1863277929	2004327919	320347	WAGHMARE LAXMI PANDHARI		
1863277930	2004327920	320347	GADPALE RAKSHA SHAMRAO		
1863277932	2004327921	320347	GOMASE SHAILESH MADHUKAR		
1863277933	2004327922	320347	RAMTEKE NIKHIL MAHENDRA		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BUSINESS ECONOMICS PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277913	2004327905	320347	HALMARE NISHA KEWALRAM		
1863277914	2004327906	320347	YADAV ARATI SUBHASH		
1863277915	2004327907	320347	WATKAR JYOTSANA DHANRAJ		
1863277916	2004327908	320347	RAMTEKE SUJATA AMRUT		
1863277918	2004327909	320347	DHHALNIYA JYOTI AGRAHIJ		
1863277919	2004327910	320347	RAHANGDALE SEWAKAN BENIRAM		
1863277921	2004327911	320347	TARERE HARSHA TULARAM		
1863277922	2004327912	320347	TUMSARE SUCHITRA RAMESWAR		
1863277923	2004327913	320347	RAHANGDALE KIRTI BENIRAM		
1863277924	2004327914	320347	ADMACHI NEHA NEHRU		
1863277925	2004327915	320347	BHEDE SANGEETA SEWAKRAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : BUSINESS ECONOMICS PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277926	2004327916	320347	GADPALE BADAL SUNIL		
1863277927	2004327917	320347	GADPALE TEJAS SUNIL		
1863277928	2004327918	320347	WAGHMARE GAYATRI ANKUSH		
1863277929	2004327919	320347	WAGHMARE LAXMI PANDHARI		
1863277930	2004327920	320347	GADPALE RAKSHA SHAMRAO		
1863277932	2004327921	320347	GOMASE SHAILESH MADHUKAR		
1863277933	2004327922	320347	RAMTEKE NIKHIL MAHENDRA		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277912	2004327904	320347	CHANDEWAE SONALI YOURAJ		
1863277913	2004327905	320347	HALMARE NISHA KEWALRAM		
1863277914	2004327906	320347	YADAV ARATI SUBHASH		
1863277915	2004327907	320347	WATKAR JYOTSANA DHANRAJ		
1863277916	2004327908	320347	RAMTEKE SUJATA AMRUT		
1863277918	2004327909	320347	DHHALNIYA JYOTI AGRAHIJ		
1863277919	2004327910	320347	RAHANGDALE SEWAKAN BENIRAM		
1863277921	2004327911	320347	TARERE HARSHA TULARAM		
1863277922	2004327912	320347	TUMSARE SUCHITRA RAMESWAR		
1863277923	2004327913	320347	RAHANGDALE KIRTI BENIRAM		
1863277924	2004327914	320347	ADMACHI NEHA NEHRU		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : COMPUTER APPLICATION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277925	2004327915	320347	BHEDE SANGEETA SEWAKRAM		
1863277926	2004327916	320347	GADPALE BADAL SUNIL		
1863277927	2004327917	320347	GADPALE TEJAS SUNIL		
1863277928	2004327918	320347	WAGHMARE GAYATRI ANKUSH		
1863277929	2004327919	320347	WAGHMARE LAXMI PANDHARI		
1863277930	2004327920	320347	GADPALE RAKSHA SHAMRAO		
1863277932	2004327921	320347	GOMASE SHAILESH MADHUKAR		
1863277933	2004327922	320347	RAMTEKE NIKHIL MAHENDRA		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277912	2004327904	320347	CHANDEWAE SONALI YOURAJ		
1863277913	2004327905	320347	HALMARE NISHA KEWALRAM		
1863277914	2004327906	320347	YADAV ARATI SUBHASH		
1863277915	2004327907	320347	WATKAR JYOTSANA DHANRAJ		
1863277916	2004327908	320347	RAMTEKE SUJATA AMRUT		
1863277918	2004327909	320347	DHHALNIYA JYOTI AGRAHIJ		
1863277919	2004327910	320347	RAHANGDALE SEWAKAN BENIRAM		
1863277921	2004327911	320347	TARERE HARSHA TULARAM		
1863277922	2004327912	320347	TUMSARE SUCHITRA RAMESWAR		
1863277923	2004327913	320347	RAHANGDALE KIRTI BENIRAM		
1863277924	2004327914	320347	ADMACHI NEHA NEHRU		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277925	2004327915	320347	BHEDE SANGEETA SEWAKRAM		
1863277926	2004327916	320347	GADPALE BADAL SUNIL		
1863277927	2004327917	320347	GADPALE TEJAS SUNIL		
1863277928	2004327918	320347	WAGHMARE GAYATRI ANKUSH		
1863277929	2004327919	320347	WAGHMARE LAXMI PANDHARI		
1863277930	2004327920	320347	GADPALE RAKSHA SHAMRAO		
1863277932	2004327921	320347	GOMASE SHAILESH MADHUKAR		
1863277933	2004327922	320347	RAMTEKE NIKHIL MAHENDRA		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : ENTREPRENEURSHIP PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277912	2004327904	320347	CHANDEWAE SONALI YOURAJ		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277912	2004327904	320347	CHANDEWAE SONALI YOURAJ		
1863277913	2004327905	320347	HALMARE NISHA KEWALRAM		
1863277914	2004327906	320347	YADAV ARATI SUBHASH		
1863277915	2004327907	320347	WATKAR JYOTSANA DHANRAJ		
1863277916	2004327908	320347	RAMTEKE SUJATA AMRUT		
1863277918	2004327909	320347	DHHALNIYA JYOTI AGRAHIJ		
1863277919	2004327910	320347	RAHANGDALE SEWAKAN BENIRAM		
1863277921	2004327911	320347	TARERE HARSHA TULARAM		
1863277922	2004327912	320347	TUMSARE SUCHITRA RAMESWAR		
1863277923	2004327913	320347	RAHANGDALE KIRTI BENIRAM		
1863277924	2004327914	320347	ADMACHI NEHA NEHRU		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320347 BADAL GADPALE PATHOLOGY VOCATIONAL TRAINING

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 201404 MEDICAL LAB TECHNICIAN

Subject : MICROBIOLOGY AND MEDICAL CARE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277925	2004327915	320347	BHEDE SANGEETA SEWAKRAM		
1863277926	2004327916	320347	GADPALE BADAL SUNIL		
1863277927	2004327917	320347	GADPALE TEJAS SUNIL		
1863277928	2004327918	320347	WAGHMARE GAYATRI ANKUSH		
1863277929	2004327919	320347	WAGHMARE LAXMI PANDHARI		
1863277930	2004327920	320347	GADPALE RAKSHA SHAMRAO		
1863277932	2004327921	320347	GOMASE SHAILESH MADHUKAR		
1863277933	2004327922	320347	RAMTEKE NIKHIL MAHENDRA		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : AGRICULTURE ECONOMICS AND EXTENSION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277934	2004327923	320348	SHENDE ONKAR HIRAMAN		
1863277935	2004327924	320348	BHUJADE RAJENDRA PANDHARI		
1863277936	2004327925	320348	BADWAIK PRIYANKA YOGESHWAR		
1863277937	2004327926	320348	DESHMUKH SUSHANT RADHESHYAM		
1863277938	2004327927	320348	KULLARKAR RINA MAROTRAO		
1863277939	2004327928	320348	PADOLE RITESH GAJANAN		
1863277940	2004327929	320348	NASHINE CHHAYA MULCHAND		
1863277941	2004327930	320348	AGASHE KALPANA FULCHAND		
1863277942	2004327931	320348	POPTANI AMARLAL SOJRAMAL		
1863277943	2004327932	320348	KHARABE SHUBHAM DUDESHWAR		
1863277944	2004327933	320348	LILHARE VIJAY ANGALAL		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : AGRICULTURE ECONOMICS AND EXTENSION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277945	2004327934	320348	LOHIYA ANJULKUMAR KAILASHCHANDRA		
1863277946	2004327935	320348	LOHIYA ATULKUMAR KAILASHCHANDRA		
1863277947	2004327936	320348	DESHMUKH SHITAL MOHAN		
1863277948	2004327937	320348	CHAVHAN RANJIT LALAJI		
1863277949	2004327938	320348	BHANDARKAR SACHIN MANOHAR		
1863277950	2004327939	320348	DAMAHE VASANT BALIKRAM		
1863277951	2004327940	320348	LOHIYA SUNILKUMAR BHAKTRAJ		
1863277952	2004327941	320348	ASATI RAGINI MADHUSUDAN		
1863277953	2004327942	320348	AGRAWAL RUBY VIMAL		
1863277954	2004327943	320348	NATKAR SATISH ANANDRAO		
1863277955	2004327944	320348	SHENDE MANOJ NAGORAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : AGRICULTURE ECONOMICS AND EXTENSION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277956	2004327945	320348	GAIDHANE KOMAL RAMKRUSHNA		
1863277957	2004327946	320348	ADAMANE VISHAL MANOHAR		
1863277958	2004327947	320348	BUDDHE SANJAY HARICHAND		
1863277959	2004327948	320348	UKEY SHREKANT ASHOK		
1863277960	2004327949	320348	GIDWANI BHARATLAL MOHANDAS		
1863277961	2004327950	320348	BANDHATE TRISHULA SARDAR		
1863277962	2004327951	320348	BANDHATE PUSHPA SARDAR		
1863277963	2004327952	320348	DAMAHE VARSHA VIJAY		
1863277964	2004327953	320348	PARDHI KHEMSINGH BHOJRAJ		
1863277965	2004327954	320348	DHEKWAR GUNSHILA RADHESHYAM		
1863277966	2004327955	320348	MAHAJAN ASHISH BALIRAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 27/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : AGRICULTURE ECONOMICS AND EXTENSION PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277967	2004327956	320348	MAKADE BHUPESH TAPESHWAR		
1863277968	2004327957	320348	UPWANSHI NIRAJKUMAR PRAMANAND		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277934	2004327923	320348	SHENDE ONKAR HIRAMAN		
1863277935	2004327924	320348	BHUJADE RAJENDRA PANDHARI		
1863277936	2004327925	320348	BADWAIK PRIYANKA YOGESHWAR		
1863277937	2004327926	320348	DESHMUKH SUSHANT RADHESHYAM		
1863277938	2004327927	320348	KULLARKAR RINA MAROTRAO		
1863277939	2004327928	320348	PADOLE RITESH GAJANAN		
1863277940	2004327929	320348	NASHINE CHHAYA MULCHAND		
1863277941	2004327930	320348	AGASHE KALPANA FULCHAND		
1863277942	2004327931	320348	POPTANI AMARLAL SOJRAMAL		
1863277943	2004327932	320348	KHARABE SHUBHAM DUDESHWAR		
1863277944	2004327933	320348	LILHARE VIJAY ANGALAL		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277945	2004327934	320348	LOHIYA ANJULKUMAR KAILASHCHANDRA		
1863277946	2004327935	320348	LOHIYA ATULKUMAR KAILASHCHANDRA		
1863277947	2004327936	320348	DESHMUKH SHITAL MOHAN		
1863277948	2004327937	320348	CHAVHAN RANJIT LALAJI		
1863277949	2004327938	320348	BHANDARKAR SACHIN MANOHAR		
1863277950	2004327939	320348	DAMAHE VASANT BALIKRAM		
1863277951	2004327940	320348	LOHIYA SUNILKUMAR BHAKTRAJ		
1863277952	2004327941	320348	ASATI RAGINI MADHUSUDAN		
1863277953	2004327942	320348	AGRAWAL RUBY VIMAL		
1863277954	2004327943	320348	NATKAR SATISH ANANDRAO		
1863277955	2004327944	320348	SHENDE MANOJ NAGORAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277956	2004327945	320348	GAIDHANE KOMAL RAMKRUSHNA		
1863277957	2004327946	320348	ADAMANE VISHAL MANOHAR		
1863277958	2004327947	320348	BUDDHE SANJAY HARICHAND		
1863277959	2004327948	320348	UKEY SHREKANT ASHOK		
1863277960	2004327949	320348	GIDWANI BHARATLAL MOHANDAS		
1863277961	2004327950	320348	BANDHATE TRISHULA SARDAR		
1863277962	2004327951	320348	BANDHATE PUSHPA SARDAR		
1863277963	2004327952	320348	DAMAHE VARSHA VIJAY		
1863277964	2004327953	320348	PARDHI KHEMSINGH BHOJRAJ		
1863277965	2004327954	320348	DHEKWAR GUNSHILA RADHESHYAM		
1863277966	2004327955	320348	MAHAJAN ASHISH BALIRAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 24/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277967	2004327956	320348	MAKADE BHUPESH TAPESHWAR		
1863277968	2004327957	320348	UPWANSHI NIRAJKUMAR PRAMANAND		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : CULTIVATION OF AGRONOMICAL CROPS PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277934	2004327923	320348	SHENDE ONKAR HIRAMAN		
1863277935	2004327924	320348	BHUJADE RAJENDRA PANDHARI		
1863277936	2004327925	320348	BADWAIK PRIYANKA YOGESHWAR		
1863277937	2004327926	320348	DESHMUKH SUSHANT RADHESHYAM		
1863277938	2004327927	320348	KULLARKAR RINA MAROTRAO		
1863277939	2004327928	320348	PADOLE RITESH GAJANAN		
1863277940	2004327929	320348	NASHINE CHHAYA MULCHAND		
1863277941	2004327930	320348	AGASHE KALPANA FULCHAND		
1863277942	2004327931	320348	POPTANI AMARLAL SOJRAMAL		
1863277943	2004327932	320348	KHARABE SHUBHAM DUDESHWAR		
1863277944	2004327933	320348	LILHARE VIJAY ANGALAL		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : CULTIVATION OF AGRONOMICAL CROPS PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277945	2004327934	320348	LOHIYA ANJULKUMAR KAILASHCHANDRA		
1863277946	2004327935	320348	LOHIYA ATULKUMAR KAILASHCHANDRA		
1863277947	2004327936	320348	DESHMUKH SHITAL MOHAN		
1863277948	2004327937	320348	CHAVHAN RANJIT LALAJI		
1863277949	2004327938	320348	BHANDARKAR SACHIN MANOHAR		
1863277950	2004327939	320348	DAMAHE VASANT BALIKRAM		
1863277951	2004327940	320348	LOHIYA SUNILKUMAR BHAKTRAJ		
1863277952	2004327941	320348	ASATI RAGINI MADHUSUDAN		
1863277953	2004327942	320348	AGRAWAL RUBY VIMAL		
1863277954	2004327943	320348	NATKAR SATISH ANANDRAO		
1863277955	2004327944	320348	SHENDE MANOJ NAGORAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : CULTIVATION OF AGRONOMICAL CROPS PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277956	2004327945	320348	GAIDHANE KOMAL RAMKRUSHNA		
1863277957	2004327946	320348	ADAMANE VISHAL MANOHAR		
1863277958	2004327947	320348	BUDDHE SANJAY HARICHAND		
1863277959	2004327948	320348	UKEY SHREKANT ASHOK		
1863277960	2004327949	320348	GIDWANI BHARATLAL MOHANDAS		
1863277961	2004327950	320348	BANDHATE TRISHULA SARDAR		
1863277962	2004327951	320348	BANDHATE PUSHPA SARDAR		
1863277963	2004327952	320348	DAMAHE VARSHA VIJAY		
1863277964	2004327953	320348	PARDHI KHEMSINGH BHOJRAJ		
1863277965	2004327954	320348	DHEKWAR GUNSHILA RADHESHYAM		
1863277966	2004327955	320348	MAHAJAN ASHISH BALIRAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 28/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : CULTIVATION OF AGRONOMICAL CROPS PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277967	2004327956	320348	MAKADE BHUPESH TAPESHWAR		
1863277968	2004327957	320348	UPWANSHI NIRAJKUMAR PRAMANAND		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : ELEMENTS OF AGRICULTURE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277934	2004327923	320348	SHENDE ONKAR HIRAMAN		
1863277935	2004327924	320348	BHUJADE RAJENDRA PANDHARI		
1863277936	2004327925	320348	BADWAIK PRIYANKA YOGESHWAR		
1863277937	2004327926	320348	DESHMUKH SUSHANT RADHESHYAM		
1863277938	2004327927	320348	KULLARKAR RINA MAROTRAO		
1863277939	2004327928	320348	PADOLE RITESH GAJANAN		
1863277940	2004327929	320348	NASHINE CHHAYA MULCHAND		
1863277941	2004327930	320348	AGASHE KALPANA FULCHAND		
1863277942	2004327931	320348	POPTANI AMARLAL SOJRAMAL		
1863277943	2004327932	320348	KHARABE SHUBHAM DUDESHWAR		
1863277944	2004327933	320348	LILHARE VIJAY ANGALAL		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : ELEMENTS OF AGRICULTURE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277945	2004327934	320348	LOHIYA ANJULKUMAR KAILASHCHANDRA		
1863277946	2004327935	320348	LOHIYA ATULKUMAR KAILASHCHANDRA		
1863277947	2004327936	320348	DESHMUKH SHITAL MOHAN		
1863277948	2004327937	320348	CHAVHAN RANJIT LALAJI		
1863277949	2004327938	320348	BHANDARKAR SACHIN MANOHAR		
1863277950	2004327939	320348	DAMAHE VASANT BALIKRAM		
1863277951	2004327940	320348	LOHIYA SUNILKUMAR BHAKTRAJ		
1863277952	2004327941	320348	ASATI RAGINI MADHUSUDAN		
1863277953	2004327942	320348	AGRAWAL RUBY VIMAL		
1863277954	2004327943	320348	NATKAR SATISH ANANDRAO		
1863277955	2004327944	320348	SHENDE MANOJ NAGORAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : ELEMENTS OF AGRICULTURE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277956	2004327945	320348	GAIDHANE KOMAL RAMKRUSHNA		
1863277957	2004327946	320348	ADAMANE VISHAL MANOHAR		
1863277958	2004327947	320348	BUDDHE SANJAY HARICHAND		
1863277959	2004327948	320348	UKEY SHREKANT ASHOK		
1863277960	2004327949	320348	GIDWANI BHARATLAL MOHANDAS		
1863277961	2004327950	320348	BANDHATE TRISHULA SARDAR		
1863277962	2004327951	320348	BANDHATE PUSHPA SARDAR		
1863277963	2004327952	320348	DAMAHE VARSHA VIJAY		
1863277964	2004327953	320348	PARDHI KHEMSINGH BHOJRAJ		
1863277965	2004327954	320348	DHEKWAR GUNSHILA RADHESHYAM		
1863277966	2004327955	320348	MAHAJAN ASHISH BALIRAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 26/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : ELEMENTS OF AGRICULTURE PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277967	2004327956	320348	MAKADE BHUPESH TAPESHWAR		
1863277968	2004327957	320348	UPWANSHI NIRAJKUMAR PRAMANAND		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277934	2004327923	320348	SHENDE ONKAR HIRAMAN		
1863277935	2004327924	320348	BHUJADE RAJENDRA PANDHARI		
1863277936	2004327925	320348	BADWAIK PRIYANKA YOGESHWAR		
1863277937	2004327926	320348	DESHMUKH SUSHANT RADHESHYAM		
1863277938	2004327927	320348	KULLARKAR RINA MAROTRAO		
1863277939	2004327928	320348	PADOLE RITESH GAJANAN		
1863277940	2004327929	320348	NASHINE CHHAYA MULCHAND		
1863277941	2004327930	320348	AGASHE KALPANA FULCHAND		
1863277942	2004327931	320348	POPTANI AMARLAL SOJRAMAL		
1863277943	2004327932	320348	KHARABE SHUBHAM DUDESHWAR		
1863277944	2004327933	320348	LILHARE VIJAY ANGALAL		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277945	2004327934	320348	LOHIYA ANJULKUMAR KAILASHCHANDRA		
1863277946	2004327935	320348	LOHIYA ATULKUMAR KAILASHCHANDRA		
1863277947	2004327936	320348	DESHMUKH SHITAL MOHAN		
1863277948	2004327937	320348	CHAVHAN RANJIT LALAJI		
1863277949	2004327938	320348	BHANDARKAR SACHIN MANOHAR		
1863277950	2004327939	320348	DAMAHE VASANT BALIKRAM		
1863277951	2004327940	320348	LOHIYA SUNILKUMAR BHAKTRAJ		
1863277952	2004327941	320348	ASATI RAGINI MADHUSUDAN		
1863277953	2004327942	320348	AGRAWAL RUBY VIMAL		
1863277954	2004327943	320348	NATKAR SATISH ANANDRAO		
1863277955	2004327944	320348	SHENDE MANOJ NAGORAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277956	2004327945	320348	GAIDHANE KOMAL RAMKRUSHNA		
1863277957	2004327946	320348	ADAMANE VISHAL MANOHAR		
1863277958	2004327947	320348	BUDDHE SANJAY HARICHAND		
1863277959	2004327948	320348	UKEY SHREKANT ASHOK		
1863277960	2004327949	320348	GIDWANI BHARATLAL MOHANDAS		
1863277961	2004327950	320348	BANDHATE TRISHULA SARDAR		
1863277962	2004327951	320348	BANDHATE PUSHPA SARDAR		
1863277963	2004327952	320348	DAMAHE VARSHA VIJAY		
1863277964	2004327953	320348	PARDHI KHEMSINGH BHOJRAJ		
1863277965	2004327954	320348	DHEKWAR GUNSHILA RADHESHYAM		
1863277966	2004327955	320348	MAHAJAN ASHISH BALIRAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 22/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : ENGLISH (COMMUNICATION SKILL) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277967	2004327956	320348	MAKADE BHUPESH TAPESHWAR		
1863277968	2004327957	320348	UPWANSHI NIRAJKUMAR PRAMANAND		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277934	2004327923	320348	SHENDE ONKAR HIRAMAN		
1863277935	2004327924	320348	BHUJADE RAJENDRA PANDHARI		
1863277936	2004327925	320348	BADWAIK PRIYANKA YOGESHWAR		
1863277937	2004327926	320348	DESHMUKH SUSHANT RADHESHYAM		
1863277938	2004327927	320348	KULLARKAR RINA MAROTRAO		
1863277939	2004327928	320348	PADOLE RITESH GAJANAN		
1863277940	2004327929	320348	NASHINE CHHAYA MULCHAND		
1863277941	2004327930	320348	AGASHE KALPANA FULCHAND		
1863277942	2004327931	320348	POPTANI AMARLAL SOJRAMAL		
1863277943	2004327932	320348	KHARABE SHUBHAM DUDESHWAR		
1863277944	2004327933	320348	LILHARE VIJAY ANGALAL		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277945	2004327934	320348	LOHIYA ANJULKUMAR KAILASHCHANDRA		
1863277946	2004327935	320348	LOHIYA ATULKUMAR KAILASHCHANDRA		
1863277947	2004327936	320348	DESHMUKH SHITAL MOHAN		
1863277948	2004327937	320348	CHAVHAN RANJIT LALAJI		
1863277949	2004327938	320348	BHANDARKAR SACHIN MANOHAR		
1863277950	2004327939	320348	DAMAHE VASANT BALIKRAM		
1863277951	2004327940	320348	LOHIYA SUNILKUMAR BHAKTRAJ		
1863277952	2004327941	320348	ASATI RAGINI MADHUSUDAN		
1863277953	2004327942	320348	AGRAWAL RUBY VIMAL		
1863277954	2004327943	320348	NATKAR SATISH ANANDRAO		
1863277955	2004327944	320348	SHENDE MANOJ NAGORAO		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277956	2004327945	320348	GAIDHANE KOMAL RAMKRUSHNA		
1863277957	2004327946	320348	ADAMANE VISHAL MANOHAR		
1863277958	2004327947	320348	BUDDHE SANJAY HARICHAND		
1863277959	2004327948	320348	UKEY SHREKANT ASHOK		
1863277960	2004327949	320348	GIDWANI BHARATLAL MOHANDAS		
1863277961	2004327950	320348	BANDHATE TRISHULA SARDAR		
1863277962	2004327951	320348	BANDHATE PUSHPA SARDAR		
1863277963	2004327952	320348	DAMAHE VARSHA VIJAY		
1863277964	2004327953	320348	PARDHI KHEMSINGH BHOJRAJ		
1863277965	2004327954	320348	DHEKWAR GUNSHILA RADHESHYAM		
1863277966	2004327955	320348	MAHAJAN ASHISH BALIRAM		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge

Maharashtra State Board of Skill Development Examinations,Mumbai
Attendence Sheet

Institute Code & Name 320348 LATE HIRALAL BAHU SHIKSHAN SANSTHA

Examination : April 2020 **Date :** 23/10/2020 **Time :** 10 AM TO 1 PM

Course Code & Name : 305403 AGRICULTURAL TECHNOLOGY

Subject : PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

Name Of Supervisor :

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1863277967	2004327956	320348	MAKADE BHUPESH TAPESHWAR		
1863277968	2004327957	320348	UPWANSHI NIRAJKUMAR PRAMANAND		

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 immidiatly reported to concerned district office, in prescribe format by exam center In-charge