












**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 22/09/2021 **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	Name Of Student	Photo	Signature
1972877771	2104287771	280553	BOBADE NEHA PRAKASH		<input type="text"/>
1972877772	2104287772	280553	GAWNAR VAIBHAV VASUDEO		<input type="text"/>
1972877773	2104287773	280553	TIDKE KAPIL SUDHAKAR		<input type="text"/>
1972877774	2104287774	280553	ADOLE SURAJ PURUSHOTTAM		<input type="text"/>
1972877775	2104287775	280553	RATHOD PRATIK PRAMOD		<input type="text"/>
1972877776	2104287776	280553	MOHOD KUNAL VANRAJ		<input type="text"/>
1972877777	2104287777	280553	RATHOD TUSHAR UMESH		<input type="text"/>
1972877778	2104287778	280553	PALI VIVEK SURAJKUMAR		<input type="text"/>
1972877779	2104287779	280553	SHAIKH MIJAN SHAIKH NAIM		<input type="text"/>
1972877780	2104287780	280553	CHOUDHARI AMAN RAJENDRA		<input type="text"/>
1972877781	2104287781	280553	PATORKAR ROSHAN SITARAM		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 22/09/2021 **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	Name Of Student	Photo	Signature
1972877782	2104287782	280553	RAUT YASH PRAKASH		
1972877783	2104287783	280553	WASULE SAGAR RAJU		
1972877784	2104287784	280553	ADHAU TUSHAR PRAMODRAO		
1972877785	2104287785	280553	KANDALKAR AKSHAY RAMESHRAO		
1972877786	2104287786	280553	RATHOD SACHIN GOVINDSING		
1972877787	2104287787	280553	WANKHADE DIKSHA SANJAYRAO		
1972877788	2104287788	280553	KUMBHALWAR ABHAY SURESHRAO		
1972877789	2104287789	280553	MOKALKAR VINAY SHRIKRUSHANA		
1972877790	2104287790	280553	DHOKE PRIYA CHANDU		
1972877791	2104287791	280553	DHOKE KAVITA CHANDU		
1972877792	2104287792	280553	GATHE ADARSH BALUPANT		

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 22/09/2021 **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	Name Of Student	Photo	Signature
1972877793	2104287793	280553	ROKADE ANKIT SHALIGRAM		<input type="text"/>
1972877794	2104287794	280553	DABHADKAR KUNAL DATTATRAYA		<input type="text"/>
1972877795	2104287795	280553	SAYYED IMAM IQBAL		<input type="text"/>
1972877796	2104287796	280553	AGARKAR ABHINANDAN DEVENDRA		<input type="text"/>
1972877797	2104287797	280553	MOHITE SANDIP SHIWAJI		<input type="text"/>
1972877798	2104287798	280553	MAHINDRAKAR DHEERAJ DAYANAND		<input type="text"/>
1972877799	2104287799	280553	HINGURKAR SAPNA SHARADRAO		<input type="text"/>
1972877800	2104287800	280553	GADHIKAR AKASH GAJANAN		<input type="text"/>
1972877801	2104287801	280553	NAVED AHMAD ABDUL JABBAR		<input type="text"/>
1972877802	2104287802	280553	KHANDE AYUSH BALASAHEB		<input type="text"/>
1972877803	2104287803	280553	ABDUL SAHIL ABDUL AQUEEL		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 21/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 302409 ELECTRICIAN  
**Subject :** COMPUTER APPLICATION PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877771	2104287771	280553	BOBADE NEHA PRAKASH		<input type="text"/>
1972877772	2104287772	280553	GAWNAR VAIBHAV VASUDEO		<input type="text"/>
1972877773	2104287773	280553	TIDKE KAPIL SUDHAKAR		<input type="text"/>
1972877774	2104287774	280553	ADOLE SURAJ PURUSHOTTAM		<input type="text"/>
1972877775	2104287775	280553	RATHOD PRATIK PRAMOD		<input type="text"/>
1972877776	2104287776	280553	MOHOD KUNAL VANRAJ		<input type="text"/>
1972877777	2104287777	280553	RATHOD TUSHAR UMESH		<input type="text"/>
1972877778	2104287778	280553	PALI VIVEK SURAJKUMAR		<input type="text"/>
1972877779	2104287779	280553	SHAIKH MIJAN SHAIKH NAIM		<input type="text"/>
1972877780	2104287780	280553	CHOUDHARI AMAN RAJENDRA		<input type="text"/>
1972877781	2104287781	280553	PATORKAR ROSHAN SITARAM		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 21/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 302409 ELECTRICIAN  
**Subject :** COMPUTER APPLICATION PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877782	2104287782	280553	RAUT YASH PRAKASH		<input type="text"/>
1972877783	2104287783	280553	WASULE SAGAR RAJU		<input type="text"/>
1972877784	2104287784	280553	ADHAU TUSHAR PRAMODRAO		<input type="text"/>
1972877785	2104287785	280553	KANDALKAR AKSHAY RAMESHRAO		<input type="text"/>
1972877786	2104287786	280553	RATHOD SACHIN GOVINDSING		<input type="text"/>
1972877787	2104287787	280553	WANKHADE DIKSHA SANJAYRAO		<input type="text"/>
1972877788	2104287788	280553	KUMBHALWAR ABHAY SURESHRAO		<input type="text"/>
1972877789	2104287789	280553	MOKALKAR VINAY SHRIKRUSHANA		<input type="text"/>
1972877790	2104287790	280553	DHOKE PRIYA CHANDU		<input type="text"/>
1972877791	2104287791	280553	DHOKE KAVITA CHANDU		<input type="text"/>
1972877792	2104287792	280553	GATHE ADARSH BALUPANT		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 21/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 302409 ELECTRICIAN  
**Subject :** COMPUTER APPLICATION PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877793	2104287793	280553	ROKADE ANKIT SHALIGRAM		<input type="text"/>
1972877794	2104287794	280553	DABHADKAR KUNAL DATTATRAYA		<input type="text"/>
1972877795	2104287795	280553	SAYYED IMAM IQBAL		<input type="text"/>
1972877796	2104287796	280553	AGARKAR ABHINANDAN DEVENDRA		<input type="text"/>
1972877797	2104287797	280553	MOHITE SANDIP SHIWAJI		<input type="text"/>
1972877798	2104287798	280553	MAHINDRAKAR DHEERAJ DAYANAND		<input type="text"/>
1972877799	2104287799	280553	HINGURKAR SAPNA SHARADRAO		<input type="text"/>
1972877800	2104287800	280553	GADHIKAR AKASH GAJANAN		<input type="text"/>
1972877801	2104287801	280553	NAVED AHMAD ABDUL JABBAR		<input type="text"/>
1972877802	2104287802	280553	KHANDE AYUSH BALASAHEB		<input type="text"/>
1972877803	2104287803	280553	ABDUL SAHIL ABDUL AQUEEL		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 23/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 302409 ELECTRICIAN  
**Subject :** ELECTRICIAN PRACTICE PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877771	2104287771	280553	BOBADE NEHA PRAKASH		<input type="text"/>
1972877772	2104287772	280553	GAWNAR VAIBHAV VASUDEO		<input type="text"/>
1972877773	2104287773	280553	TIDKE KAPIL SUDHAKAR		<input type="text"/>
1972877774	2104287774	280553	ADOLE SURAJ PURUSHOTTAM		<input type="text"/>
1972877775	2104287775	280553	RATHOD PRATIK PRAMOD		<input type="text"/>
1972877776	2104287776	280553	MOHOD KUNAL VANRAJ		<input type="text"/>
1972877777	2104287777	280553	RATHOD TUSHAR UMESH		<input type="text"/>
1972877778	2104287778	280553	PALI VIVEK SURAJKUMAR		<input type="text"/>
1972877779	2104287779	280553	SHAIKH MIJAN SHAIKH NAIM		<input type="text"/>
1972877780	2104287780	280553	CHOUDHARI AMAN RAJENDRA		<input type="text"/>
1972877781	2104287781	280553	PATORKAR ROSHAN SITARAM		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 23/09/2021 **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
1972877782	2104287782	280553	RAUT YASH PRAKASH		<input type="text"/>
1972877783	2104287783	280553	WASULE SAGAR RAJU		<input type="text"/>
1972877784	2104287784	280553	ADHAU TUSHAR PRAMODRAO		<input type="text"/>
1972877785	2104287785	280553	KANDALKAR AKSHAY RAMESHRAO		<input type="text"/>
1972877786	2104287786	280553	RATHOD SACHIN GOVINDSING		<input type="text"/>
1972877787	2104287787	280553	WANKHADE DIKSHA SANJAYRAO		<input type="text"/>
1972877788	2104287788	280553	KUMBHALWAR ABHAY SURESHRAO		<input type="text"/>
1972877789	2104287789	280553	MOKALKAR VINAY SHRIKRUSHANA		<input type="text"/>
1972877790	2104287790	280553	DHOKE PRIYA CHANDU		<input type="text"/>
1972877791	2104287791	280553	DHOKE KAVITA CHANDU		<input type="text"/>
1972877792	2104287792	280553	GATHE ADARSH BALUPANT		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**












- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immidiatly reported to concerned district office, in prescribe format by exam center In-charge



**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 23/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 302409 ELECTRICIAN  
**Subject :** ELECTRICIAN PRACTICE PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877793	2104287793	280553	ROKADE ANKIT SHALIGRAM		<input type="text"/>
1972877794	2104287794	280553	DABHADKAR KUNAL DATTATRAYA		<input type="text"/>
1972877795	2104287795	280553	SAYYED IMAM IQBAL		<input type="text"/>
1972877796	2104287796	280553	AGARKAR ABHINANDAN DEVENDRA		<input type="text"/>
1972877797	2104287797	280553	MOHITE SANDIP SHIWAJI		<input type="text"/>
1972877798	2104287798	280553	MAHINDRAKAR DHEERAJ DAYANAND		<input type="text"/>
1972877799	2104287799	280553	HINGURKAR SAPNA SHARADRAO		<input type="text"/>
1972877800	2104287800	280553	GADHIKAR AKASH GAJANAN		<input type="text"/>
1972877801	2104287801	280553	NAVED AHMAD ABDUL JABBAR		<input type="text"/>
1972877802	2104287802	280553	KHANDE AYUSH BALASAHEB		<input type="text"/>
1972877803	2104287803	280553	ABDUL SAHIL ABDUL AQUEEL		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 17/09/2021 **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	Name Of Student	Photo	Signature
1972877771	2104287771	280553	BOBADE NEHA PRAKASH		<input type="text"/>
1972877772	2104287772	280553	GAWNAR VAIBHAV VASUDEO		<input type="text"/>
1972877773	2104287773	280553	TIDKE KAPIL SUDHAKAR		<input type="text"/>
1972877774	2104287774	280553	ADOLE SURAJ PURUSHOTTAM		<input type="text"/>
1972877775	2104287775	280553	RATHOD PRATIK PRAMOD		<input type="text"/>
1972877776	2104287776	280553	MOHOD KUNAL VANRAJ		<input type="text"/>
1972877777	2104287777	280553	RATHOD TUSHAR UMESH		<input type="text"/>
1972877778	2104287778	280553	PALI VIVEK SURAJKUMAR		<input type="text"/>
1972877779	2104287779	280553	SHAIKH MIJAN SHAIKH NAIM		<input type="text"/>
1972877780	2104287780	280553	CHOUDHARI AMAN RAJENDRA		<input type="text"/>
1972877781	2104287781	280553	PATORKAR ROSHAN SITARAM		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 17/09/2021 **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	Name Of Student	Photo	Signature
1972877782	2104287782	280553	RAUT YASH PRAKASH		<input type="text"/>
1972877783	2104287783	280553	WASULE SAGAR RAJU		<input type="text"/>
1972877784	2104287784	280553	ADHAU TUSHAR PRAMODRAO		<input type="text"/>
1972877785	2104287785	280553	KANDALKAR AKSHAY RAMESHRAO		<input type="text"/>
1972877786	2104287786	280553	RATHOD SACHIN GOVINDSING		<input type="text"/>
1972877787	2104287787	280553	WANKHADE DIKSHA SANJAYRAO		<input type="text"/>
1972877788	2104287788	280553	KUMBHALWAR ABHAY SURESHRAO		<input type="text"/>
1972877789	2104287789	280553	MOKALKAR VINAY SHRIKRUSHANA		<input type="text"/>
1972877790	2104287790	280553	DHOKE PRIYA CHANDU		<input type="text"/>
1972877791	2104287791	280553	DHOKE KAVITA CHANDU		<input type="text"/>
1972877792	2104287792	280553	GATHE ADARSH BALUPANT		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 17/09/2021 **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	Name Of Student	Photo	Signature
1972877793	2104287793	280553	ROKADE ANKIT SHALIGRAM		<input type="text"/>
1972877794	2104287794	280553	DABHADKAR KUNAL DATTATRAYA		<input type="text"/>
1972877795	2104287795	280553	SAYYED IMAM IQBAL		<input type="text"/>
1972877796	2104287796	280553	AGARKAR ABHINANDAN DEVENDRA		<input type="text"/>
1972877797	2104287797	280553	MOHITE SANDIP SHIWAJI		<input type="text"/>
1972877798	2104287798	280553	MAHINDRAKAR DHEERAJ DAYANAND		<input type="text"/>
1972877799	2104287799	280553	HINGURKAR SAPNA SHARADRAO		<input type="text"/>
1972877800	2104287800	280553	GADHIKAR AKASH GAJANAN		<input type="text"/>
1972877801	2104287801	280553	NAVED AHMAD ABDUL JABBAR		<input type="text"/>
1972877802	2104287802	280553	KHANDE AYUSH BALASAHEB		<input type="text"/>
1972877803	2104287803	280553	ABDUL SAHIL ABDUL AQUEEL		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 20/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 302409 ELECTRICIAN  
**Subject :** ENTREPRENEURSHIP PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877771	2104287771	280553	BOBADE NEHA PRAKASH		<input type="text"/>
1972877772	2104287772	280553	GAWNAR VAIBHAV VASUDEO		<input type="text"/>
1972877773	2104287773	280553	TIDKE KAPIL SUDHAKAR		<input type="text"/>
1972877774	2104287774	280553	ADOLE SURAJ PURUSHOTTAM		<input type="text"/>
1972877775	2104287775	280553	RATHOD PRATIK PRAMOD		<input type="text"/>
1972877776	2104287776	280553	MOHOD KUNAL VANRAJ		<input type="text"/>
1972877777	2104287777	280553	RATHOD TUSHAR UMESH		<input type="text"/>
1972877778	2104287778	280553	PALI VIVEK SURAJKUMAR		<input type="text"/>
1972877779	2104287779	280553	SHAIKH MIJAN SHAIKH NAIM		<input type="text"/>
1972877780	2104287780	280553	CHOUDHARI AMAN RAJENDRA		<input type="text"/>
1972877781	2104287781	280553	PATORKAR ROSHAN SITARAM		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 20/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 302409 ELECTRICIAN  
**Subject :** ENTREPRENEURSHIP PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877782	2104287782	280553	RAUT YASH PRAKASH		<input type="text"/>
1972877783	2104287783	280553	WASULE SAGAR RAJU		<input type="text"/>
1972877784	2104287784	280553	ADHAU TUSHAR PRAMODRAO		<input type="text"/>
1972877785	2104287785	280553	KANDALKAR AKSHAY RAMESHRAO		<input type="text"/>
1972877786	2104287786	280553	RATHOD SACHIN GOVINDSING		<input type="text"/>
1972877787	2104287787	280553	WANKHADE DIKSHA SANJAYRAO		<input type="text"/>
1972877788	2104287788	280553	KUMBHALWAR ABHAY SURESHRAO		<input type="text"/>
1972877789	2104287789	280553	MOKALKAR VINAY SHRIKRUSHANA		<input type="text"/>
1972877790	2104287790	280553	DHOKE PRIYA CHANDU		<input type="text"/>
1972877791	2104287791	280553	DHOKE KAVITA CHANDU		<input type="text"/>
1972877792	2104287792	280553	GATHE ADARSH BALUPANT		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 20/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 302409 ELECTRICIAN  
**Subject :** ENTREPRENEURSHIP PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877793	2104287793	280553	ROKADE ANKIT SHALIGRAM		<input type="text"/>
1972877794	2104287794	280553	DABHADKAR KUNAL DATTATRAYA		<input type="text"/>
1972877795	2104287795	280553	SAYYED IMAM IQBAL		<input type="text"/>
1972877796	2104287796	280553	AGARKAR ABHINANDAN DEVENDRA		<input type="text"/>
1972877797	2104287797	280553	MOHITE SANDIP SHIWAJI		<input type="text"/>
1972877798	2104287798	280553	MAHINDRAKAR DHEERAJ DAYANAND		<input type="text"/>
1972877799	2104287799	280553	HINGURKAR SAPNA SHARADRAO		<input type="text"/>
1972877800	2104287800	280553	GADHIKAR AKASH GAJANAN		<input type="text"/>
1972877801	2104287801	280553	NAVED AHMAD ABDUL JABBAR		<input type="text"/>
1972877802	2104287802	280553	KHANDE AYUSH BALASAHEB		<input type="text"/>
1972877803	2104287803	280553	ABDUL SAHIL ABDUL AQUEEL		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 24/09/2021 **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	Name Of Student	Photo	Signature
1972877771	2104287771	280553	BOBADE NEHA PRAKASH		<input type="text"/>
1972877772	2104287772	280553	GAWNAR VAIBHAV VASUDEO		<input type="text"/>
1972877773	2104287773	280553	TIDKE KAPIL SUDHAKAR		<input type="text"/>
1972877774	2104287774	280553	ADOLE SURAJ PURUSHOTTAM		<input type="text"/>
1972877775	2104287775	280553	RATHOD PRATIK PRAMOD		<input type="text"/>
1972877776	2104287776	280553	MOHOD KUNAL VANRAJ		<input type="text"/>
1972877777	2104287777	280553	RATHOD TUSHAR UMESH		<input type="text"/>
1972877778	2104287778	280553	PALI VIVEK SURAJKUMAR		<input type="text"/>
1972877779	2104287779	280553	SHAIKH MIJAN SHAIKH NAIM		<input type="text"/>
1972877780	2104287780	280553	CHOUDHARI AMAN RAJENDRA		<input type="text"/>
1972877781	2104287781	280553	PATORKAR ROSHAN SITARAM		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**












- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge



**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 24/09/2021 **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	Name Of Student	Photo	Signature
1972877782	2104287782	280553	RAUT YASH PRAKASH		<input type="text"/>
1972877783	2104287783	280553	WASULE SAGAR RAJU		<input type="text"/>
1972877784	2104287784	280553	ADHAU TUSHAR PRAMODRAO		<input type="text"/>
1972877785	2104287785	280553	KANDALKAR AKSHAY RAMESHRAO		<input type="text"/>
1972877786	2104287786	280553	RATHOD SACHIN GOVINDSING		<input type="text"/>
1972877787	2104287787	280553	WANKHADE DIKSHA SANJAYRAO		<input type="text"/>
1972877788	2104287788	280553	KUMBHALWAR ABHAY SURESHRAO		<input type="text"/>
1972877789	2104287789	280553	MOKALKAR VINAY SHRIKRUSHANA		<input type="text"/>
1972877790	2104287790	280553	DHOKE PRIYA CHANDU		<input type="text"/>
1972877791	2104287791	280553	DHOKE KAVITA CHANDU		<input type="text"/>
1972877792	2104287792	280553	GATHE ADARSH BALUPANT		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280553 SNEHDEEP AUDYOGIK PRASHIKSHAN SANSTHA  
**Examination :** April 2021 **Date :** 24/09/2021 **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	Name Of Student	Photo	Signature
1972877793	2104287793	280553	ROKADE ANKIT SHALIGRAM		<input type="text"/>
1972877794	2104287794	280553	DABHADKAR KUNAL DATTATRAYA		<input type="text"/>
1972877795	2104287795	280553	SAYYED IMAM IQBAL		<input type="text"/>
1972877796	2104287796	280553	AGARKAR ABHINANDAN DEVENDRA		<input type="text"/>
1972877797	2104287797	280553	MOHITE SANDIP SHIWAJI		<input type="text"/>
1972877798	2104287798	280553	MAHINDRAKAR DHEERAJ DAYANAND		<input type="text"/>
1972877799	2104287799	280553	HINGURKAR SAPNA SHARADRAO		<input type="text"/>
1972877800	2104287800	280553	GADHIKAR AKASH GAJANAN		<input type="text"/>
1972877801	2104287801	280553	NAVED AHMAD ABDUL JABBAR		<input type="text"/>
1972877802	2104287802	280553	KHANDE AYUSH BALASAHEB		<input type="text"/>
1972877803	2104287803	280553	ABDUL SAHIL ABDUL AQUEEL		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280561 NEW CITIZEN TECHNICAL INSTITUTE

**Examination :** April 2021 **Date :** 22/09/2021 **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	Name Of Student	Photo	Signature
1972877804	2104287804	280561	GHODESWAR ATISH GAJANAN		<input type="text"/>
1972877805	2104287805	280561	ATIQRUR RAHMAN A NAIM		<input type="text"/>
1972877806	2104287806	280561	BAHURUPI TUSHAR PRABHAKARRAO		<input type="text"/>
1972877807	2104287807	280561	DAKHORE AKSHAY GAJANAN		<input type="text"/>
1972877808	2104287808	280561	FUNDE SUNIL GANGARAM		<input type="text"/>
1972877809	2104287809	280561	M IQBAL ANISUR RAHMAN		<input type="text"/>
1972877810	2104287810	280561	SHELAKI KARAN DINESHRAO		<input type="text"/>
1972877811	2104287811	280561	KALE MAHESH SATISHRAO		<input type="text"/>
1972877812	2104287812	280561	KALBANDE PANKAJ NARESH		<input type="text"/>
1972877813	2104287813	280561	KAMBLE VIJAY DOMAJI		<input type="text"/>
1972877814	2104287814	280561	SK KARIM SK MUNIR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**


**Institute Code & Name** 280561 NEW CITIZEN TECHNICAL INSTITUTE

**Examination :** April 2021 **Date :** 22/09/2021 **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	Name Of Student	Photo	Signature
1972877815	2104287815	280561	MADAGE ADITYA SANJAY		<input type="text"/>
1972877816	2104287816	280561	SAWWALAKHE AJIT KIRAN		<input type="text"/>
1972877817	2104287817	280561	SHAMIQUE AHMAD A KALEEM		<input type="text"/>
1972877818	2104287818	280561	SONONE SHAILESH GOVARDHANRAO		<input type="text"/>
1972877819	2104287819	280561	UJJAINKAR AJAY VIJAY		<input type="text"/>
1972877820	2104287820	280561	BHAGAT VIKRAM VILASRAO		<input type="text"/>
1972877821	2104287821	280561	WASIM AKRAM MOHD. YUSUF		<input type="text"/>
1972877822	2104287822	280561	ZAMEER AHMAD AB. HAMEED		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280561 NEW CITIZEN TECHNICAL INSTITUTE

**Examination :** April 2021 **Date :** 21/09/2021 **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
1972877804	2104287804	280561	GHODESWAR ATISH GAJANAN		<input type="text"/>
1972877805	2104287805	280561	ATIQRUR RAHMAN A NAIM		<input type="text"/>
1972877806	2104287806	280561	BAHURUPI TUSHAR PRABHAKARRAO		<input type="text"/>
1972877807	2104287807	280561	DAKHORE AKSHAY GAJANAN		<input type="text"/>
1972877808	2104287808	280561	FUNDE SUNIL GANGARAM		<input type="text"/>
1972877809	2104287809	280561	M IQBAL ANISUR RAHMAN		<input type="text"/>
1972877810	2104287810	280561	SHELAKI KARAN DINESHRAO		<input type="text"/>
1972877811	2104287811	280561	KALE MAHESH SATISHRAO		<input type="text"/>
1972877812	2104287812	280561	KALBANDE PANKAJ NARESH		<input type="text"/>
1972877813	2104287813	280561	KAMBLE VIJAY DOMAJI		<input type="text"/>
1972877814	2104287814	280561	SK KARIM SK MUNIR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280561 NEW CITIZEN TECHNICAL INSTITUTE

**Examination :** April 2021 **Date :** 21/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** COMPUTER APPLICATION PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877815	2104287815	280561	MADAGE ADITYA SANJAY		<input type="text"/>
1972877816	2104287816	280561	SAWWALAKHE AJIT KIRAN		<input type="text"/>
1972877817	2104287817	280561	SHAMIQUE AHMAD A KALEEM		<input type="text"/>
1972877818	2104287818	280561	SONONE SHAILESH GOVARDHANRAO		<input type="text"/>
1972877819	2104287819	280561	UJJAINKAR AJAY VIJAY		<input type="text"/>
1972877820	2104287820	280561	BHAGAT VIKRAM VILASRAO		<input type="text"/>
1972877821	2104287821	280561	WASIM AKRAM MOHD. YUSUF		<input type="text"/>
1972877822	2104287822	280561	ZAMEER AHMAD AB. HAMEED		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280561 NEW CITIZEN TECHNICAL INSTITUTE

**Examination :** April 2021 **Date :** 23/09/2021 **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
1972877804	2104287804	280561	GHODESWAR ATISH GAJANAN		<input type="text"/>
1972877805	2104287805	280561	ATIQRUR RAHMAN A NAIM		<input type="text"/>
1972877806	2104287806	280561	BAHURUPI TUSHAR PRABHAKARRAO		<input type="text"/>
1972877807	2104287807	280561	DAKHORE AKSHAY GAJANAN		<input type="text"/>
1972877808	2104287808	280561	FUNDE SUNIL GANGARAM		<input type="text"/>
1972877809	2104287809	280561	M IQBAL ANISUR RAHMAN		<input type="text"/>
1972877810	2104287810	280561	SHELAKI KARAN DINESHRAO		<input type="text"/>
1972877811	2104287811	280561	KALE MAHESH SATISHRAO		<input type="text"/>
1972877812	2104287812	280561	KALBANDE PANKAJ NARESH		<input type="text"/>
1972877813	2104287813	280561	KAMBLE VIJAY DOMAJI		<input type="text"/>
1972877814	2104287814	280561	SK KARIM SK MUNIR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**




**Institute Code & Name** 280561 NEW CITIZEN TECHNICAL INSTITUTE

**Examination :** April 2021 **Date :** 23/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** ELECTRICIAN PRACTICE PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877815	2104287815	280561	MADAGE ADITYA SANJAY		<input type="text"/>
1972877816	2104287816	280561	SAWWALAKHE AJIT KIRAN		<input type="text"/>
1972877817	2104287817	280561	SHAMIQUE AHMAD A KALEEM		<input type="text"/>
1972877818	2104287818	280561	SONONE SHAILESH GOVARDHANRAO		<input type="text"/>
1972877819	2104287819	280561	UJJAINKAR AJAY VIJAY		<input type="text"/>
1972877820	2104287820	280561	BHAGAT VIKRAM VILASRAO		<input type="text"/>
1972877821	2104287821	280561	WASIM AKRAM MOHD. YUSUF		<input type="text"/>
1972877822	2104287822	280561	ZAMEER AHMAD AB. HAMEED		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge



**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280561 NEW CITIZEN TECHNICAL INSTITUTE

**Examination :** April 2021 **Date :** 17/09/2021 **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
1972877804	2104287804	280561	GHODESWAR ATISH GAJANAN		<input type="text"/>
1972877805	2104287805	280561	ATIQRUR RAHMAN A NAIM		<input type="text"/>
1972877806	2104287806	280561	BAHURUPI TUSHAR PRABHAKARRAO		<input type="text"/>
1972877807	2104287807	280561	DAKHORE AKSHAY GAJANAN		<input type="text"/>
1972877808	2104287808	280561	FUNDE SUNIL GANGARAM		<input type="text"/>
1972877809	2104287809	280561	M IQBAL ANISUR RAHMAN		<input type="text"/>
1972877810	2104287810	280561	SHELAKI KARAN DINESHRAO		<input type="text"/>
1972877811	2104287811	280561	KALE MAHESH SATISHRAO		<input type="text"/>
1972877812	2104287812	280561	KALBANDE PANKAJ NARESH		<input type="text"/>
1972877813	2104287813	280561	KAMBLE VIJAY DOMAJI		<input type="text"/>
1972877814	2104287814	280561	SK KARIM SK MUNIR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280561 NEW CITIZEN TECHNICAL INSTITUTE

**Examination :** April 2021 **Date :** 17/09/2021 **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
1972877815	2104287815	280561	MADAGE ADITYA SANJAY		<input type="text"/>
1972877816	2104287816	280561	SAWWALAKHE AJIT KIRAN		<input type="text"/>
1972877817	2104287817	280561	SHAMIQUE AHMAD A KALEEM		<input type="text"/>
1972877818	2104287818	280561	SONONE SHAILESH GOVARDHANRAO		<input type="text"/>
1972877819	2104287819	280561	UJJAINKAR AJAY VIJAY		<input type="text"/>
1972877820	2104287820	280561	BHAGAT VIKRAM VILASRAO		<input type="text"/>
1972877821	2104287821	280561	WASIM AKRAM MOHD. YUSUF		<input type="text"/>
1972877822	2104287822	280561	ZAMEER AHMAD AB. HAMEED		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280561 NEW CITIZEN TECHNICAL INSTITUTE

**Examination :** April 2021 **Date :** 20/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** ENTREPRENEURSHIP PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877804	2104287804	280561	GHODESWAR ATISH GAJANAN		<input type="text"/>
1972877805	2104287805	280561	ATIQR RAHMAN A NAIM		<input type="text"/>
1972877806	2104287806	280561	BAHURUPI TUSHAR PRABHAKARRAO		<input type="text"/>
1972877807	2104287807	280561	DAKHORE AKSHAY GAJANAN		<input type="text"/>
1972877808	2104287808	280561	FUNDE SUNIL GANGARAM		<input type="text"/>
1972877809	2104287809	280561	M IQBAL ANISUR RAHMAN		<input type="text"/>
1972877810	2104287810	280561	SHELAKI KARAN DINESHRAO		<input type="text"/>
1972877811	2104287811	280561	KALE MAHESH SATISHRAO		<input type="text"/>
1972877812	2104287812	280561	KALBANDE PANKAJ NARESH		<input type="text"/>
1972877813	2104287813	280561	KAMBLE VIJAY DOMAJI		<input type="text"/>
1972877814	2104287814	280561	SK KARIM SK MUNIR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**


**Institute Code & Name** 280561 NEW CITIZEN TECHNICAL INSTITUTE

**Examination :** April 2021 **Date :** 20/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** ENTREPRENEURSHIP PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877815	2104287815	280561	MADAGE ADITYA SANJAY		<input type="text"/>
1972877816	2104287816	280561	SAWWALAKHE AJIT KIRAN		<input type="text"/>
1972877817	2104287817	280561	SHAMIQUE AHMAD A KALEEM		<input type="text"/>
1972877818	2104287818	280561	SONONE SHAILESH GOVARDHANRAO		<input type="text"/>
1972877819	2104287819	280561	UJJAINKAR AJAY VIJAY		<input type="text"/>
1972877820	2104287820	280561	BHAGAT VIKRAM VILASRAO		<input type="text"/>
1972877821	2104287821	280561	WASIM AKRAM MOHD. YUSUF		<input type="text"/>
1972877822	2104287822	280561	ZAMEER AHMAD AB. HAMEED		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280561 NEW CITIZEN TECHNICAL INSTITUTE

**Examination :** April 2021 **Date :** 24/09/2021 **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
1972877804	2104287804	280561	GHODESWAR ATISH GAJANAN		<input type="text"/>
1972877805	2104287805	280561	ATIQRUR RAHMAN A NAIM		<input type="text"/>
1972877806	2104287806	280561	BAHURUPI TUSHAR PRABHAKARRAO		<input type="text"/>
1972877807	2104287807	280561	DAKHORE AKSHAY GAJANAN		<input type="text"/>
1972877808	2104287808	280561	FUNDE SUNIL GANGARAM		<input type="text"/>
1972877809	2104287809	280561	M IQBAL ANISUR RAHMAN		<input type="text"/>
1972877810	2104287810	280561	SHELAKI KARAN DINESHRAO		<input type="text"/>
1972877811	2104287811	280561	KALE MAHESH SATISHRAO		<input type="text"/>
1972877812	2104287812	280561	KALBANDE PANKAJ NARESH		<input type="text"/>
1972877813	2104287813	280561	KAMBLE VIJAY DOMAJI		<input type="text"/>
1972877814	2104287814	280561	SK KARIM SK MUNIR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280561 NEW CITIZEN TECHNICAL INSTITUTE

**Examination :** April 2021 **Date :** 24/09/2021 **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
1972877815	2104287815	280561	MADAGE ADITYA SANJAY		<input type="text"/>
1972877816	2104287816	280561	SAWWALAKHE AJIT KIRAN		<input type="text"/>
1972877817	2104287817	280561	SHAMIQUE AHMAD A KALEEM		<input type="text"/>
1972877818	2104287818	280561	SONONE SHAILESH GOVARDHANRAO		<input type="text"/>
1972877819	2104287819	280561	UJJAINKAR AJAY VIJAY		<input type="text"/>
1972877820	2104287820	280561	BHAGAT VIKRAM VILASRAO		<input type="text"/>
1972877821	2104287821	280561	WASIM AKRAM MOHD. YUSUF		<input type="text"/>
1972877822	2104287822	280561	ZAMEER AHMAD AB. HAMEED		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280580 VIDARBH LOKVIKAS SAMITI

**Examination :** April 2021 **Date :** 22/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** ANATOMY,PHYSIOLOGY AND PSYCHOLOGY PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877823	2104287823	280580	HIWE NILIMA NARAYANRAO		<input type="text"/>
1972877824	2104287824	280580	KHODE AKASH BHIMRAO		<input type="text"/>
1972877825	2104287825	280580	MOHOD YOGESH NAMDEORAO		<input type="text"/>
1972877826	2104287826	280580	HIRDEKAR DIPALI RAJU		<input type="text"/>
1972877827	2104287827	280580	PANDE PRASENJEET SAHEBRAO		<input type="text"/>
1972877828	2104287828	280580	CHORE PALLAVI ARUN		<input type="text"/>
1972877829	2104287829	280580	KHANDARE PANKAJ VILAS		<input type="text"/>
1972877830	2104287830	280580	BAGDE SANJANA MADHUKAR		<input type="text"/>
1972877831	2104287831	280580	KATHE CHANDRASHEKHAR DNYANESHWAR		<input type="text"/>
1972877832	2104287832	280580	DAKHANE AKHIL ANIL		<input type="text"/>
1972877833	2104287833	280580	KOKANE POORVA PREMDAS		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**








**Institute Code & Name** 280580 VIDARBH LOKVIKAS SAMITI

**Examination :** April 2021 **Date :** 22/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** ANATOMY,PHYSIOLOGY AND PSYCHOLOGY PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877834	2104287834	280580	MEGHWA SUNNY DAVID		<input type="text"/>
1972877835	2104287835	280580	DABHADKAR NILESH BABAN		<input type="text"/>
1972877836	2104287836	280580	KHARPAS GAJANAN BALIRAM		<input type="text"/>
1972877837	2104287837	280580	SAWALE SUWARTA ABHIMANYU		<input type="text"/>
1862877806	2104287914	280580	SHAIKH ABDUL HAQ SHAIKH ABDUL		<input type="text"/>
1862877811	2104287915	280580	KHAN MUSSADIQUE SOHIL		<input type="text"/>
1862877809	2104287916	280580	WASNIK AKSHAY BHARAT		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge



**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280580 VIDARBH LOKVIKAS SAMITI

**Examination :** April 2021 **Date :** 21/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** COMPUTER APPLICATION PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877823	2104287823	280580	HIWE NILIMA NARAYANRAO		<input type="text"/>
1972877824	2104287824	280580	KHODE AKASH BHIMRAO		<input type="text"/>
1972877825	2104287825	280580	MOHOD YOGESH NAMDEORAO		<input type="text"/>
1972877826	2104287826	280580	HIRDEKAR DIPALI RAJU		<input type="text"/>
1972877827	2104287827	280580	PANDE PRASENJEET SAHEBRAO		<input type="text"/>
1972877828	2104287828	280580	CHORE PALLAVI ARUN		<input type="text"/>
1972877829	2104287829	280580	KHANDARE PANKAJ VILAS		<input type="text"/>
1972877830	2104287830	280580	BAGDE SANJANA MADHUKAR		<input type="text"/>
1972877831	2104287831	280580	KATHE CHANDRASHEKHAR DNYANESHWAR		<input type="text"/>
1972877832	2104287832	280580	DAKHANE AKHIL ANIL		<input type="text"/>
1972877833	2104287833	280580	KOKANE POORVA PREMDAS		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**








**Institute Code & Name** 280580 VIDARBH LOKVIKAS SAMITI

**Examination :** April 2021 **Date :** 21/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** COMPUTER APPLICATION PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877834	2104287834	280580	MEGHWA SUNNY DAVID		<input type="text"/>
1972877835	2104287835	280580	DABHADKAR NILESH BABAN		<input type="text"/>
1972877836	2104287836	280580	KHARPAS GAJANAN BALIRAM		<input type="text"/>
1972877837	2104287837	280580	SAWALE SUWARTA ABHIMANYU		<input type="text"/>
1862877806	2104287914	280580	SHAIKH ABDUL HAQ SHAIKH ABDUL		<input type="text"/>
1862877811	2104287915	280580	KHAN MUSSADIQUE SOHIL		<input type="text"/>
1862877809	2104287916	280580	WASNIK AKSHAY BHARAT		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280580 VIDARBH LOKVIKAS SAMITI

**Examination :** April 2021 **Date :** 23/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** ELECTROTHERAPY, BIOMECHANICS AND EXERCISE THERAPY PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877823	2104287823	280580	HIWE NILIMA NARAYANRAO		<input type="text"/>
1972877824	2104287824	280580	KHODE AKASH BHIMRAO		<input type="text"/>
1972877825	2104287825	280580	MOHOD YOGESH NAMDEORAO		<input type="text"/>
1972877826	2104287826	280580	HIRDEKAR DIPALI RAJU		<input type="text"/>
1972877827	2104287827	280580	PANDE PRASENJEET SAHEBRAO		<input type="text"/>
1972877828	2104287828	280580	CHORE PALLAVI ARUN		<input type="text"/>
1972877829	2104287829	280580	KHANDARE PANKAJ VILAS		<input type="text"/>
1972877830	2104287830	280580	BAGDE SANJANA MADHUKAR		<input type="text"/>
1972877831	2104287831	280580	KATHE CHANDRASHEKHAR DNYANESHWAR		<input type="text"/>
1972877832	2104287832	280580	DAKHANE AKHIL ANIL		<input type="text"/>
1972877833	2104287833	280580	KOKANE POORVA PREMDAS		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**








**Institute Code & Name** 280580 VIDARBH LOKVIKAS SAMITI

**Examination :** April 2021 **Date :** 23/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** ELECTROTHERAPY, BIOMECHANICS AND EXERCISE THERAPY PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877834	2104287834	280580	MEGHWA SUNNY DAVID		<input type="text"/>
1972877835	2104287835	280580	DABHADKAR NILESH BABAN		<input type="text"/>
1972877836	2104287836	280580	KHARPAS GAJANAN BALIRAM		<input type="text"/>
1972877837	2104287837	280580	SAWALE SUWARTA ABHIMANYU		<input type="text"/>
1862877806	2104287914	280580	SHAIKH ABDUL HAQ SHAIKH ABDUL		<input type="text"/>
1862877811	2104287915	280580	KHAN MUSSADIQUE SOHIL		<input type="text"/>
1862877809	2104287916	280580	WASNIK AKSHAY BHARAT		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280580 VIDARBH LOKVIKAS SAMITI

**Examination :** April 2021 **Date :** 17/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** ENGLISH (COMMUNICATION SKILL) PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877823	2104287823	280580	HIWE NILIMA NARAYANRAO		<input type="text"/>
1972877824	2104287824	280580	KHODE AKASH BHIMRAO		<input type="text"/>
1972877825	2104287825	280580	MOHOD YOGESH NAMDEORAO		<input type="text"/>
1972877826	2104287826	280580	HIRDEKAR DIPALI RAJU		<input type="text"/>
1972877827	2104287827	280580	PANDE PRASENJEET SAHEBRAO		<input type="text"/>
1972877828	2104287828	280580	CHORE PALLAVI ARUN		<input type="text"/>
1972877829	2104287829	280580	KHANDARE PANKAJ VILAS		<input type="text"/>
1972877830	2104287830	280580	BAGDE SANJANA MADHUKAR		<input type="text"/>
1972877831	2104287831	280580	KATHE CHANDRASHEKHAR DNYANESHWAR		<input type="text"/>
1972877832	2104287832	280580	DAKHANE AKHIL ANIL		<input type="text"/>
1972877833	2104287833	280580	KOKANE POORVA PREMDAS		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**








**Institute Code & Name** 280580 VIDARBH LOKVIKAS SAMITI

**Examination :** April 2021 **Date :** 17/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** ENGLISH (COMMUNICATION SKILL) PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877834	2104287834	280580	MEGHWA SUNNY DAVID		<input type="text"/>
1972877835	2104287835	280580	DABHADKAR NILESH BABAN		<input type="text"/>
1972877836	2104287836	280580	KHARPAS GAJANAN BALIRAM		<input type="text"/>
1972877837	2104287837	280580	SAWALE SUWARTA ABHIMANYU		<input type="text"/>
1862877806	2104287914	280580	SHAIKH ABDUL HAQ SHAIKH ABDUL		<input type="text"/>
1862877811	2104287915	280580	KHAN MUSSADIQUE SOHIL		<input type="text"/>
1862877809	2104287916	280580	WASNIK AKSHAY BHARAT		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280580 VIDARBH LOKVIKAS SAMITI

**Examination :** April 2021 **Date :** 24/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** ORTHOPAEDICS, NEUROLOGY, MEDICAL AND SURGICAL CONDITION PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877823	2104287823	280580	HIWE NILIMA NARAYANRAO		<input type="text"/>
1972877824	2104287824	280580	KHODE AKASH BHIMRAO		<input type="text"/>
1972877825	2104287825	280580	MOHOD YOGESH NAMDEORAO		<input type="text"/>
1972877826	2104287826	280580	HIRDEKAR DIPALI RAJU		<input type="text"/>
1972877827	2104287827	280580	PANDE PRASENJEET SAHEBRAO		<input type="text"/>
1972877828	2104287828	280580	CHORE PALLAVI ARUN		<input type="text"/>
1972877829	2104287829	280580	KHANDARE PANKAJ VILAS		<input type="text"/>
1972877830	2104287830	280580	BAGDE SANJANA MADHUKAR		<input type="text"/>
1972877831	2104287831	280580	KATHE CHANDRASHEKHAR DNYANESHWAR		<input type="text"/>
1972877832	2104287832	280580	DAKHANE AKHIL ANIL		<input type="text"/>
1972877833	2104287833	280580	KOKANE POORVA PREMDAS		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**








**Institute Code & Name** 280580 VIDARBH LOKVIKAS SAMITI

**Examination :** April 2021 **Date :** 24/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** ORTHOPAEDICS, NEUROLOGY, MEDICAL AND SURGICAL CONDITION PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877834	2104287834	280580	MEGHWA SUNNY DAVID		<input type="text"/>
1972877835	2104287835	280580	DABHADKAR NILESH BABAN		<input type="text"/>
1972877836	2104287836	280580	KHARPAS GAJANAN BALIRAM		<input type="text"/>
1972877837	2104287837	280580	SAWALE SUWARTA ABHIMANYU		<input type="text"/>
1862877806	2104287914	280580	SHAIKH ABDUL HAQ SHAIKH ABDUL		<input type="text"/>
1862877811	2104287915	280580	KHAN MUSSADIQUE SOHIL		<input type="text"/>
1862877809	2104287916	280580	WASNIK AKSHAY BHARAT		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge



**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280580 VIDARBH LOKVIKAS SAMITI

**Examination :** April 2021 **Date :** 20/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877823	2104287823	280580	HIWE NILIMA NARAYANRAO		<input type="text"/>
1972877824	2104287824	280580	KHODE AKASH BHIMRAO		<input type="text"/>
1972877825	2104287825	280580	MOHOD YOGESH NAMDEORAO		<input type="text"/>
1972877826	2104287826	280580	HIRDEKAR DIPALI RAJU		<input type="text"/>
1972877827	2104287827	280580	PANDE PRASENJEET SAHEBRAO		<input type="text"/>
1972877828	2104287828	280580	CHORE PALLAVI ARUN		<input type="text"/>
1972877829	2104287829	280580	KHANDARE PANKAJ VILAS		<input type="text"/>
1972877830	2104287830	280580	BAGDE SANJANA MADHUKAR		<input type="text"/>
1972877831	2104287831	280580	KATHE CHANDRASHEKHAR DNYANESHWAR		<input type="text"/>
1972877832	2104287832	280580	DAKHANE AKHIL ANIL		<input type="text"/>
1972877833	2104287833	280580	KOKANE POORVA PREMDAS		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**








**Institute Code & Name** 280580 VIDARBH LOKVIKAS SAMITI

**Examination :** April 2021 **Date :** 20/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 201410 PHYSIOTHERAPIST

**Subject :** PHYSICAL BIOLOGY(BOTONY & ZOOLOGY) PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877834	2104287834	280580	MEGHWA SUNNY DAVID		<input type="text"/>
1972877835	2104287835	280580	DABHADKAR NILESH BABAN		<input type="text"/>
1972877836	2104287836	280580	KHARPAS GAJANAN BALIRAM		<input type="text"/>
1972877837	2104287837	280580	SAWALE SUWARTA ABHIMANYU		<input type="text"/>
1862877806	2104287914	280580	SHAIKH ABDUL HAQ SHAIKH ABDUL		<input type="text"/>
1862877811	2104287915	280580	KHAN MUSSADIQUE SOHIL		<input type="text"/>
1862877809	2104287916	280580	WASNIK AKSHAY BHARAT		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280704 ARTIZEN VOCATIONAL TRAINING CENTER  
**Examination :** April 2021 **Date :** 22/09/2021 **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	Name Of Student	Photo	Signature
1972877838	2104287838	280704	PEDHEKAR PRAJWAL PRAVIN		<input type="text"/>
1972877839	2104287839	280704	TAYADE TEJAS SUNILRAO		<input type="text"/>
1972877840	2104287840	280704	DHAKULKAR AJINKYA SUNILPANT		<input type="text"/>
1972877841	2104287841	280704	BHONDE KSHITIJ GAJANAN		<input type="text"/>
1972877842	2104287842	280704	BHAGAVAT BHUSHAN RAMESH		<input type="text"/>
1972877843	2104287843	280704	THAKARE PRANAV SUNIL		<input type="text"/>
1972877844	2104287844	280704	DHARANE SAGAR BHASKARRAO		<input type="text"/>
1972877845	2104287845	280704	GURJAR SHUBHAM DILIPRAO		<input type="text"/>
1972877846	2104287846	280704	MANKAR ABHAY GAJANANRAO		<input type="text"/>
1972877847	2104287847	280704	GAWANDE RITESH DADAJI		<input type="text"/>
1972877848	2104287848	280704	BHOYAR NILESH SHANKAR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280704 ARTIZEN VOCATIONAL TRAINING CENTER

**Examination :** April 2021 **Date :** 22/09/2021 **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	Name Of Student	Photo	Signature
1972877849	2104287849	280704	CHAVAN SACHIN SHIVDAS		<input type="text"/>
1972877850	2104287850	280704	DARSHIMBE SUBHASH RAMSINGH		<input type="text"/>
1972877851	2104287851	280704	TEKAM AKASH PRAKASH		<input type="text"/>
1972877852	2104287852	280704	RATHOD DURGADAS MADAN		<input type="text"/>
1972877853	2104287853	280704	SHELOKAR SUDHIR CHIRONJILAL		<input type="text"/>
1972877854	2104287854	280704	WANKHEDE AKSHAY BALU		<input type="text"/>
1972877855	2104287855	280704	AMBHORE DHIRAJ DEEPAK		<input type="text"/>
1972877856	2104287856	280704	DHANGAR BHATU NATHA		<input type="text"/>
1972877857	2104287857	280704	BHUKTAR PRASHANT DILIP		<input type="text"/>
1972877858	2104287858	280704	NAGAPURE VAISHNAVI ASHOK		<input type="text"/>
1972877859	2104287859	280704	DHANGAR DNYANESHWAR JAYDEV		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280704 ARTIZEN VOCATIONAL TRAINING CENTER

**Examination :** April 2021 **Date :** 20/09/2021 **Time :** 10 AM TO 1 PM

**Course Code & Name :** 302409 ELECTRICIAN

**Subject :** BUSINESS ECONOMICS PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877838	2104287838	280704	PEDHEKAR PRAJWAL PRAVIN		<input type="text"/>
1972877839	2104287839	280704	TAYADE TEJAS SUNILRAO		<input type="text"/>
1972877840	2104287840	280704	DHAKULKAR AJINKYA SUNILPANT		<input type="text"/>
1972877841	2104287841	280704	BHONDE KSHITIJ GAJANAN		<input type="text"/>
1972877842	2104287842	280704	BHAGAVAT BHUSHAN RAMESH		<input type="text"/>
1972877843	2104287843	280704	THAKARE PRANAV SUNIL		<input type="text"/>
1972877844	2104287844	280704	DHARANE SAGAR BHASKARRAO		<input type="text"/>
1972877845	2104287845	280704	GURJAR SHUBHAM DILIPRAO		<input type="text"/>
1972877846	2104287846	280704	MANKAR ABHAY GAJANANRAO		<input type="text"/>
1972877847	2104287847	280704	GAWANDE RITESH DADAJI		<input type="text"/>
1972877848	2104287848	280704	BHOYAR NILESH SHANKAR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280704 ARTIZEN VOCATIONAL TRAINING CENTER  
**Examination :** April 2021 **Date :** 20/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 302409 ELECTRICIAN  
**Subject :** BUSINESS ECONOMICS PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877849	2104287849	280704	CHAVAN SACHIN SHIVDAS		<input type="text"/>
1972877850	2104287850	280704	DARSHIMBE SUBHASH RAMSINGH		<input type="text"/>
1972877851	2104287851	280704	TEKAM AKASH PRAKASH		<input type="text"/>
1972877852	2104287852	280704	RATHOD DURGADAS MADAN		<input type="text"/>
1972877853	2104287853	280704	SHELOKAR SUDHIR CHIRONJILAL		<input type="text"/>
1972877854	2104287854	280704	WANKHEDE AKSHAY BALU		<input type="text"/>
1972877855	2104287855	280704	AMBHORE DHIRAJ DEEPAK		<input type="text"/>
1972877856	2104287856	280704	DHANGAR BHATU NATHA		<input type="text"/>
1972877857	2104287857	280704	BHUKTAR PRASHANT DILIP		<input type="text"/>
1972877858	2104287858	280704	NAGAPURE VAISHNAVI ASHOK		<input type="text"/>
1972877859	2104287859	280704	DHANGAR DNYANESHWAR JAYDEV		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280704 ARTIZEN VOCATIONAL TRAINING CENTER

**Examination :** April 2021 **Date :** 21/09/2021 **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
1972877838	2104287838	280704	PEDHEKAR PRAJWAL PRAVIN		<input type="text"/>
1972877839	2104287839	280704	TAYADE TEJAS SUNILRAO		<input type="text"/>
1972877840	2104287840	280704	DHAKULKAR AJINKYA SUNILPANT		<input type="text"/>
1972877841	2104287841	280704	BHONDE KSHITIJ GAJANAN		<input type="text"/>
1972877842	2104287842	280704	BHAGAVAT BHUSHAN RAMESH		<input type="text"/>
1972877843	2104287843	280704	THAKARE PRANAV SUNIL		<input type="text"/>
1972877844	2104287844	280704	DHARANE SAGAR BHASKARRAO		<input type="text"/>
1972877845	2104287845	280704	GURJAR SHUBHAM DILIPRAO		<input type="text"/>
1972877846	2104287846	280704	MANKAR ABHAY GAJANANRAO		<input type="text"/>
1972877847	2104287847	280704	GAWANDE RITESH DADAJI		<input type="text"/>
1972877848	2104287848	280704	BHOYAR NILESH SHANKAR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280704 ARTIZEN VOCATIONAL TRAINING CENTER  
**Examination :** April 2021 **Date :** 21/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 302409 ELECTRICIAN  
**Subject :** COMPUTER APPLICATION PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877849	2104287849	280704	CHAVAN SACHIN SHIVDAS		<input type="text"/>
1972877850	2104287850	280704	DARSHIMBE SUBHASH RAMSINGH		<input type="text"/>
1972877851	2104287851	280704	TEKAM AKASH PRAKASH		<input type="text"/>
1972877852	2104287852	280704	RATHOD DURGADAS MADAN		<input type="text"/>
1972877853	2104287853	280704	SHELOKAR SUDHIR CHIRONJILAL		<input type="text"/>
1972877854	2104287854	280704	WANKHEDE AKSHAY BALU		<input type="text"/>
1972877855	2104287855	280704	AMBHORE DHIRAJ DEEPAK		<input type="text"/>
1972877856	2104287856	280704	DHANGAR BHATU NATHA		<input type="text"/>
1972877857	2104287857	280704	BHUKTAR PRASHANT DILIP		<input type="text"/>
1972877858	2104287858	280704	NAGAPURE VAISHNAVI ASHOK		<input type="text"/>
1972877859	2104287859	280704	DHANGAR DNYANESHWAR JAYDEV		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge



**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280704 ARTIZEN VOCATIONAL TRAINING CENTER

**Examination :** April 2021 **Date :** 23/09/2021 **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
1972877838	2104287838	280704	PEDHEKAR PRAJWAL PRAVIN		<input type="text"/>
1972877839	2104287839	280704	TAYADE TEJAS SUNILRAO		<input type="text"/>
1972877840	2104287840	280704	DHAKULKAR AJINKYA SUNILPANT		<input type="text"/>
1972877841	2104287841	280704	BHONDE KSHITIJ GAJANAN		<input type="text"/>
1972877842	2104287842	280704	BHAGAVAT BHUSHAN RAMESH		<input type="text"/>
1972877843	2104287843	280704	THAKARE PRANAV SUNIL		<input type="text"/>
1972877844	2104287844	280704	DHARANE SAGAR BHASKARRAO		<input type="text"/>
1972877845	2104287845	280704	GURJAR SHUBHAM DILIPRAO		<input type="text"/>
1972877846	2104287846	280704	MANKAR ABHAY GAJANANRAO		<input type="text"/>
1972877847	2104287847	280704	GAWANDE RITESH DADAJI		<input type="text"/>
1972877848	2104287848	280704	BHOYAR NILESH SHANKAR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280704 ARTIZEN VOCATIONAL TRAINING CENTER

**Examination :** April 2021 **Date :** 23/09/2021 **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
1972877849	2104287849	280704	CHAVAN SACHIN SHIVDAS		<input type="text"/>
1972877850	2104287850	280704	DARSHIMBE SUBHASH RAMSINGH		<input type="text"/>
1972877851	2104287851	280704	TEKAM AKASH PRAKASH		<input type="text"/>
1972877852	2104287852	280704	RATHOD DURGADAS MADAN		<input type="text"/>
1972877853	2104287853	280704	SHELOKAR SUDHIR CHIRONJILAL		<input type="text"/>
1972877854	2104287854	280704	WANKHEDE AKSHAY BALU		<input type="text"/>
1972877855	2104287855	280704	AMBHORE DHIRAJ DEEPAK		<input type="text"/>
1972877856	2104287856	280704	DHANGAR BHATU NATHA		<input type="text"/>
1972877857	2104287857	280704	BHUKTAR PRASHANT DILIP		<input type="text"/>
1972877858	2104287858	280704	NAGAPURE VAISHNAVI ASHOK		<input type="text"/>
1972877859	2104287859	280704	DHANGAR DNYANESHWAR JAYDEV		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280704 ARTIZEN VOCATIONAL TRAINING CENTER  
**Examination :** April 2021 **Date :** 17/09/2021 **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	Name Of Student	Photo	Signature
1972877838	2104287838	280704	PEDHEKAR PRAJWAL PRAVIN		<input type="text"/>
1972877839	2104287839	280704	TAYADE TEJAS SUNILRAO		<input type="text"/>
1972877840	2104287840	280704	DHAKULKAR AJINKYA SUNILPANT		<input type="text"/>
1972877841	2104287841	280704	BHONDE KSHITIJ GAJANAN		<input type="text"/>
1972877842	2104287842	280704	BHAGAVAT BHUSHAN RAMESH		<input type="text"/>
1972877843	2104287843	280704	THAKARE PRANAV SUNIL		<input type="text"/>
1972877844	2104287844	280704	DHARANE SAGAR BHASKARRAO		<input type="text"/>
1972877845	2104287845	280704	GURJAR SHUBHAM DILIPRAO		<input type="text"/>
1972877846	2104287846	280704	MANKAR ABHAY GAJANANRAO		<input type="text"/>
1972877847	2104287847	280704	GAWANDE RITESH DADAJI		<input type="text"/>
1972877848	2104287848	280704	BHOYAR NILESH SHANKAR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**












**Institute Code & Name** 280704 ARTIZEN VOCATIONAL TRAINING CENTER

**Examination :** April 2021 **Date :** 17/09/2021 **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
1972877849	2104287849	280704	CHAVAN SACHIN SHIVDAS		<input type="text"/>
1972877850	2104287850	280704	DARSHIMBE SUBHASH RAMSINGH		<input type="text"/>
1972877851	2104287851	280704	TEKAM AKASH PRAKASH		<input type="text"/>
1972877852	2104287852	280704	RATHOD DURGADAS MADAN		<input type="text"/>
1972877853	2104287853	280704	SHELOKAR SUDHIR CHIRONJILAL		<input type="text"/>
1972877854	2104287854	280704	WANKHEDE AKSHAY BALU		<input type="text"/>
1972877855	2104287855	280704	AMBHORE DHIRAJ DEEPAK		<input type="text"/>
1972877856	2104287856	280704	DHANGAR BHATU NATHA		<input type="text"/>
1972877857	2104287857	280704	BHUKTAR PRASHANT DILIP		<input type="text"/>
1972877858	2104287858	280704	NAGAPURE VAISHNAVI ASHOK		<input type="text"/>
1972877859	2104287859	280704	DHANGAR DNYANESHWAR JAYDEV		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280704 ARTIZEN VOCATIONAL TRAINING CENTER  
**Examination :** April 2021 **Date :** 24/09/2021 **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	Name Of Student	Photo	Signature
1972877838	2104287838	280704	PEDHEKAR PRAJWAL PRAVIN		<input type="text"/>
1972877839	2104287839	280704	TAYADE TEJAS SUNILRAO		<input type="text"/>
1972877840	2104287840	280704	DHAKULKAR AJINKYA SUNILPANT		<input type="text"/>
1972877841	2104287841	280704	BHONDE KSHITIJ GAJANAN		<input type="text"/>
1972877842	2104287842	280704	BHAGAVAT BHUSHAN RAMESH		<input type="text"/>
1972877843	2104287843	280704	THAKARE PRANAV SUNIL		<input type="text"/>
1972877844	2104287844	280704	DHARANE SAGAR BHASKARRAO		<input type="text"/>
1972877845	2104287845	280704	GURJAR SHUBHAM DILIPRAO		<input type="text"/>
1972877846	2104287846	280704	MANKAR ABHAY GAJANANRAO		<input type="text"/>
1972877847	2104287847	280704	GAWANDE RITESH DADAJI		<input type="text"/>
1972877848	2104287848	280704	BHOYAR NILESH SHANKAR		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280704 ARTIZEN VOCATIONAL TRAINING CENTER  
**Examination :** April 2021 **Date :** 24/09/2021 **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
1972877849	2104287849	280704	CHAVAN SACHIN SHIVDAS		<input type="text"/>
1972877850	2104287850	280704	DARSHIMBE SUBHASH RAMSINGH		<input type="text"/>
1972877851	2104287851	280704	TEKAM AKASH PRAKASH		<input type="text"/>
1972877852	2104287852	280704	RATHOD DURGADAS MADAN		<input type="text"/>
1972877853	2104287853	280704	SHELOKAR SUDHIR CHIRONJILAL		<input type="text"/>
1972877854	2104287854	280704	WANKHEDE AKSHAY BALU		<input type="text"/>
1972877855	2104287855	280704	AMBHORE DHIRAJ DEEPAK		<input type="text"/>
1972877856	2104287856	280704	DHANGAR BHATU NATHA		<input type="text"/>
1972877857	2104287857	280704	BHUKTAR PRASHANT DILIP		<input type="text"/>
1972877858	2104287858	280704	NAGAPURE VAISHNAVI ASHOK		<input type="text"/>
1972877859	2104287859	280704	DHANGAR DNYANESHWAR JAYDEV		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**





**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280712 MAHARASHTRA VOCATIONAL TRAINING CENTER  
**Examination :** April 2021 **Date :** 22/09/2021 **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
1862877853	2104287918	280712	TAYDE ABHISHEK DURYODHAN		<input type="text"/>
6	2104287922	280712	NAVRANGE SAURABH HARIBHAU		<input type="text"/>
1862877860	2104287923	280712	MAHULKAR KRUNAL VINOD		<input type="text"/>
1662877833	2104287927	280712	BAJAD ABHILASH BALASAHEB		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**





**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280712 MAHARASHTRA VOCATIONAL TRAINING CENTER  
**Examination :** April 2021 **Date :** 21/09/2021 **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
1862877853	2104287918	280712	TAYDE ABHISHEK DURYODHAN		<input type="text"/>
6	2104287922	280712	NAVRANGE SAURABH HARIBHAU		<input type="text"/>
1862877860	2104287923	280712	MAHULKAR KRUNAL VINOD		<input type="text"/>
1662877833	2104287927	280712	BAJAD ABHILASH BALASAHEB		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**





- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge



**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280712 MAHARASHTRA VOCATIONAL TRAINING CENTER  
**Examination :** April 2021 **Date :** 23/09/2021 **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
1862877853	2104287918	280712	TAYDE ABHISHEK DURYODHAN		<input type="text"/>
6	2104287922	280712	NAVRANGE SAURABH HARIBHAU		<input type="text"/>
1862877860	2104287923	280712	MAHULKAR KRUNAL VINOD		<input type="text"/>
1662877833	2104287927	280712	BAJAD ABHILASH BALASAHEB		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**





**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280712 MAHARASHTRA VOCATIONAL TRAINING CENTER  
**Examination :** April 2021 **Date :** 17/09/2021 **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
1862877853	2104287918	280712	TAYDE ABHISHEK DURYODHAN		<input type="text"/>
6	2104287922	280712	NAVRANGE SAURABH HARIBHAU		<input type="text"/>
1862877860	2104287923	280712	MAHULKAR KRUNAL VINOD		<input type="text"/>
1662877833	2104287927	280712	BAJAD ABHILASH BALASAHEB		<input type="text"/>

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

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Exam Center In-Charge**





**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280712 MAHARASHTRA VOCATIONAL TRAINING CENTER  
**Examination :** April 2021 **Date :** 20/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 302409 ELECTRICIAN  
**Subject :** ENTREPRENEURSHIP PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1862877853	2104287918	280712	TAYDE ABHISHEK DURYODHAN		<input type="text"/>
6	2104287922	280712	NAVRANGE SAURABH HARIBHAU		<input type="text"/>
1862877860	2104287923	280712	MAHULKAR KRUNAL VINOD		<input type="text"/>
1662877833	2104287927	280712	BAJAD ABHILASH BALASAHEB		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**





**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280712 MAHARASHTRA VOCATIONAL TRAINING CENTER  
**Examination :** April 2021 **Date :** 24/09/2021 **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
1862877853	2104287918	280712	TAYDE ABHISHEK DURYODHAN		<input type="text"/>
6	2104287922	280712	NAVRANGE SAURABH HARIBHAU		<input type="text"/>
1862877860	2104287923	280712	MAHULKAR KRUNAL VINOD		<input type="text"/>
1662877833	2104287927	280712	BAJAD ABHILASH BALASAHEB		<input type="text"/>

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

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 22/09/2021 **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	Name Of Student	Photo	Signature
1972877860	2104287860	280739	CHATURKAR SHRADDHA JIVAN		<input type="text"/>
1972877861	2104287861	280739	.TAYADE NILESH MANIK		<input type="text"/>
1972877862	2104287862	280739	SHAH NEHAL TAZIM		<input type="text"/>
1972877863	2104287863	280739	MOHD AQDAS MOHD AQUEEL		<input type="text"/>
1972877864	2104287864	280739	GHAGARE SAMIKSHA ARUN		<input type="text"/>
1972877865	2104287865	280739	MOHD SUFIYAN MOHD ABBAS		<input type="text"/>
1972877866	2104287866	280739	ARBAZ ALI SHAH SAJID ALI SHAH		<input type="text"/>
1972877867	2104287867	280739	ARBAZ KHAN KAREEM KHAN		<input type="text"/>
1972877868	2104287868	280739	ASLAM SHAH ZABI SHAH		<input type="text"/>
1972877869	2104287869	280739	ZOD PRAGATI ANIL		<input type="text"/>
1972877870	2104287870	280739	KHAN SOHAIL KHAN HAMID		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 22/09/2021 **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	Name Of Student	Photo	Signature
1972877871	2104287871	280739	ROKADE SAYLI SUNIL		<input type="text"/>
1972877872	2104287872	280739	DHANDAR PRAGATI RAMESHWAR		<input type="text"/>
1972877873	2104287873	280739	AHMAD RAZA MOHAMMAD IBRAHEEM		<input type="text"/>
1972877874	2104287874	280739	AGARKAR ASHUTOSH VILAS		<input type="text"/>
1972877875	2104287875	280739	ALMUBAZZIR MOHD SHAFI		<input type="text"/>
1972877876	2104287876	280739	SHAIKH IRFANN SHAIKH RAHEEM		<input type="text"/>
1972877877	2104287877	280739	WAGHMARE VAIBHAV RAJENDRA		<input type="text"/>
1972877878	2104287878	280739	KOGADE VAISHNAVI ASHOK		<input type="text"/>
1972877879	2104287879	280739	GHONGE VAIBHAV GAJANAN		<input type="text"/>
1972877880	2104287880	280739	MASARE SANTOSH GAJANAN		<input type="text"/>
1972877881	2104287881	280739	FAIZAN KHAN AHMAD KHAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 22/09/2021 **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	Name Of Student	Photo	Signature
1972877882	2104287882	280739	SHIKH AASHIQUE SHAIKH MUBEEN		<input type="text"/>
1972877883	2104287883	280739	ABDUL SAMI ABDUL WAHEED		<input type="text"/>
1972877884	2104287884	280739	WAHUEWAGH ANAND CHANDU		<input type="text"/>
1862877870	2104287928	280739	QURESHI TANVEER AHMAD ALLUDDIN		<input type="text"/>
1862877879	2104287929	280739	BHARSAKALE ABHIJEET GAJANAN		<input type="text"/>
1862877886	2104287930	280739	ZIAUDDIN RIYAZUDDIN		<input type="text"/>
1862877871	2104287931	280739	SHAIKH AZHAR SHAIKH ABDUL		<input type="text"/>
1862877862	2104287932	280739	MOHAMMAD FAIZAN SHAIKH ISRAIL		<input type="text"/>
1862877872	2104287933	280739	SHAIKH ANIS SHAIKH SHAMSHU		<input type="text"/>
1862877864	2104287934	280739	INGLE VIPUL SATISH		<input type="text"/>
1862877874	2104287935	280739	JADHAV NIKHIL ROHIDAS		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 22/09/2021 **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	Name Of Student	Photo	Signature
1862877876	2104287936	280739	DHANDE NEHA SUNIL		<input type="text"/>
1862877863	2104287937	280739	DONGARDIVE MAYUR DAVID		<input type="text"/>
1862877873	2104287938	280739	MAQSOOD KHAN MAHEMOOD KHAN		<input type="text"/>
1862877875	2104287939	280739	CHAVHAN POONAM DILIP		<input type="text"/>
1862877880	2104287940	280739	RAJUSKAR VIKI GAJANAN		<input type="text"/>
1862877881	2104287941	280739	SHEGOKAR RENUKA RAMBHAU		<input type="text"/>
1862877882	2104287942	280739	SHEGOKAR MANGESH RAMBHAU		<input type="text"/>
1972877899	2104287943	280739	BADGE BHARAT LOKNATH		<input type="text"/>
1972877900	2104287944	280739	KARALE SNEHAL MADHUKAR		<input type="text"/>
1972877901	2104287945	280739	VARTHI RAVINA SHRAVAN		<input type="text"/>
1972877902	2104287946	280739	KSHIRSAGAR VIDYA GAJANAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge



**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

---

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 22/09/2021 **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**  
1972877903 2104287947 280739 MUZAMMIN AKMAD RASOOL AHMAD

**Photo Signature**



--

---

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

---

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 21/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN  
**Subject :** APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877860	2104287860	280739	CHATURKAR SHRADDHA JIVAN		<input type="text"/>
1972877861	2104287861	280739	.TAYADE NILESH MANIK		<input type="text"/>
1972877862	2104287862	280739	SHAH NEHAL TAZIM		<input type="text"/>
1972877863	2104287863	280739	MOHD AQDAS MOHD AQUEEL		<input type="text"/>
1972877864	2104287864	280739	GHAGARE SAMIKSHA ARUN		<input type="text"/>
1972877865	2104287865	280739	MOHD SUFIYAN MOHD ABBAS		<input type="text"/>
1972877866	2104287866	280739	ARBAZ ALI SHAH SAJID ALI SHAH		<input type="text"/>
1972877867	2104287867	280739	ARBAZ KHAN KAREEM KHAN		<input type="text"/>
1972877868	2104287868	280739	ASLAM SHAH ZABI SHAH		<input type="text"/>
1972877869	2104287869	280739	ZOD PRAGATI ANIL		<input type="text"/>
1972877870	2104287870	280739	KHAN SOHAIL KHAN HAMID		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 21/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN  
**Subject :** APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1972877871	2104287871	280739	ROKADE SAYLI SUNIL		<input type="text"/>
1972877872	2104287872	280739	DHANDAR PRAGATI RAMESHWAR		<input type="text"/>
1972877873	2104287873	280739	AHMAD RAZA MOHAMMAD IBRAHEEM		<input type="text"/>
1972877874	2104287874	280739	AGARKAR ASHUTOSH VILAS		<input type="text"/>
1972877875	2104287875	280739	ALMUBAZZIR MOHD SHAFI		<input type="text"/>
1972877876	2104287876	280739	SHAIKH IRFANN SHAIKH RAHEEM		<input type="text"/>
1972877877	2104287877	280739	WAGHMARE VAIBHAV RAJENDRA		<input type="text"/>
1972877878	2104287878	280739	KOGADE VAISHNAVI ASHOK		<input type="text"/>
1972877879	2104287879	280739	GHONGE VAIBHAV GAJANAN		<input type="text"/>
1972877880	2104287880	280739	MASARE SANTOSH GAJANAN		<input type="text"/>
1972877881	2104287881	280739	FAIZAN KHAN AHMAD KHAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 21/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN  
**Subject :** APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute	Name Of Student	Photo	Signature
1972877882	2104287882	280739	SHIKH AASHIQUE SHAIKH MUBEEN		<input type="text"/>
1972877883	2104287883	280739	ABDUL SAMI ABDUL WAHEED		<input type="text"/>
1972877884	2104287884	280739	WAHUEWAGH ANAND CHANDU		<input type="text"/>
1862877870	2104287928	280739	QURESHI TANVEER AHMAD ALLUDDIN		<input type="text"/>
1862877879	2104287929	280739	BHARSAKALE ABHIJEET GAJANAN		<input type="text"/>
1862877886	2104287930	280739	ZIAUDDIN RIYAZUDDIN		<input type="text"/>
1862877871	2104287931	280739	SHAIKH AZHAR SHAIKH ABDUL		<input type="text"/>
1862877862	2104287932	280739	MOHAMMAD FAIZAN SHAIKH ISRAIL		<input type="text"/>
1862877872	2104287933	280739	SHAIKH ANIS SHAIKH SHAMSHU		<input type="text"/>
1862877864	2104287934	280739	INGLE VIPUL SATISH		<input type="text"/>
1862877874	2104287935	280739	JADHAV NIKHIL ROHIDAS		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 21/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN  
**Subject :** APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

**Name Of Supervisor :**

Enrolment No.	Seat No.	Institute Name	Name Of Student	Photo	Signature
1862877876	2104287936	280739	DHANDE NEHA SUNIL		<input type="text"/>
1862877863	2104287937	280739	DONGARDIVE MAYUR DAVID		<input type="text"/>
1862877873	2104287938	280739	MAQSOOD KHAN MAHEMOOD KHAN		<input type="text"/>
1862877875	2104287939	280739	CHAVHAN POONAM DILIP		<input type="text"/>
1862877880	2104287940	280739	RAJUSKAR VIKI GAJANAN		<input type="text"/>
1862877881	2104287941	280739	SHEGOKAR RENUKA RAMBHAU		<input type="text"/>
1862877882	2104287942	280739	SHEGOKAR MANGESH RAMBHAU		<input type="text"/>
1972877899	2104287943	280739	BADGE BHARAT LOKNATH		<input type="text"/>
1972877900	2104287944	280739	KARALE SNEHAL MADHUKAR		<input type="text"/>
1972877901	2104287945	280739	VARTHI RAVINA SHRAVAN		<input type="text"/>
1972877902	2104287946	280739	KSHIRSAGAR VIDYA GAJANAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

---

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 21/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN  
**Subject :** APPLIED SCIENCES (PHYSICS & CHEMISTRY) PRACTICAL

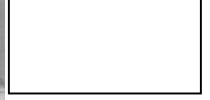
---

**Name Of Supervisor :**

---

**Enrolment No. Seat No. Institute Name Of Student**  
1972877903 2104287947 280739 MUZAMMIN AKMAD RASOOL AHMAD

**Photo Signature**



---

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

---

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 23/09/2021 **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
1972877860	2104287860	280739	CHATURKAR SHRADDHA JIVAN		<input type="text"/>
1972877861	2104287861	280739	.TAYADE NILESH MANIK		<input type="text"/>
1972877862	2104287862	280739	SHAH NEHAL TAZIM		<input type="text"/>
1972877863	2104287863	280739	MOHD AQDAS MOHD AQUEEL		<input type="text"/>
1972877864	2104287864	280739	GHAGARE SAMIKSHA ARUN		<input type="text"/>
1972877865	2104287865	280739	MOHD SUFIYAN MOHD ABBAS		<input type="text"/>
1972877866	2104287866	280739	ARBAZ ALI SHAH SAJID ALI SHAH		<input type="text"/>
1972877867	2104287867	280739	ARBAZ KHAN KAREEM KHAN		<input type="text"/>
1972877868	2104287868	280739	ASLAM SHAH ZABI SHAH		<input type="text"/>
1972877869	2104287869	280739	ZOD PRAGATI ANIL		<input type="text"/>
1972877870	2104287870	280739	KHAN SOHAIL KHAN HAMID		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 23/09/2021 **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	Name Of Student	Photo	Signature
1972877871	2104287871	280739	ROKADE SAYLI SUNIL		<input type="text"/>
1972877872	2104287872	280739	DHANDAR PRAGATI RAMESHWAR		<input type="text"/>
1972877873	2104287873	280739	AHMAD RAZA MOHAMMAD IBRAHEEM		<input type="text"/>
1972877874	2104287874	280739	AGARKAR ASHUTOSH VILAS		<input type="text"/>
1972877875	2104287875	280739	ALMUBAZZIR MOHD SHAFI		<input type="text"/>
1972877876	2104287876	280739	SHAIKH IRFANN SHAIKH RAHEEM		<input type="text"/>
1972877877	2104287877	280739	WAGHMARE VAIBHAV RAJENDRA		<input type="text"/>
1972877878	2104287878	280739	KOGADE VAISHNAVI ASHOK		<input type="text"/>
1972877879	2104287879	280739	GHONGE VAIBHAV GAJANAN		<input type="text"/>
1972877880	2104287880	280739	MASARE SANTOSH GAJANAN		<input type="text"/>
1972877881	2104287881	280739	FAIZAN KHAN AHMAD KHAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**












- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge



**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 23/09/2021 **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	Name Of Student	Photo	Signature
1972877882	2104287882	280739	SHIKH AASHIQUE SHAIKH MUBEEN		
1972877883	2104287883	280739	ABDUL SAMI ABDUL WAHEED		
1972877884	2104287884	280739	WAHUEWAGH ANAND CHANDU		
1862877870	2104287928	280739	QURESHI TANVEER AHMAD ALLUDDIN		
1862877879	2104287929	280739	BHARSAKALE ABHIJEET GAJANAN		
1862877886	2104287930	280739	ZIAUDDIN RIYAZUDDIN		
1862877871	2104287931	280739	SHAIKH AZHAR SHAIKH ABDUL		
1862877862	2104287932	280739	MOHAMMAD FAIZAN SHAIKH ISRAIL		
1862877872	2104287933	280739	SHAIKH ANIS SHAIKH SHAMSHU		
1862877864	2104287934	280739	INGLE VIPUL SATISH		
1862877874	2104287935	280739	JADHAV NIKHIL ROHIDAS		

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 23/09/2021 **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
1862877876	2104287936	280739	DHANDE NEHA SUNIL		<input type="text"/>
1862877863	2104287937	280739	DONGARDIVE MAYUR DAVID		<input type="text"/>
1862877873	2104287938	280739	MAQSOOD KHAN MAHEMOOD KHAN		<input type="text"/>
1862877875	2104287939	280739	CHAVHAN POONAM DILIP		<input type="text"/>
1862877880	2104287940	280739	RAJUSKAR VIKI GAJANAN		<input type="text"/>
1862877881	2104287941	280739	SHEGOKAR RENUKA RAMBHAU		<input type="text"/>
1862877882	2104287942	280739	SHEGOKAR MANGESH RAMBHAU		<input type="text"/>
1972877899	2104287943	280739	BADGE BHARAT LOKNATH		<input type="text"/>
1972877900	2104287944	280739	KARALE SNEHAL MADHUKAR		<input type="text"/>
1972877901	2104287945	280739	VARTHI RAVINA SHRAVAN		<input type="text"/>
1972877902	2104287946	280739	KSHIRSAGAR VIDYA GAJANAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

---

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 23/09/2021 **Time :** 10 AM TO 1 PM  
**Course Code & Name :** 201404 MEDICAL LAB TECHNICIAN  
**Subject :** BIOCHEMISTRY PRACTICAL

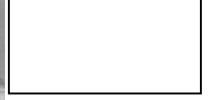
---

**Name Of Supervisor :**

---

**Enrolment No. Seat No. Institute Name Of Student**  
1972877903 2104287947 280739 MUZAMMIN AKMAD RASOOL AHMAD

**Photo Signature**



---

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

---

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 17/09/2021 **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	Name Of Student	Photo	Signature
1972877860	2104287860	280739	CHATURKAR SHRADDHA JIVAN		<input type="text"/>
1972877861	2104287861	280739	.TAYADE NILESH MANIK		<input type="text"/>
1972877862	2104287862	280739	SHAH NEHAL TAZIM		<input type="text"/>
1972877863	2104287863	280739	MOHD AQDAS MOHD AQUEEL		<input type="text"/>
1972877864	2104287864	280739	GHAGARE SAMIKSHA ARUN		<input type="text"/>
1972877865	2104287865	280739	MOHD SUFIYAN MOHD ABBAS		<input type="text"/>
1972877866	2104287866	280739	ARBAZ ALI SHAH SAJID ALI SHAH		<input type="text"/>
1972877867	2104287867	280739	ARBAZ KHAN KAREEM KHAN		<input type="text"/>
1972877868	2104287868	280739	ASLAM SHAH ZABI SHAH		<input type="text"/>
1972877869	2104287869	280739	ZOD PRAGATI ANIL		<input type="text"/>
1972877870	2104287870	280739	KHAN SOHAIL KHAN HAMID		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 17/09/2021 **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	Name Of Student	Photo	Signature
1972877871	2104287871	280739	ROKADE SAYLI SUNIL		<input type="text"/>
1972877872	2104287872	280739	DHANDAR PRAGATI RAMESHWAR		<input type="text"/>
1972877873	2104287873	280739	AHMAD RAZA MOHAMMAD IBRAHEEM		<input type="text"/>
1972877874	2104287874	280739	AGARKAR ASHUTOSH VILAS		<input type="text"/>
1972877875	2104287875	280739	ALMUBAZZIR MOHD SHAFI		<input type="text"/>
1972877876	2104287876	280739	SHAIKH IRFANN SHAIKH RAHEEM		<input type="text"/>
1972877877	2104287877	280739	WAGHMARE VAIBHAV RAJENDRA		<input type="text"/>
1972877878	2104287878	280739	KOGADE VAISHNAVI ASHOK		<input type="text"/>
1972877879	2104287879	280739	GHONGE VAIBHAV GAJANAN		<input type="text"/>
1972877880	2104287880	280739	MASARE SANTOSH GAJANAN		<input type="text"/>
1972877881	2104287881	280739	FAIZAN KHAN AHMAD KHAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 17/09/2021 **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	Name Of Student	Photo	Signature
1972877882	2104287882	280739	SHIKH AASHIQUE SHAIKH MUBEEN		<input type="text"/>
1972877883	2104287883	280739	ABDUL SAMI ABDUL WAHEED		<input type="text"/>
1972877884	2104287884	280739	WAHUEWAGH ANAND CHANDU		<input type="text"/>
1862877870	2104287928	280739	QURESHI TANVEER AHMAD ALLUDDIN		<input type="text"/>
1862877879	2104287929	280739	BHARSAKALE ABHIJEET GAJANAN		<input type="text"/>
1862877886	2104287930	280739	ZIAUDDIN RIYAZUDDIN		<input type="text"/>
1862877871	2104287931	280739	SHAIKH AZHAR SHAIKH ABDUL		<input type="text"/>
1862877862	2104287932	280739	MOHAMMAD FAIZAN SHAIKH ISRAIL		<input type="text"/>
1862877872	2104287933	280739	SHAIKH ANIS SHAIKH SHAMSHU		<input type="text"/>
1862877864	2104287934	280739	INGLE VIPUL SATISH		<input type="text"/>
1862877874	2104287935	280739	JADHAV NIKHIL ROHIDAS		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 17/09/2021 **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
1862877876	2104287936	280739	DHANDE NEHA SUNIL		<input type="text"/>
1862877863	2104287937	280739	DONGARDIVE MAYUR DAVID		<input type="text"/>
1862877873	2104287938	280739	MAQSOOD KHAN MAHEMOOD KHAN		<input type="text"/>
1862877875	2104287939	280739	CHAVHAN POONAM DILIP		<input type="text"/>
1862877880	2104287940	280739	RAJUSKAR VIKI GAJANAN		<input type="text"/>
1862877881	2104287941	280739	SHEGOKAR RENUKA RAMBHAU		<input type="text"/>
1862877882	2104287942	280739	SHEGOKAR MANGESH RAMBHAU		<input type="text"/>
1972877899	2104287943	280739	BADGE BHARAT LOKNATH		<input type="text"/>
1972877900	2104287944	280739	KARALE SNEHAL MADHUKAR		<input type="text"/>
1972877901	2104287945	280739	VARTHI RAVINA SHRAVAN		<input type="text"/>
1972877902	2104287946	280739	KSHIRSAGAR VIDYA GAJANAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 17/09/2021 **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**  
1972877903 2104287947 280739 MUZAMMIN AKMAD RASOOL AHMAD

**Photo Signature**



--

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

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Exam Center In-Charge**

**Notice :**












- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge



**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 24/09/2021 **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
1972877860	2104287860	280739	CHATURKAR SHRADDHA JIVAN		<input type="text"/>
1972877861	2104287861	280739	.TAYADE NILESH MANIK		<input type="text"/>
1972877862	2104287862	280739	SHAH NEHAL TAZIM		<input type="text"/>
1972877863	2104287863	280739	MOHD AQDAS MOHD AQUEEL		<input type="text"/>
1972877864	2104287864	280739	GHAGARE SAMIKSHA ARUN		<input type="text"/>
1972877865	2104287865	280739	MOHD SUFIYAN MOHD ABBAS		<input type="text"/>
1972877866	2104287866	280739	ARBAZ ALI SHAH SAJID ALI SHAH		<input type="text"/>
1972877867	2104287867	280739	ARBAZ KHAN KAREEM KHAN		<input type="text"/>
1972877868	2104287868	280739	ASLAM SHAH ZABI SHAH		<input type="text"/>
1972877869	2104287869	280739	ZOD PRAGATI ANIL		<input type="text"/>
1972877870	2104287870	280739	KHAN SOHAIL KHAN HAMID		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 24/09/2021 **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	Name Of Student	Photo	Signature
1972877871	2104287871	280739	ROKADE SAYLI SUNIL		<input type="text"/>
1972877872	2104287872	280739	DHANDAR PRAGATI RAMESHWAR		<input type="text"/>
1972877873	2104287873	280739	AHMAD RAZA MOHAMMAD IBRAHEEM		<input type="text"/>
1972877874	2104287874	280739	AGARKAR ASHUTOSH VILAS		<input type="text"/>
1972877875	2104287875	280739	ALMUBAZZIR MOHD SHAFI		<input type="text"/>
1972877876	2104287876	280739	SHAIKH IRFANN SHAIKH RAHEEM		<input type="text"/>
1972877877	2104287877	280739	WAGHMARE VAIBHAV RAJENDRA		<input type="text"/>
1972877878	2104287878	280739	KOGADE VAISHNAVI ASHOK		<input type="text"/>
1972877879	2104287879	280739	GHONGE VAIBHAV GAJANAN		<input type="text"/>
1972877880	2104287880	280739	MASARE SANTOSH GAJANAN		<input type="text"/>
1972877881	2104287881	280739	FAIZAN KHAN AHMAD KHAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 24/09/2021 **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
1972877882	2104287882	280739	SHIKH AASHIQUE SHAIKH MUBEEN		<input type="text"/>
1972877883	2104287883	280739	ABDUL SAMI ABDUL WAHEED		<input type="text"/>
1972877884	2104287884	280739	WAHUEWAGH ANAND CHANDU		<input type="text"/>
1862877870	2104287928	280739	QURESHI TANVEER AHMAD ALLUDDIN		<input type="text"/>
1862877879	2104287929	280739	BHARSAKALE ABHIJEET GAJANAN		<input type="text"/>
1862877886	2104287930	280739	ZIAUDDIN RIYAZUDDIN		<input type="text"/>
1862877871	2104287931	280739	SHAIKH AZHAR SHAIKH ABDUL		<input type="text"/>
1862877862	2104287932	280739	MOHAMMAD FAIZAN SHAIKH ISRAIL		<input type="text"/>
1862877872	2104287933	280739	SHAIKH ANIS SHAIKH SHAMSHU		<input type="text"/>
1862877864	2104287934	280739	INGLE VIPUL SATISH		<input type="text"/>
1862877874	2104287935	280739	JADHAV NIKHIL ROHIDAS		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 24/09/2021 **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	Name Of Student	Photo	Signature
1862877876	2104287936	280739	DHANDE NEHA SUNIL		<input type="text"/>
1862877863	2104287937	280739	DONGARDIVE MAYUR DAVID		<input type="text"/>
1862877873	2104287938	280739	MAQSOOD KHAN MAHEMOOD KHAN		<input type="text"/>
1862877875	2104287939	280739	CHAVHAN POONAM DILIP		<input type="text"/>
1862877880	2104287940	280739	RAJUSKAR VIKI GAJANAN		<input type="text"/>
1862877881	2104287941	280739	SHEGOKAR RENUKA RAMBHAU		<input type="text"/>
1862877882	2104287942	280739	SHEGOKAR MANGESH RAMBHAU		<input type="text"/>
1972877899	2104287943	280739	BADGE BHARAT LOKNATH		<input type="text"/>
1972877900	2104287944	280739	KARALE SNEHAL MADHUKAR		<input type="text"/>
1972877901	2104287945	280739	VARTHI RAVINA SHRAVAN		<input type="text"/>
1972877902	2104287946	280739	KSHIRSAGAR VIDYA GAJANAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

---

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 24/09/2021 **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**  
1972877903 2104287947 280739 MUZAMMIN AKMAD RASOOL AHMAD

**Photo Signature**



--

---

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

---

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 20/09/2021 **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
1972877860	2104287860	280739	CHATURKAR SHRADDHA JIVAN		<input type="text"/>
1972877861	2104287861	280739	.TAYADE NILESH MANIK		<input type="text"/>
1972877862	2104287862	280739	SHAH NEHAL TAZIM		<input type="text"/>
1972877863	2104287863	280739	MOHD AQDAS MOHD AQUEEL		<input type="text"/>
1972877864	2104287864	280739	GHAGARE SAMIKSHA ARUN		<input type="text"/>
1972877865	2104287865	280739	MOHD SUFIYAN MOHD ABBAS		<input type="text"/>
1972877866	2104287866	280739	ARBAZ ALI SHAH SAJID ALI SHAH		<input type="text"/>
1972877867	2104287867	280739	ARBAZ KHAN KAREEM KHAN		<input type="text"/>
1972877868	2104287868	280739	ASLAM SHAH ZABI SHAH		<input type="text"/>
1972877869	2104287869	280739	ZOD PRAGATI ANIL		<input type="text"/>
1972877870	2104287870	280739	KHAN SOHAIL KHAN HAMID		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 20/09/2021 **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	Name Of Student	Photo	Signature
1972877871	2104287871	280739	ROKADE SAYLI SUNIL		<input type="text"/>
1972877872	2104287872	280739	DHANDAR PRAGATI RAMESHWAR		<input type="text"/>
1972877873	2104287873	280739	AHMAD RAZA MOHAMMAD IBRAHEEM		<input type="text"/>
1972877874	2104287874	280739	AGARKAR ASHUTOSH VILAS		<input type="text"/>
1972877875	2104287875	280739	ALMUBAZZIR MOHD SHAFI		<input type="text"/>
1972877876	2104287876	280739	SHAIKH IRFANN SHAIKH RAHEEM		<input type="text"/>
1972877877	2104287877	280739	WAGHMARE VAIBHAV RAJENDRA		<input type="text"/>
1972877878	2104287878	280739	KOGADE VAISHNAVI ASHOK		<input type="text"/>
1972877879	2104287879	280739	GHONGE VAIBHAV GAJANAN		<input type="text"/>
1972877880	2104287880	280739	MASARE SANTOSH GAJANAN		<input type="text"/>
1972877881	2104287881	280739	FAIZAN KHAN AHMAD KHAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 20/09/2021 **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
1972877882	2104287882	280739	SHIKH AASHIQUE SHAIKH MUBEEN		<input type="text"/>
1972877883	2104287883	280739	ABDUL SAMI ABDUL WAHEED		<input type="text"/>
1972877884	2104287884	280739	WAHUEWAGH ANAND CHANDU		<input type="text"/>
1862877870	2104287928	280739	QURESHI TANVEER AHMAD ALLUDDIN		<input type="text"/>
1862877879	2104287929	280739	BHARSAKALE ABHIJEET GAJANAN		<input type="text"/>
1862877886	2104287930	280739	ZIAUDDIN RIYAZUDDIN		<input type="text"/>
1862877871	2104287931	280739	SHAIKH AZHAR SHAIKH ABDUL		<input type="text"/>
1862877862	2104287932	280739	MOHAMMAD FAIZAN SHAIKH ISRAIL		<input type="text"/>
1862877872	2104287933	280739	SHAIKH ANIS SHAIKH SHAMSHU		<input type="text"/>
1862877864	2104287934	280739	INGLE VIPUL SATISH		<input type="text"/>
1862877874	2104287935	280739	JADHAV NIKHIL ROHIDAS		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**












- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge



**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 20/09/2021 **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
1862877876	2104287936	280739	DHANDE NEHA SUNIL		<input type="text"/>
1862877863	2104287937	280739	DONGARDIVE MAYUR DAVID		<input type="text"/>
1862877873	2104287938	280739	MAQSOOD KHAN MAHEMOOD KHAN		<input type="text"/>
1862877875	2104287939	280739	CHAVHAN POONAM DILIP		<input type="text"/>
1862877880	2104287940	280739	RAJUSKAR VIKI GAJANAN		<input type="text"/>
1862877881	2104287941	280739	SHEGOKAR RENUKA RAMBHAU		<input type="text"/>
1862877882	2104287942	280739	SHEGOKAR MANGESH RAMBHAU		<input type="text"/>
1972877899	2104287943	280739	BADGE BHARAT LOKNATH		<input type="text"/>
1972877900	2104287944	280739	KARALE SNEHAL MADHUKAR		<input type="text"/>
1972877901	2104287945	280739	VARTHI RAVINA SHRAVAN		<input type="text"/>
1972877902	2104287946	280739	KSHIRSAGAR VIDYA GAJANAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

---

**Institute Code & Name** 280739 DR. A.P.J. ABDUL KALAM PARAMEDICAL VOCATIONAL  
**Examination :** April 2021 **Date :** 20/09/2021 **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**  
1972877903 2104287947 280739 MUZAMMIN AKMAD RASOOL AHMAD

**Photo Signature**



--

---

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

---

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280750 VIDHARBHA NURSING AND MEDICAL VOCATIONAL TRAINING  
**Examination :** April 2021 **Date :** 22/09/2021 **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	Name Of Student	Photo	Signature
1972877885	2104287885	280750	KATOLKAR KARTIKESH RAJABHAU		<input type="text"/>
1972877886	2104287886	280750	GHAZI SHAIKH SHAFIQU E URRAHMAN		<input type="text"/>
1972877887	2104287887	280750	CHANDERSHEKHAR SUKHBIR		<input type="text"/>
1972877888	2104287888	280750	SAWALKAR SAMOTI SHALIKRAM		<input type="text"/>
1972877889	2104287889	280750	WAGHMARE MALU HARIBHAU		<input type="text"/>
1972877890	2104287890	280750	KHANDEKAR ABOLI DIPAK		<input type="text"/>
1972877891	2104287891	280750	KALE ANJALI UTTHAMRAO		<input type="text"/>
1972877892	2104287892	280750	SHELKI SUNITA BHASKAR		<input type="text"/>
1972877893	2104287893	280750	PANDE SAHEBRAO VITTHALRAO		<input type="text"/>
1972877894	2104287894	280750	FATKAR NILESH UMESHRAO		<input type="text"/>
1972877895	2104287895	280750	DAHAKA NITESH ASHOKRAO		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**




**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280750 VIDHARBHA NURSING AND MEDICAL VOCATIONAL TRAINING  
**Examination :** April 2021 **Date :** 22/09/2021 **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
1972877896	2104287896	280750	BANSOD RATNAKAR SUDAMRAO		<input type="text"/>
1972877897	2104287897	280750	PATIL RASIKA SANJAYRAO		<input type="text"/>
1972877898	2104287898	280750	NAVED KHAN FIROZ KHAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280750 VIDHARBHA NURSING AND MEDICAL VOCATIONAL TRAINING  
**Examination :** April 2021 **Date :** 23/09/2021 **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	Name Of Student	Photo	Signature
1972877885	2104287885	280750	KATOLKAR KARTIKESH RAJABHAU		<input type="text"/>
1972877886	2104287886	280750	GHAZI SHAIKH SHAFIQU E URRAHMAN		<input type="text"/>
1972877887	2104287887	280750	CHANDERSHEKHAR SUKHBIR		<input type="text"/>
1972877888	2104287888	280750	SAWALKAR SAMOTI SHALIKRAM		<input type="text"/>
1972877889	2104287889	280750	WAGHMARE MALU HARIBHAU		<input type="text"/>
1972877890	2104287890	280750	KHANDEKAR ABOLI DIPAK		<input type="text"/>
1972877891	2104287891	280750	KALE ANJALI UTTHAMRAO		<input type="text"/>
1972877892	2104287892	280750	SHELKI SUNITA BHASKAR		<input type="text"/>
1972877893	2104287893	280750	PANDE SAHEBRAO VITTHALRAO		<input type="text"/>
1972877894	2104287894	280750	FATKAR NILESH UMESHRAO		<input type="text"/>
1972877895	2104287895	280750	DAHAKA NITESH ASHOKRAO		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**




**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280750 VIDHARBHA NURSING AND MEDICAL VOCATIONAL TRAINING  
**Examination :** April 2021 **Date :** 23/09/2021 **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
1972877896	2104287896	280750	BANSOD RATNAKAR SUDAMRAO		<input type="text"/>
1972877897	2104287897	280750	PATIL RASIKA SANJAYRAO		<input type="text"/>
1972877898	2104287898	280750	NAVED KHAN FIROZ KHAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280750 VIDHARBHA NURSING AND MEDICAL VOCATIONAL TRAINING  
**Examination :** April 2021 **Date :** 21/09/2021 **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	Name Of Student	Photo	Signature
1972877885	2104287885	280750	KATOLKAR KARTIKESH RAJABHAU		<input type="text"/>
1972877886	2104287886	280750	GHAZI SHAIKH SHAFIQU E URRAHMAN		<input type="text"/>
1972877887	2104287887	280750	CHANDERSHEKHAR SUKHBIR		<input type="text"/>
1972877888	2104287888	280750	SAWALKAR SAMOTI SHALIKRAM		<input type="text"/>
1972877889	2104287889	280750	WAGHMARE MALU HARIBHAU		<input type="text"/>
1972877890	2104287890	280750	KHANDEKAR ABOLI DIPAK		<input type="text"/>
1972877891	2104287891	280750	KALE ANJALI UTTHAMRAO		<input type="text"/>
1972877892	2104287892	280750	SHELKI SUNITA BHASKAR		<input type="text"/>
1972877893	2104287893	280750	PANDE SAHEBRAO VITTHALRAO		<input type="text"/>
1972877894	2104287894	280750	FATKAR NILESH UMESHRAO		<input type="text"/>
1972877895	2104287895	280750	DAHAKA NITESH ASHOKRAO		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**




**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280750 VIDHARBHA NURSING AND MEDICAL VOCATIONAL TRAINING  
**Examination :** April 2021 **Date :** 21/09/2021 **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
1972877896	2104287896	280750	BANSOD RATNAKAR SUDAMRAO		<input type="text"/>
1972877897	2104287897	280750	PATIL RASIKA SANJAYRAO		<input type="text"/>
1972877898	2104287898	280750	NAVED KHAN FIROZ KHAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**












- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge



**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280750 VIDHARBHA NURSING AND MEDICAL VOCATIONAL TRAINING  
**Examination :** April 2021 **Date :** 17/09/2021 **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	Name Of Student	Photo	Signature
1972877885	2104287885	280750	KATOLKAR KARTIKESH RAJABHAU		<input type="text"/>
1972877886	2104287886	280750	GHAZI SHAIKH SHAFIQU E URRAHMAN		<input type="text"/>
1972877887	2104287887	280750	CHANDERSHEKHAR SUKHBIR		<input type="text"/>
1972877888	2104287888	280750	SAWALKAR SAMOTI SHALIKRAM		<input type="text"/>
1972877889	2104287889	280750	WAGHMARE MALU HARIBHAU		<input type="text"/>
1972877890	2104287890	280750	KHANDEKAR ABOLI DIPAK		<input type="text"/>
1972877891	2104287891	280750	KALE ANJALI UTTHAMRAO		<input type="text"/>
1972877892	2104287892	280750	SHELKI SUNITA BHASKAR		<input type="text"/>
1972877893	2104287893	280750	PANDE SAHEBRAO VITTHALRAO		<input type="text"/>
1972877894	2104287894	280750	FATKAR NILESH UMESHRAO		<input type="text"/>
1972877895	2104287895	280750	DAHAKA NITESH ASHOKRAO		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**




**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280750 VIDHARBHA NURSING AND MEDICAL VOCATIONAL TRAINING  
**Examination :** April 2021 **Date :** 17/09/2021 **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
1972877896	2104287896	280750	BANSOD RATNAKAR SUDAMRAO		<input type="text"/>
1972877897	2104287897	280750	PATIL RASIKA SANJAYRAO		<input type="text"/>
1972877898	2104287898	280750	NAVED KHAN FIROZ KHAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280750 VIDHARBHA NURSING AND MEDICAL VOCATIONAL TRAINING  
**Examination :** April 2021 **Date :** 24/09/2021 **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	Name Of Student	Photo	Signature
1972877885	2104287885	280750	KATOLKAR KARTIKESH RAJABHAU		<input type="text"/>
1972877886	2104287886	280750	GHAZI SHAIKH SHAFIQU E URRAHMAN		<input type="text"/>
1972877887	2104287887	280750	CHANDERSHEKHAR SUKHBIR		<input type="text"/>
1972877888	2104287888	280750	SAWALKAR SAMOTI SHALIKRAM		<input type="text"/>
1972877889	2104287889	280750	WAGHMARE MALU HARIBHAU		<input type="text"/>
1972877890	2104287890	280750	KHANDEKAR ABOLI DIPAK		<input type="text"/>
1972877891	2104287891	280750	KALE ANJALI UTTHAMRAO		<input type="text"/>
1972877892	2104287892	280750	SHELKI SUNITA BHASKAR		<input type="text"/>
1972877893	2104287893	280750	PANDE SAHEBRAO VITTHALRAO		<input type="text"/>
1972877894	2104287894	280750	FATKAR NILESH UMESHRAO		<input type="text"/>
1972877895	2104287895	280750	DAHAKA NITESH ASHOKRAO		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**




**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribed format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280750 VIDHARBHA NURSING AND MEDICAL VOCATIONAL TRAINING  
**Examination :** April 2021 **Date :** 24/09/2021 **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
1972877896	2104287896	280750	BANSOD RATNAKAR SUDAMRAO		<input type="text"/>
1972877897	2104287897	280750	PATIL RASIKA SANJAYRAO		<input type="text"/>
1972877898	2104287898	280750	NAVED KHAN FIROZ KHAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**












**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280750 VIDHARBHA NURSING AND MEDICAL VOCATIONAL TRAINING  
**Examination :** April 2021 **Date :** 20/09/2021 **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	Name Of Student	Photo	Signature
1972877885	2104287885	280750	KATOLKAR KARTIKESH RAJABHAU		<input type="text"/>
1972877886	2104287886	280750	GHAZI SHAIKH SHAFIQU E URRAHMAN		<input type="text"/>
1972877887	2104287887	280750	CHANDERSHEKHAR SUKHBIR		<input type="text"/>
1972877888	2104287888	280750	SAWALKAR SAMOTI SHALIKRAM		<input type="text"/>
1972877889	2104287889	280750	WAGHMARE MALU HARIBHAU		<input type="text"/>
1972877890	2104287890	280750	KHANDEKAR ABOLI DIPAK		<input type="text"/>
1972877891	2104287891	280750	KALE ANJALI UTTHAMRAO		<input type="text"/>
1972877892	2104287892	280750	SHELKI SUNITA BHASKAR		<input type="text"/>
1972877893	2104287893	280750	PANDE SAHEBRAO VITTHALRAO		<input type="text"/>
1972877894	2104287894	280750	FATKAR NILESH UMESHRAO		<input type="text"/>
1972877895	2104287895	280750	DAHAKA NITESH ASHOKRAO		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**




**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge

**Maharashtra State Board Of Vocational Examinations, Mumbai**  
**Attendance Sheet**

**Institute Code & Name** 280750 VIDHARBHA NURSING AND MEDICAL VOCATIONAL TRAINING  
**Examination :** April 2021 **Date :** 20/09/2021 **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
1972877896	2104287896	280750	BANSOD RATNAKAR SUDAMRAO		<input type="text"/>
1972877897	2104287897	280750	PATIL RASIKA SANJAYRAO		<input type="text"/>
1972877898	2104287898	280750	NAVED KHAN FIROZ KHAN		<input type="text"/>

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

**Supervisor**

**Exam Center In-Charge**

**Notice :**

- 1) Student must check his course, seat no etc before sign.
- 2) Any Correction in student information should be immediately reported to concerned district office, in prescribe format by exam center In-charge