PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

Center Name:

Subject	: 44431 / TRADE	THEORY		
S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209161423006	GURPREET SINGH	<u> </u>	L
2	88209161524001	AMANJOT SINGH	<u> </u>	L
3	88209161524002	JAMARJIT	<u> </u>	L
4	88209161524004	ANMOLPREET SINGH	<u> </u>	L
5	88209161524005	JARBAN SINGH	<u> </u>	L
6	88209161524006	ARMANDEEP SINGH	<u> </u>	L
7	88209161524008	ARSHPREET SINGH	<u> </u>	L
8	88209161524009	ARSHVEER SINGH	<u> </u>	L
9	88209161524010	BALJINDER SINGH	<u> </u>	L
10	88209161524014	DAVINDER SINGH	<u> </u>	L
11	88209161524015	JGANIT KUMAR	<u> </u>	L
12	88209161524016	GURAMRIT PAL SINGH	<u> </u>	L
13	88209161524017	GURJEET SINGH	<u> </u>	L
14	88209161524018	GURPREET SINGH DHALIW	<u> </u>	L
15	88209161524020	GURWINDER SINGH	<u> </u>	L
16	88209161524021	HARDEV SINGH DHESSI	<u> </u>	L
17 	88209161524023	HARKAMALPREET SINGH S	<u> </u>	L
18	88209161524030	KARANVIR SINGH	<u> </u>	L
19	88209161524032	_J MANJINDER SINGH		
20	88209161524033	NIKHIL GARG	<u> </u>	
21	88209161524034	PALWINDER SINGH		

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

PAGE: 2

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88209161524036 | PRABHJEET SINGH 88209161524038 | PUSHDEEP SINGH 23 24 88209161524042 | SUKHMANDEEP SINGH AU 25 88209161524044 | SULTANPREET SINGH 26 88209161524045 | SURINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng hereby certify that I have conducted the (Designation) above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

PAGE: 1

Center Name:

Course: 114 / PLUMBER Class: First

44434 / EMPLOYBILITY SKILL Subject: S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209161423001 | AKASHDEEP SINGH 88209161423006 | GURPREET SINGH 3 88209161524001 | AMANJOT SINGH 88209161524002 | AMARJIT 5 88209161524004 | ANMOLPREET SINGH 88209161524005 _I ARBAN SINGH 88209161524006 | ARMANDEEP SINGH 88209161524008 | ARSHPREET SINGH 88209161524009 | ARSHVEER SINGH 88209161524010 | BALJINDER SINGH 10 88209161524014 | DAVINDER SINGH 12 88209161524015 | GANIT KUMAR 88209161524016 | GURAMRIT PAL SINGH 13 14 88209161524017 | GURJEET SINGH 88209161524018 | GURPREET SINGH DHALIW 15 88209161524020 | GURWINDER SINGH 16 17 88209161524021 | HARDEV SINGH DHESSI 18 88209161524023 | HARKAMALPREET SINGH 5 88209161524030 | KARANVIR SINGH 20 88209161524032 | MANJINDER SINGH 88209161524033 | NIKHIL GARG

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88209161524034	PALWINDER SINGH	<u> </u>	
23	88209161524036			
24	88209161524038			
25	88209161524042	SUKHMANDEEP SINGH AU		
26				
27				
Na	me and Signature Of	Incharge	Undertaki ng	
	al No. Of Answer Sheme and Signature Of			
abòv	lame)	(Designation) gilator. I have personally chec	ked and ensured that	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also
here	eby undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
			Si gna	ture of the Invigilator
I ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	ture of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209161524001	JAMANJOT SINGH	<u> </u>	
2	88209161524002	AMARJIT	<u> </u>	L
3	88209161524004	ANMOLPREET SINGH	<u> </u>	L
4	88209161524005	ARBAN SINGH	<u> </u>	L
5 	88209161524006	ARMANDEEP SINGH	<u></u>	L
6	88209161524008	ARSHPREET SINGH	<u> </u>	L
7	88209161524009	ARSHVEER SINGH	<u></u>	L
8	88209161524010	BALJINDER SINGH	<u> </u>	L
9	88209161524014	DAVINDER SINGH	<u> </u>	L
10	88209161524015	GANIT KUMAR	<u> </u>	L
11	88209161524016	GURAMRIT PAL SINGH	<u> </u>	L
12	88209161524017	GURJEET SINGH	<u> </u>	L
13	88209161524018	GURPREET SINGH DHALIW	<u> </u>	L
14	88209161524020	GURWINDER SINGH	<u> </u>	L
15 	88209161524021	HARDEV SINGH DHESSI	<u> </u>	L
16	88209161524023	HARKAMALPREET SINGH S	<u> </u>	L
17	88209161524030	KARANVIR SINGH	<u> </u>	L
18	88209161524032	MANJINDER SINGH	<u> </u>	L
19	88209161524033	NIKHIL GARG	<u> </u>	
20	88209161524034	PALWINDER SINGH	<u> </u>	
21	88209161524036	PRABHJEET SINGH	<u> </u>	L

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88209161524038	PUSHDEEP SINGH	<u> </u>			
23						
24	88209161524044	SULTANPREET SINGH				
25						
Tota	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
above have	appeared under my su	(Designation) gilator. I have personally checl pervision in today's exam, have any mistakes are found, I will u	ked and ensured that been filled and shad	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
			Si gnatı	ure of the Invigilator		
l hav fille	e conducted 20% rand d correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name	of the Superintenden	t	Si gnatı	ure of the Superintendent		
l hav fille	e conducted 10% rand d correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name	of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller		
l ha fille	ve conducted 5% rand d correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course : 116 / SHEET METAL WORKER Class: First

44431 / TRADE THEORY Subject:

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88281160922007 | GURMEET SINGH $88281160923002_{\mathsf{I}}\mathsf{AJAYPARTAP}$ SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course : 116 / SHEET METAL WORKER Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88281160922007 | GURMEET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller Signature of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227261524049	AKASHDEEP SINGH	<u> </u>	
2	88227261524050	AKASHVIR SINGH	<u> </u>	
3	88227261524052	ARMAAN	<u> </u>	<u> </u>
4	88227261524053	DAVINDER SINGH	<u> </u>	<u> </u>
5 	88227261524054	GURPREET SINGH	<u> </u>	<u> </u>
6	88227261524062	KHUSHPREET SINGH	<u> </u>	<u> </u>
7	88227261524067	SUKHMANDEEP SINGH	<u> </u>	
8	88227261524068	VISHAVJEET SINGH DHILL		I
Tota	I No. Of Students in I No. Of Answer Shene and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (Na above have hereb	examination as Invi	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who nded correctly in the OMR sheets. I also any remuneration.
			Si gnat	cure of the Invigilator
l hav fille	e conducted 20% rand d correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintender	it	Si gnat	cure of the Superintendent
l hav fille	e conducted 10% rand d correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller
l ha fille	ve conducted 5% rand d correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	cure of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227261524049	AKASHDEEP SINGH	<u> </u>	
2	88227261524050	AKASHVIR SINGH	<u> </u>	
3	88227261524052	ARMAAN	<u> </u>	<u> </u>
4	88227261524053	DAVINDER SINGH	<u> </u>	<u> </u>
5	88227261524054	GURPREET SINGH	<u> </u>	<u> </u>
6	88227261524062	KHUSHPREET SINGH		
7	88227261524067	SUKHMANDEEP SINGH	<u> </u>	
8	88227261524068	VISHAVJEET SINGH DHILL		1
Tota	al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	appeared under my su	(Designation)_ gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	cure of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Superintenden	t	Si gnat	cure of the Superintendent
	ve conducted 10% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller
	ave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	cure of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227261524049	AKASHDEEP SINGH	<u> </u>	
2	88227261524050	AKASHVIR SINGH	<u> </u>	
3	88227261524052	ARMAAN	L	
4	88227261524053	DAVINDER SINGH	L	
5	88227261524054	GURPREET SINGH	L	
6	88227261524062	KHUSHPREET SINGH	L	
7	88227261524067	SUKHMANDEEP SINGH	L	
8	88227261524068	VISHAVJEET SINGH DHILL		
Tota	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	been filled and sha	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l hav	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintender	it	Si gna	ture of the Superintendent
l ha fille	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gna	ture of the Deputy Controller
l ha	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231261424002	JARMANPREET SINGH SAN	<u> </u>	
2	88231261424003	JARSHDEEP KUMAR	L	L
3	88231261424004	JDALJEET SINGH	L	L
4	88231261424005	JEKAMJOT SINGH	L	L
5 	88231261424006	JGURWINDER SINGH	L	L
6	88231261424007	JHARSIMRAN SINGH	L	L
7	88231261424009	JASMEET SINGH	<u> </u>	L
8	88231261424010	KAMALVIR SINGH	L	L
9	88231261424014	RANJODH SINGH	L	L
10 	88231261424015	SIMRANJEET SINGH	L	L
11 	88231261424016	SIMRAT SINGH	L	L
12	88231261424017	SUKHJINDER SINGH	L	L
13	88231261424019	JSUKHVIR SINGH	L	L
14	88231261424020	JSUKHWINDER SINGH	L	L
15	88231261424021	JVANSH	L	L
16	88231261524069	JAKASHDEEP SINGH	L	L
17 	88231261524070	JARASHPREET SINGH	L	L
18	88231261524072	GOPAL SINGH	<u> </u>	L
19	88231261524073	JGURJOT SINGH	<u> </u>	L
20	88231261524074	JGURJOT SINGH	L	
21	88231261524075	GURWINDER SINGH GILL	<u> </u>	L

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

PAGE: 2

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88231261524076	HARMANPREET SINGH	<u> </u>	<u></u>
23	88231261524077	JAGDEEP SINGH	<u> </u>	<u> </u>
24	88231261524078	JAGSEER SINGH	L	L
25 	88231261524080	JAGWINDER SINGH	<u> </u>	L
26 	88231261524081	JASKARAN SINGH	L	L
27	88231261524082	JASKARAN SINGH	<u> </u>	L
28	88231261524084	PAWANDEEP SINGH	<u> </u>	L
29	88231261524086	ROSHANDEEP SINGH	<u> </u>	L
30 <u> </u>	88231261524087	VARINDER SINGH	<u> </u>	L
31	88231261524088	VEERDAVINDER SINGH	<u> </u>	L

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR
Course: 132 / ELECTRICIAN Class: First
Subject: 44431 / TRADE THEORY

Total No. Of Students in this Subject > Present: Absent:
Total No. Of Answer Sheets Packed >
Name and Signature Of Incharge

Undertaking

undertaki

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231261424002	ARMANPREET SINGH SAN	<u> </u>	L
2	88231261424003	ARSHDEEP KUMAR	L	L
3	88231261424004	DALJEET SINGH	L	L
4	88231261424005	EKAMJOT SINGH	L	L
5	88231261424006	GURWINDER SINGH	L	L
6	88231261424007	HARSIMRAN SINGH	L	L
7	88231261424009	JASMEET SINGH	L	L
8	88231261424010	KAMALVIR SINGH	L	L
9	88231261424014	RANJODH SINGH	L	L
10	88231261424015	SIMRANJEET SINGH	<u> </u>	L
11	88231261424016	SIMRAT SINGH	<u> </u>	L
12	88231261424017	SUKHJINDER SINGH	<u> </u>	L
13	88231261424019	SUKHVIR SINGH	<u> </u>	L
14	88231261424020	SUKHWINDER SINGH	<u> </u>	L
15	88231261424021	VANSH	<u> </u>	L
16	88231261524069	AKASHDEEP SINGH	<u> </u>	L
17	88231261524070	ARASHPREET SINGH	<u> </u>	L
18	88231261524072	GOPAL SINGH		L
19	88231261524073	 GURJOT SINGH		
20	88231261524074	GURJOT SINGH		
21	88231261524075	GURWINDER SINGH GILL		
				~

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 2

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88231261524076	HARMANPREET SINGH	<u> </u>	<u></u>
23	88231261524077	JAGDEEP SINGH	<u> </u>	<u> </u>
24	88231261524078	JAGSEER SINGH	L	L
25 	88231261524080	JAGWINDER SINGH	<u> </u>	L
26 	88231261524081	JASKARAN SINGH	L	L
27	88231261524082	JASKARAN SINGH	<u> </u>	L
28	88231261524084	PAWANDEEP SINGH	<u> </u>	L
29	88231261524086	ROSHANDEEP SINGH	<u> </u>	L
30 <u> </u>	88231261524087	VARINDER SINGH	<u> </u>	L
31	88231261524088	VEERDAVINDER SINGH	<u> </u>	L

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Center Name:

Course: 132 / ELECTRICIAN

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

PAGE: 1 of

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231261424002	JARMANPREET SINGH SAN	<u> </u>	
2	88231261424003	JARSHDEEP KUMAR	L	L
3	88231261424004	JDALJEET SINGH	L	L
4	88231261424005	JEKAMJOT SINGH	L	L
5 	88231261424006	JGURWINDER SINGH	L	L
6	88231261424007	JHARSIMRAN SINGH	L	L
7	88231261424009	JASMEET SINGH	<u> </u>	L
8	88231261424010	KAMALVIR SINGH	L	L
9	88231261424014	RANJODH SINGH	L	L
10	88231261424015	SIMRANJEET SINGH	L	L
11 	88231261424016	SIMRAT SINGH	L	L
12	88231261424017	SUKHJINDER SINGH	L	L
13	88231261424019	JSUKHVIR SINGH	L	L
14	88231261424020	JSUKHWINDER SINGH	L	L
15 	88231261424021	JVANSH	L	L
16	88231261524069	JAKASHDEEP SINGH	L	L
17 	88231261524070	JARASHPREET SINGH	L	L
18	88231261524072	GOPAL SINGH	<u> </u>	L
19	88231261524073	JGURJOT SINGH	<u> </u>	L
20	88231261524074	JGURJOT SINGH	L	
21	88231261524075	GURWINDER SINGH GILL	<u> </u>	L

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

PAGE: 2

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88231261524076	HARMANPREET SINGH		
23	88231261524077	JAGDEEP SINGH		
24	88231261524078	JAGSEER SINGH	<u> </u>	
25 	88231261524080	JAGWINDER SINGH	<u> </u>	<u> </u>
26 	88231261524081	JASKARAN SINGH	<u> </u>	L
27	88231261524082	JASKARAN SINGH	<u> </u>	<u> </u>
28	88231261524084	PAWANDEEP SINGH	<u> </u>	<u> </u>
29	88231261524086	ROSHANDEEP SINGH	<u> </u>	L
30 L	88231261524087	VARINDER SINGH	<u> </u>	<u> </u>
31	88231261524088	VEERDAVINDER SINGH		L

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Center Name:

Course: 132 / ELECTRICIAN

Class: First

Subject: 44435 / PRACTICAL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Course:

Class: First

44431 / TRADE THEORY Subject:

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88203161424022	JAKASHDEEP SINGH		
2	88203161424023	DAMANPREET SINGH		L
3	88203161424027	GOPAL .GUPTA		<u> </u>
4	88203161424028	GURJEET SINGH		<u> </u>
5	88203161424029	GURLOVEJOT SINGH KAIN		<u> </u>
6	88203161424030	GURPREET SINGH		
7	88203161424031	GURSANJAMPREET SINGH		<u> </u>
8	88203161424033	HARPREET SINGH		<u> </u>
9	88203161424034	JHEERA LAL		
10	88203161424038	JMOHAN KUMAR		L
11	88203161424039	_J MOHKAM SINGH		L
12	88203161424040	PAVITTER PUNEET SINGH		
13	88203161424041	PAWANJOT SINGH		
14	88203161424042	PRABHJOT SINGH		
15	88203161424044	SIMRANJEET SINGH JANDI		L
16	88203161424045	SWARANDEEP SINGH		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been

Name of the Controller

Answer Sheet No.

Student's Sign.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Course:

Regd. No.

PAGE: 1

S.No

Class: First

Name Of the Student

Subject: 44434 / EMPLOYBILITY SKILL

		· 	<u>'</u>
1	88203161424022	AKASHDEEP SINGH	
2	88203161424023	DAMANPREET SINGH	<u> </u>
3	88203161424027	GOPAL .GUPTA	<u> </u>
4	88203161424028	GURJEET SINGH	<u> </u>
5 	88203161424029	GURLOVEJOT SINGH KAIN	<u> </u>
6	88203161424030	GURPREET SINGH	
7	88203161424031	GURSANJAMPREET SINGH	
8	88203161424033	HARPREET SINGH	
9	88203161424034	HEERA LAL	
10	88203161424038	MOHAN KUMAR	
11	88203161424039	MOHKAM SINGH	
12	88203161424040	PAVITTER PUNEET SINGH	
13	88203161424041	PAWANJOT SINGH	
14	88203161424042	PRABHJOT SINGH	
15	88203161424044	SIMRANJEET SINGH JANDI	
16	88203161424045	SWARANDEEP SINGH	<u> </u>

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS

Subject: 44435 / PRACTICAL

PAGE: 1

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88203161424022	AKASHDEEP SINGH	<u> </u>	L
2	88203161424023	DAMANPREET SINGH	<u> </u>	L
3	88203161424027	GOPAL .GUPTA	<u> </u>	L
4	88203161424028	GURJEET SINGH	<u> </u>	L
5 	88203161424029	GURLOVEJOT SINGH KAIN	<u> </u>	L
6	88203161424030	GURPREET SINGH	<u> </u>	L
7	88203161424031	GURSANJAMPREET SINGH	<u> </u>	L
8	88203161424033	HARPREET SINGH	<u> </u>	L
9	88203161424034	JHEERA LAL	<u> </u>	L
10	88203161424038	JMOHAN KUMAR	<u> </u>	L
11	88203161424039	_J MOHKAM SINGH	<u> </u>	L
12	88203161424040	PAVITTER PUNEET SINGH	<u> </u>	L
13	88203161424041	PAWANJOT SINGH	<u> </u>	L
14	88203161424042	PRABHJOT SINGH	<u> </u>	L
15	88203161424044	SIMRANJEET SINGH JANDI	 	
			·	

Total No. Of Students in this Subject > Present : Absent:

88203161424045 | SWARANDEEP SINGH

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

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PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been

Name of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 244 / MULTIMEDIA, ANIMATION AND SPECIAL EFFECTS

44431 / TRADE THEORY Subject:

PAGE: 1

Center Name:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88244161524089 | AMANDEEP KAUR 88244161524091 | ARSHDEEP SINGH 3 88244161524092 | CHAHATPREET KAUR 88244161524095 $_{\mid}$ GAGANJOT SINGH 5 88244161524096 | GURDEEP KAUR 88244161524098 | GURLEEN KAUR 88244161524099 | GURPINDER SINGH 88244161524101 | GURWINDER SINGH 88244161524102 | HARDEEP SINGH 10 88244161524106 _IHARSIMRANPREET SINGH 12 88244161524107 | HARWINDER SINGH 13 88244161524108 INDERPREET SINGH 14 88244161524110 _| JASKARAN SINGH 88244161524114 | KAMALNOOR SINGH 15 88244161524116 | KARANVIR SINGH 16 17 88244161524117 | KIRANDEEP KAUR 18 88244161524119 | NAVJOT SINGH 88244161524121 | PRABHDEEP SINGH KHANG 20 88244161524122 | PRABHJOT SINGH 88244161524124 | RAJPREET KAUR

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 2 of 2 Center Name:

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 244 / MULTIMEDIA, ANIMATION AND SPECIAL EFFECTS

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88244161524125	RAVINDER SINGH	<u> </u>	
23	88244161524126	SAPNA JAIN	<u> </u>	<u></u>
24	88244161524128	SIMDAN KALID		
25	88244161524133	SURINDER SINGH	<u> </u>	1
26	88244161524134			1
27	88244161524136			
Nai	me and Signature Of	Incharge	Undertaki ng	
	al No. Of Answer Sheme and Signature Of		Undortaki na	
abov	lame)	(5	G	
have	re examination as Invi e appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam. have		nereby certify that I have conducted the particulars of all the students who aded correctly in the OMR sheets. I also
have here	re examination as Invi appeared under my subby undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
here	by undertake that if	gilator. I have personally checupervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha not be entitled for Signat	reparticulars of all the students who aded correctly in the OMR sheets. I also any remuneration. Ture of the Invigilator
here I ha	by undertake that if	gilator. I have personally checupervision in today's exam, have any mistakes are found, I will do not checking of the OMR sheet of	ked and ensured that been filled and sha not be entitled for Signat	particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
here I ha fill	by undertake that if ve conducted 20% rand	gilator. I have personally checupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet of instructions.	ked and ensured that been filled and sha not be entitled for Signat	reparticulars of all the students who aded correctly in the OMR sheets. I also any remuneration. Ture of the Invigilator
here I ha fill Name I ha	eby undertake that if eve conducted 20% rand ed correctly as per i e of the Superintender	gilator. I have personally checupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet of instructions.	ked and ensured that been filled and sha not be entitled for Signat the said examination	r particulars of all the students who aded correctly in the OMR sheets. I also any remuneration. Ture of the Invigilator on and found that particulars have been
here I ha fill Name I ha fill	eby undertake that if eve conducted 20% rand ed correctly as per i e of the Superintender eve conducted 10% rand	gilator. I have personally checupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet of instructions. It dom checking of the OMR sheet of instructions.	ked and ensured that been filled and sha not be entitled for Signat the said examination Signat	r particulars of all the students who aded correctly in the OMR sheets. I also any remuneration. The cure of the Invigilator on and found that particulars have been the cure of the Superintendent
l ha fill Name I ha fill Name	eby undertake that if eve conducted 20% rance ed correctly as per i e of the Superintender eve conducted 10% rance ed correctly as per i e of the Deputy Contro	gilator. I have personally checupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet of instructions. It dom checking of the OMR sheet of instructions. Oller dom checking of the OMR sheet of instructions.	ked and ensured that been filled and shannot be entitled for Signat the said examination Signat the said examination Signat	r particulars of all the students who aded correctly in the OMR sheets. I also any remuneration. The cure of the Invigilator on and found that particulars have been the cure of the Superintendent on and found that particulars have been

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

244 / MULTIMEDIA, ANIMATION AND SPECIAL EFFECTS

Course:

44434 / EMPLOYBILITY SKILL Subject:

PAGE: 1

Center Name:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88244161524089 _| AMANDEEP KAUR 88244161524091 | ARSHDEEP SINGH 3 88244161524092 | CHAHATPREET KAUR 88244161524095 $_{\mid}$ GAGANJOT SINGH 5 88244161524096 | GURDEEP KAUR 88244161524098 | GURLEEN KAUR 88244161524099 | GURPINDER SINGH 88244161524101 | GURWINDER SINGH 88244161524102 | HARDEEP SINGH 10 88244161524106 | HARSIMRANPREET SINGH 12 88244161524107 | HARWINDER SINGH 13 88244161524108 INDERPREET SINGH 14 88244161524110 _| JASKARAN SINGH 88244161524114 | KAMALNOOR SINGH 15 88244161524116 | KARANVIR SINGH 16 17 88244161524117 | KIRANDEEP KAUR 18 88244161524119 | NAVJOT SINGH 88244161524121 | PRABHDEEP SINGH KHANG 20 88244161524122 | PRABHJOT SINGH 88244161524124 | RAJPREET KAUR

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 2 of 2

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course:

244 / MULTIMEDIA, ANIMATION AND SPECIAL EFFECTS Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
22	88244161524125	RAVINDER SINGH			
23					
24	88244161524128	CIMDAN KALID		_L	
25 	88244161524133	SURINDER SINGH			
26	88244161524134				
27					
I (Na above	ame)e exami nati on as Invi	(Designation) gilator. I have personally ch	ecked and ensured tha	hereby certify that I have conducted the t particulars of all the students who	
have	appeared under my su	pervision in today's exam, ha any mistakes are found, I wil	ve been filled and sh	aded correctly in the OMR sheets. I also	
		•	Si gna	ture of the Invigilator	
l hav	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been	
Name	Name of the Superintendent Signature of the Superintendent				
I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	of the Deputy Contro	ller	Si gna	ture of the Deputy Controller	
l ha	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been	
Name	of the Controller		Si gna	ture of the Controller	

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 244 / MULTIMEDIA, ANIMATION AND SPECIAL EFFECTS

44435 / PRACTICAL Subject:

PAGE: 1

Center Name:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88244161524089 | AMANDEEP KAUR 88244161524091 | ARSHDEEP SINGH 3 88244161524092 | CHAHATPREET KAUR 88244161524095 $_{\mid}$ GAGANJOT SINGH 5 88244161524096 | GURDEEP KAUR 88244161524098 | GURLEEN KAUR 88244161524099 | GURPINDER SINGH 88244161524101 | GURWINDER SINGH 88244161524102 | HARDEEP SINGH 10 88244161524106 | HARSIMRANPREET SINGH 12 88244161524107 | HARWINDER SINGH 13 88244161524108 INDERPREET SINGH 14 88244161524110 _| JASKARAN SINGH 88244161524114 | KAMALNOOR SINGH 15 88244161524116 | KARANVIR SINGH 16 17 88244161524117 | KIRANDEEP KAUR 18 88244161524119 | NAVJOT SINGH 88244161524121 | PRABHDEEP SINGH KHANG 20 88244161524122 | PRABHJOT SINGH 88244161524124 | RAJPREET KAUR

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 2 of 2

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course:

244 / MULTIMEDIA, ANIMATION AND SPECIAL EFFECTS

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88244161524125	RAVINDER SINGH		
23	88244161524126			
24		SIMDAN KALID		
25 	88244161524133	SURINDER SINGH		
26 				
27				
Nai	me and Signature Of	Incharge	Undertaki ng	
Tot	al No. Of Answer She			
I (N abov	lame) re examination as Invi	(Designation)gilator. I have personally che	ecked and ensured tha	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also
here	by undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
			Si gna	ture of the Invigilator
I ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet c nstructions.	of the said examinati	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet c nstructions.	of the said examinati	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 651 / COSMETOLOGY Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88239161423043 | NAVJOT SINGH 88239161523008 JASKIRAT SINGH BHATTI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 651 / COSMETOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88239161423043 | NAVJOT SINGH 88239161523008 JASKIRAT SINGH BHATTI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Controller

Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course : 651 / COSMETOLOGY Class: First 44435 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88239161423043 $_{\mid}$ NAVJOT SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

44431 / TRADE THEORY Subject:

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218261424046	JARMANPREET SINGH VIRK	<u> </u>	<u> </u>
2	88218261424048	GURJEEVAN SINGH	<u> </u>	<u></u>
3	88218261424049	GURJIT SINGH	<u> </u>	L
4	88218261424052	INDERPREET SINGH DHAN	<u> </u>	L
5	88218261424054	JMANMEET SINGH	<u> </u>	L
6	88218261424057	SAMUAIL SINGH	<u> </u>	<u> </u>
7	88218261424058	SIMRANJIT SINGH	<u> </u>	L
8	88218261524139	DASKARAN BHATTI	<u> </u>	<u> </u>
9	88218261524141	LEKNOOR SINGH KHANGUR	<u> </u>	<u></u>
10 <u> </u>	88218261524143	HARINDER SINGH	<u> </u>	<u></u>
11	88218261524146	INDERJEET SINGH	<u> </u>	<u></u>
12	88218261524149	JASHANPREET SINGH	<u> </u>	<u> </u>
13	88218261524150	JASVEER SINGH	<u> </u>	<u></u>
14	88218261524151	KULWINDER SINGH	<u> </u>	<u></u>
15	88218261524153	JMOHAMMAD SATAR KHAN	<u> </u>	<u></u>
16	88218261524154	NARINDER SINGH	<u> </u>	L
17 	88218261524159	SUKHDEEP SINGH	<u> </u>	
18	88218261524160	TEJINDERPAL SINGH	<u></u>	
_				

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been

Name of the Controller

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

44434 / EMPLOYBILITY SKILL Subject:

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218261424046	ARMANPREET SINGH VIRK	<u> </u>	L
2	88218261424048	GURJEEVAN SINGH	<u> </u>	L
3	88218261424049	GURJIT SINGH	L	L
4	88218261424052	INDERPREET SINGH DHAN	L	L
5	88218261424054	_J MANMEET SINGH	L	L
6 	88218261424057	SAMUAIL SINGH	<u> </u>	L
7	88218261424058	SIMRANJIT SINGH	<u> </u>	L
8	88218261524139	DASKARAN BHATTI	<u> </u>	L
9	88218261524141	LEKNOOR SINGH KHANGUR	<u> </u>	L
10 <u> </u>	88218261524143	HARINDER SINGH	<u> </u>	L
11	88218261524146	INDERJEET SINGH	L	L
12	88218261524149	JASHANPREET SINGH	<u> </u>	L
13	88218261524150	JASVEER SINGH	<u> </u>	L
14	88218261524151	KULWINDER SINGH	<u> </u>	L
15	88218261524153	MOHAMMAD SATAR KHAN	L	L
16	88218261524154	NARINDER SINGH	L	L
17	88218261524159	SUKHDEEP SINGH	 	
18 <u> </u>	88218261524160	TEJINDERPAL SINGH	<u> </u>	

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

PAGE: 1

Center Name:

Regd. No.

Subject: 44435 / PRACTICAL S.No Name Of the Student Student's Sign.

Class: First

Answer Sheet No.

		· ·		
1	88218261424046	ARMANPREET SINGH VIRK		
2	88218261424048	GURJEEVAN SINGH	<u> </u>	
3	88218261424049	GURJIT SINGH	<u> </u>	
4	88218261424052	INDERPREET SINGH DHAN	<u> </u>	
5	88218261424054	MANMEET SINGH		
6	88218261424057	SAMUAIL SINGH		
7	88218261424058	SIMRANJIT SINGH		
8	88218261524139	DASKARAN BHATTI	<u> </u>	
9	88218261524141	EKNOOR SINGH KHANGUR	<u> </u>	
10	88218261524143	HARINDER SINGH		
11	88218261524146	INDERJEET SINGH	<u> </u>	
12	88218261524149	JASHANPREET SINGH	<u> </u>	
13	88218261524150	JASVEER SINGH	<u> </u>	
14	88218261524151	KULWINDER SINGH	<u> </u>	
15 	88218261524153	MOHAMMAD SATAR KHAN	<u> </u>	
16	88218261524154	NARINDER SINGH	<u> </u>	
17	88218261524159	SUKHDEEP SINGH	<u> </u>	
18	88218261524160	TEJINDERPAL SINGH	<u> </u>	

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227261624003	ARMAANPREET SINGH		L
2	88227261624005	DEEPAK KUMAR	<u> </u>	L
3	88227261624006	GURINDER SINGH	L	L
4	88227261624007	GURPREET SINGH	<u> </u>	L
5	88227261624008	HARMANDEEP SINGH	<u> </u>	L
6	88227261624009	JASPAL SINGH	<u> </u>	L
7	88227261624010	KULWINDER SINGH	<u> </u>	L
8	88227261624011	MANISH KUMAR	<u> </u>	L
9	88227261624012	MANJODH SINGH	<u> </u>	L
10	88227261624013	NAVYOG LOTEY	<u> </u>	L
11	88227261624014	_] RAHUL	<u> </u>	L
12	88227261624016	RANBIR SINGH	<u> </u>	L
13	88227261624018	SUSHANT RANA	<u> </u>	L
14	88227261624019	TEJINDER SINGH		L
15	88227261624020	YASH KARAN SHARMA		

Total No. Of Students in this Subject > Present: Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227261624003	ARMAANPREET SINGH		<u> </u>
2	88227261624005	DEEPAK KUMAR	<u></u>	L
3	88227261624006	GURINDER SINGH	<u></u>	L
4	88227261624007	GURPREET SINGH	<u></u>	L
5	88227261624008	HARMANDEEP SINGH	<u></u>	L
6	88227261624009	JASPAL SINGH		<u> </u>
7	88227261624010	KULWINDER SINGH	<u></u>	L
8	88227261624011	_J MANISH KUMAR		<u>L</u>
9	88227261624012	MANJODH SINGH		<u>L</u>
10	88227261624013	NAVYOG LOTEY	<u></u>	L
11	88227261624014	RAHUL		<u>L</u>
12	88227261624016	RANBIR SINGH		<u> </u>
13	88227261624018	SUSHANT RANA		<u> </u>
14	88227261624019	TEJINDER SINGH		<u> </u>
15	88227261624020	YASH KARAN SHARMA		<u> </u>

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227261624003	JARMAANPREET SINGH		
2	88227261624005	DEEPAK KUMAR	L	
3	88227261624006	GURINDER SINGH	<u> </u>	L
4	88227261624007	GURPREET SINGH	<u> </u>	L
5	88227261624008	HARMANDEEP SINGH	<u> </u>	L
6	88227261624009	JASPAL SINGH		L
7	88227261624010	KULWINDER SINGH		L
8	88227261624011	MANISH KUMAR	<u> </u>	L
9	88227261624012	MANJODH SINGH	<u>[</u>	L
10	88227261624013	NAVYOG LOTEY	<u>[</u>	L
11	88227261624014	_] RAHUL	<u>[</u>	L
12	88227261624016	RANBIR SINGH	<u> </u>	L
13	88227261624018	SUSHANT RANA	<u> </u>	L
14	88227261624019	TEJINDER SINGH		L
15	88227261624020	YASH KARAN SHARMA		
	·			·

Total No. Of Students in this Subject > Present: Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 138 / TOOL AND DIE MAKER (DIE & MOULDS) Class: Second 44441 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88228262122007 | ANMOLDEEP SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 179 / TEXTILE WET PROCESSING TECHNICIAN Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88237261624021	AMANJOT SINGH		
2	88237261624023	BASIR AKRAM		
3	88237261624026	HARSHPREET SINGH		L
4	88237261624028	JASPREET KAUR		L
5	88237261624029	KARANDEEP SINGH		L
6	88237261624030	KUNAL JAINA		<u> </u>
7	88237261624032	2 _] MANISH		<u> </u>
8	88237261624038	SAHIBJEET SINGH		L
9	88237261624039	SAHILPREET SINGH		
10	88237261624040) _I SONU PASWAN		I

Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 179 / TEXTILE WET PROCESSING TECHNICIAN Class: First

Subject: 44431 / TRADE THEORY

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

179 / TEXTILE WET PROCESSING TECHNICIAN Course:

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88237261624021	JAMANJOT SINGH	<u> </u>	<u></u>
2	88237261624023	BASIR AKRAM		L
3	88237261624026	HARSHPREET SINGH	<u> </u>	L
4	88237261624028	JASPREET KAUR	<u> </u>	L
5 	88237261624029	KARANDEEP SINGH	<u> </u>	L
6	88237261624030	KUNAL JAINA	<u> </u>	L
7	88237261624032	MANISH	<u> </u>	L
8	88237261624038	SAHIBJEET SINGH	<u> </u>	L
9	88237261624039	SAHILPREET SINGH	<u></u>	L
10	88237261624040	SONU PASWAN	<u></u>	L

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 179 / TEXTILE WET PROCESSING TECHNICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 179 / TEXTILE WET PROCESSING TECHNICIAN Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88237261624021	JAMANJOT SINGH	<u> </u>	<u> </u>
2	88237261624023	BASIR AKRAM	<u> </u>	L
3	88237261624026	HARSHPREET SINGH	<u> </u>	L
4	88237261624028	JASPREET KAUR	<u> </u>	L
5	88237261624029	KARANDEEP SINGH	<u> </u>	L
6	88237261624030	KUNAL JAINA		L
7	88237261624032	MANISH	<u> </u>	L
8	88237261624038	SAHIBJEET SINGH	<u> </u>	L
9	88237261624039	SAHILPREET SINGH	<u> </u>	L
10	88237261624040	SONU PASWAN	I	1

Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 179 / TEXTILE WET PROCESSING TECHNICIAN Class: First

Subject: 44435 / PRACTICAL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

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Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 179 / TEXTILE WET PROCESSING TECHNICIAN

Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88237261623002	JAMAN	<u> </u>	L		
2		OUDDDEET CINOU		L		
3	88237261623016	RAJINDER SINGH	<u> </u>			
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (N abov have here	dame) re examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
			Si gnat	ure of the Invigilator		
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	of the Superintenden	nt	Si gnat	ure of the Superintendent		
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	of the Controller		Si gnat	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 179 / TEXTILE WET PROCESSING TECHNICIAN

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 		
l 	88237261623002	AMAN	<u> </u>			
<u>)</u> 	88237261623008	CUDDDEET SINCU				
3	88237261623016	RAJINDER SINGH	L			
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (abo hav her	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnati	ure of the Invigilator		
l h fil	ave conducted 20% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Superintenden	t	Si gnati	ure of the Superintendent		
l h fil	ave conducted 10% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller		
l fil	have conducted 5% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Controller		Si gnati	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 179 / TEXTILE WET PROCESSING TECHNICIAN

Class: Second

Subject: 44445 / PRACTICAL

S.No	o	Regd. No.	Name Of the Stude	ent Answer Sheet No	o.	Student's Sign.	
1		88237261623002	² JAMAN				
2							
3							
T	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
				Undertaki ng			
I ak ha he	(Na pove ave erel	ame) e examination as Inv appeared under my s oy undertake that if	(Designation) rigilator. I have persona supervision in today's ex any mistakes are found,	Illy checked and ensured and have been filled and I will not be entitled	_ he that I shac for a	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.	
				Si	gnatu	ure of the Invigilator	
l fi	ha H (ve conducted 20% ranged correctly as per	ndom checking of the OMR instructions.	sheet of the said examin	ati or	n and found that particulars have been	
Na	ame	of the Superintender	ent	Si	gnatu	ure of the Superintendent	
l fi	ha H (ve conducted 10% ranged correctly as per	ndom checking of the OMR instructions.	sheet of the said examin	ati or	n and found that particulars have been	
Na	ame	of the Deputy Contro	roller	Si	gnatu	ure of the Deputy Controller	
l fi	ha H e	ave conducted 5% randed correctly as per	ndom checking of the OMR instructions.	sheet of the said examin	ati or	n and found that particulars have been	
Na	ame	of the Controller		Si	gnatu	ure of the Controller	

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

Course: 194 / INDUSTRIAL PAINTER

44431 / TRADE THEORY Subject:

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88278161624041 ABHIJEET SINGH 3 88278161624043 | DAVINDER SINGH 88278161624050 _IHARSH VERMA 5 88278161624052 | JATIN AWASTHI 88278161624055 | MANPREET SINGH 88278161624056 | MANPREET SINGH 88278161624060 | PARMINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 1 of 1 ATTENI Center Name: 2114 / INDUS

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 194 / INDUSTRIAL PAINTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88278161624041	ABHIJEET SINGH	<u> </u>	L
2	88278161624042	ARSHDEEP SINGH	<u> </u>	
3	88278161624043	DAVINDER SINGH	<u> </u>	<u> </u>
4	88278161624050	HARSH VERMA	<u> </u>	L
5	88278161624052	JATIN AWASTHI	<u> </u>	<u> </u>
6	88278161624053	MANINDER SINGH		L
7	88278161624055	MANPREET SINGH	<u> </u>	<u> </u>
8	88278161624056	MANPREET SINGH	<u> </u>	<u> </u>
9	88278161624060	PARMINDER SINGH	<u> </u>	L
To	tal No. Of Students in tal No. Of Answer She me and Signature Of	eets Packed >	ent:	
			Undertaki ng	
have	e appeared under mv su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
	ave conducted 20% rand ed correctly as per i		the said examination	n and found that particulars have been
Name	e of the Superintenden	t	Si gnat	ure of the Superintendent
I ha fill	ave conducted 10% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	e of the Controller		Si gnati	ure of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 194 / INDUSTRIAL PAINTER

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88278161624041	ABHIJEET SINGH	1	
2	88278161624042	ARSHDEEP SINGH	<u> </u>	
3	88278161624043	DAVINDER SINGH	1	
4	88278161624050	HARSH VERMA	1	
5	88278161624052	JATIN AWASTHI	1	
6	88278161624053	MANINDER SINGH		
7	88278161624055	MANPREET SINGH		
8	88278161624056	MANPREET SINGH	1	L
9	88278161624060	PARMINDER SINGH	1	
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (N abov have here	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	cked and ensured tha	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examinati	on and found that particulars have been
Name	of the Superintender	t	Si gna	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gna	ture of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

Class: First

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

44431 / TRADE THEORY Subject:

S.No | Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88242160222058 $_{\parallel}$ KAMALPREET KAUR 88242160223005 | BALJINDER KAUR 3 88242160224001 | AMANPREET KAUR 88242160224002 $_{\parallel}$ AMRITPAL KAUR 5 88242160224003 _| ANJALI 88242160224005 _|BABLI 88242160224006 $_{\mid}$ BALNEET KAUR 88242160224007 _|BAWANPREET KAUR 88242160224008 | BHAVYA SOOD 10 88242160224009 _|BHOOMI SHARMA 88242160224010 | GAGANDEEP KAUR 12 13 88242160224011 | GAGANDEEP KAUR 14 88242160224012 | GAITRY JOSHI 88242160224013 $_{\mid}$ GEETANJALI BAINS 15 16 88242160224014 | GURPREET KAUR 17 88242160224015 | GURSIMRAN KAUR 18 88242160224016 | HARMANPREET KAUR 88242160224017 | HARPREET KAUR 88242160224019 | ISHA PAL 20 88242160224020 | ISHA RANI

Class: First

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course:

222 / COMP. OP. PROGRAM. ASSISTANT

44431 / TRADE THEORY Subject:

Center Name:

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 22 88242160224021 | ISHIKA KORPAL 88242160224023 _| KAVITA 23 88242160224025 KOMAL KUMARI 24 88242160224027 _| MANJU 25 26 88242160224028 | MANPREET KAUR 27 88242160224029 _| NEHA KUMARI 88242160224030 | NISHA 28 88242160224031 | NITISHA 29 30 88242160224032 _| PARMILA KUMARI 88242160224034 _| PRACHI LOOMBA 31 32 88242160224035 | PRIYA RANA 33 88242160224037 | RAMA NANDA 88242160224039 | RAMANDEEP KAUR 34 35 88242160224040 | RAMANPREET KAUR 88242160224042 _| SAVITA 36 88242160224045 | SONI 37 38 88242160224046 _| TAMANA 39 88242160224047 | TAMANDEEP KAUR 4C 41 88242161623044 | VIVEK JHA 88242162122027 | ARSHPREET SINGH

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
43	88242162122040	PARLAD SINGH		
44	88242162123011	LAKHVEER SINGH		
Tota	al No. Of Students in al No. Of Answer Sho ne and Signature Of	eets Packed >	bsent:	
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally ch upervision in today's exam, ha any mistakes are found, I wil	ve been filled and sh	hereby certify that I have conducted the it particulars of all the students who laded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on natructions.	of the said examinati	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l ha	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet onstructions.	of the said examinati	on and found that particulars have been

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242160224001	JAMANPREET KAUR	<u> </u>	L
2	88242160224002	JAMRITPAL KAUR	<u> </u>	L
3	88242160224003	ANJALI		L
4	88242160224004	ARSHVEER KAUR	<u> </u>	L
5	88242160224005	_] BABLI	<u> </u>	L
6	88242160224006	BALNEET KAUR		L
7	88242160224007	BAWANPREET KAUR	<u> </u>	L
8	88242160224008	BHAVYA SOOD	<u> </u>	L
9	88242160224009	BHOOMI SHARMA	<u> </u>	L
10	88242160224010	GAGANDEEP KAUR	<u> </u>	L
11	88242160224011	GAGANDEEP KAUR	<u> </u>	L
12	88242160224012	GAITRY JOSHI	<u> </u>	L
13	88242160224013	JGEETANJALI BAINS	<u> </u>	L
14	88242160224014	GURPREET KAUR	<u> </u>	L
15 	88242160224015	GURSIMRAN KAUR	<u> </u>	L
16 	88242160224016	HARMANPREET KAUR	<u> </u>	L
17	88242160224017	HARPREET KAUR	<u> </u>	L
18	88242160224019	ISHA PAL	<u> </u>	L
19	88242160224020	ISHA RANI		L
20	88242160224021	_J ISHIKA KORPAL		
21	88242160224023	KAVITA		L

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First 44434 / EMPLOYBILITY SKILL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88242160224025	KOMAL KUMARI	<u> </u>	
23	88242160224027	ULNAM	<u> </u>	
24	88242160224028	MANPREET KAUR	<u> </u>	
25	88242160224029	NEHA KUMARI	<u> </u>	
26 	88242160224030	NISHA	<u> </u>	
27	88242160224031	NITISHA	<u> </u>	
28	88242160224032	PARMILA KUMARI	<u> </u>	
29	88242160224034	PRACHI LOOMBA	<u> </u>	
30	88242160224035	PRIYA RANA	<u> </u>	
31	88242160224037	RAMA NANDA	<u> </u>	
32	88242160224039	RAMANDEEP KAUR	<u> </u>	
33	88242160224040	RAMANPREET KAUR	<u> </u>	
34	88242160224042	SAVITA	<u> </u>	
35	88242160224045	SONI	<u> </u>	
36	88242160224046	_J TAMANA	<u> </u>	
37	88242160224047	TAMANDEEP KAUR	<u> </u>	
38	88242160224048	TANNU BHATHIARA		
39	88242162122027	ARSHPREET SINGH		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Center Name: Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject :	44435 / PRACT	TICAL	Cit	133. THSt
S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242160224001	JAMANPREET KAUR	<u> </u>	<u>L</u>
2	88242160224002	JAMRITPAL KAUR	<u> </u>	<u>L</u>
3	88242160224003	ANJALI	<u> </u>	L
4	88242160224004	ARSHVEER KAUR	<u> </u>	L
5	88242160224005	BABLI	<u> </u>	L
6	88242160224006	BALNEET KAUR	<u> </u>	<u> </u>
7	88242160224007	BAWANPREET KAUR	<u></u>	<u>L</u>
8	88242160224008	BHAVYA SOOD	<u> </u>	L
9	88242160224009	JBHOOMI SHARMA	<u> </u>	<u>L</u>
10	88242160224010	JGAGANDEEP KAUR	<u> </u>	<u>L</u>
11	88242160224011	JGAGANDEEP KAUR	<u> </u>	<u>L</u>
12	88242160224012	GAITRY JOSHI		<u> </u>
13	88242160224013	JGEETANJALI BAINS	<u> </u>	<u>L</u>
14	88242160224014	GURPREET KAUR		<u> </u>
15	88242160224015	GURSIMRAN KAUR		<u> </u>
16	88242160224016	HARMANPREET KAUR		<u> </u>
17	88242160224017	HARPREET KAUR		<u> </u>
18	88242160224019	JISHA PAL		<u> </u>
19	88242160224020	JISHA RANI		
20	88242160224021	ISHIKA KORPAL		
21	88242160224023	KAVITA		

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88242160224025	KOMAL KUMARI	<u> </u>	<u> </u>
23	88242160224027	ULNAM	<u> </u>	L
24	88242160224028	JMANPREET KAUR	<u> </u>	L
25	88242160224029	NEHA KUMARI	<u> </u>	L
26	88242160224030	NISHA	<u> </u>	L
27	88242160224031	NITISHA	<u> </u>	<u> </u>
28	88242160224032	PARMILA KUMARI	<u> </u>	L
29	88242160224034	PRACHI LOOMBA	<u> </u>	<u>L</u>
30	88242160224035	PRIYA RANA	<u> </u>	<u>L</u>
31	88242160224037	RAMA NANDA	<u> </u>	<u>L</u>
32	88242160224039	RAMANDEEP KAUR	<u> </u>	<u>L</u>
33	88242160224040	RAMANPREET KAUR	<u> </u>	<u> </u>
34	88242160224042	SAVITA	<u> </u>	<u> </u>
35	88242160224045	SONI	<u> </u>	<u> </u>
36	88242160224046	_J TAMANA		<u> </u>
37	88242160224047	TAMANDEEP KAUR	<u> </u>	<u> </u>
38	88242160224048	TANNU BHATHIARA		<u> </u>

Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Name Of Invigilator Signature O Absent >> Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First

Subject: 44435 / PRACTICAL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8824616022404	9 AARTI RANI		
2	88246160224050	O _J ANMOLPREET KAUR		<u> </u>
3	8824616022405 ⁻	1 _J AVINASH KAUR		L
4	88246160224052	² _J BALJINDER KAUR	<u></u>	L
5	88246160224054	4 _J HARSIMRAN KAUR	<u></u>	L
6	8824616022405	JASPREET KAUR		<u> </u>
7	8824616022405	6 JYOTI KUMARI	<u></u>	L
8	8824616022405	9 _J KM PRIYA		<u> </u>
9	8824616022406 ⁻	1 _J MANDEEP KAUR		<u> </u>
10	88246160224062	² _J MANVIR KAUR	<u></u>	L
11	8824616022406	3 _J MANWINDER KAUR		L
12	8824616022406	4 _J PARAMJEET KAUR		<u> </u>
13	8824616022406	6 PREET KAMAL KAUR	<u></u>	L
14	8824616022406	9 _J SANJANA NANDA	<u></u>	
15	88246160224070	SATWINDER KAUR		<u> </u>

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 652 / FASHION DESIGN TECHNOLOGY Class: First

Subject: 44431 / TRADE THEORY

Total No. Of Students in this Subject > Present: Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

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Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88246160224049	AARTI RANI		
2	88246160224050	ANMOLPREET KAUR	<u> </u>	
3	88246160224051	AVINASH KAUR	L	L
4	88246160224052	BALJINDER KAUR	L	L
5	88246160224054	HARSIMRAN KAUR	<u> </u>	L
6	88246160224055	JASPREET KAUR	<u> </u>	L
7	88246160224056	JYOTI KUMARI	<u> </u>	L
8	88246160224059	KM PRIYA	L	L
9	88246160224061	MANDEEP KAUR	<u> </u>	L
10	88246160224062	MANVIR KAUR	L	L
11	88246160224063	MANWINDER KAUR	L	L
12	88246160224064	PARAMJEET KAUR		L
13	88246160224066	PREET KAMAL KAUR		
14	88246160224069	SANJANA NANDA	<u> </u>	L
15	88246160224070	SATWINDER KAUR	 	
	·			

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 652 / FASHION DESIGN TECHNOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 652 / FASHION DESIGN TECHNOLOGY

Subject: 44435 / PRACTICAL

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88246160224049	AARTI RANI		
2	88246160224050	ANMOLPREET KAUR	<u> </u>	L
3	88246160224051	AVINASH KAUR	<u>[</u>	
4	88246160224052	BALJINDER KAUR	<u>[</u>	
5 	88246160224054	HARSIMRAN KAUR	<u>[</u>	
6 	88246160224055	JASPREET KAUR	<u>[</u>	
7	88246160224056	JYOTI KUMARI		
8	88246160224059	KM PRIYA	<u> </u>	
9	88246160224061	MANDEEP KAUR	<u>[</u>	
10	88246160224062	_J MANVIR KAUR	<u>[</u>	
11 	88246160224063	MANWINDER KAUR	<u>[</u>	
12	88246160224064	PARAMJEET KAUR		
13	88246160224066	PREET KAMAL KAUR	<u> </u>	
14	88246160224069	SANJANA NANDA	<u> </u>	
15	88246160224070	SATWINDER KAUR		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 652 / FASHION DESIGN TECHNOLOGY Class: First

Subject: 44435 / PRACTICAL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

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I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218260124085	JAYUSH AWASTHI	<u> </u>	
2	88218260124086	BABDEEP GUPTA	<u> </u>	L
3	88218260124089	JFATEH SINGH	<u> </u>	L
4	88218260124090	JGAUTAM	<u> </u>	L
5	88218260124091	GURPREET SINGH	<u> </u>	L
6	88218260124092	HARMAN SINGH	<u> </u>	L
7	88218260124096	JMOHAMMAD FARHAN	<u></u>	L
8	88218260124098	NITIN KUMAR	<u> </u>	L
9	88218260124099	PALWINDER SINGH	<u> </u>	L
10	88218260124102	RAVINDER SINGH	<u> </u>	L
11	88218260124103	SAHIL DHIR	<u> </u>	L
12	88218260124106	SUDHIR KUMAR	<u> </u>	L
13	88218260124108	JSURAJ SINGH	<u> </u>	L
14	88218261624062	JABHIJIT SINGH	<u> </u>	L
15 	88218261624063	JAMANJOT SINGH	<u> </u>	L
16	88218261624064	ARMANDEEP SINGH	<u> </u>	L
17	88218261624067	BRAHMPREET SINGH	<u> </u>	L
18	88218261624069	DILJEET SINGH	<u> </u>	L
19	88218261624070	GAGANPREET SINGH	<u> </u>	
20	88218261624071	GURPREET SINGH	<u> </u>	
21	88218261624072	HARDEEP SINGH	<u> </u>	L

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Course: Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88218261624073	HARPREET SINGH	<u> </u>	<u> </u>
23	88218261624074	_] HARSHDEEP	<u> </u>	L
24	88218261624075	HARSIMRAN SINGH	<u> </u>	L
25	88218261624076	JASJOT SINGH SODHI	<u> </u>	L
26	88218261624078	KARTIK SINGH		L
27	88218261624079	MANDEEP SINGH	<u> </u>	L
28	88218261624080	PRABHJOT SINGH	<u> </u>	L
29	88218261624081	_] RAVI	<u> </u>	L
30	88218261624082	RISHAV		L
31	88218261624083	SANJAM		
32	88218261624085	VABAN KUMAR	<u></u>	

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been

Name of the Controller

Class: First

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218260124085	AYUSH AWASTHI	<u> </u>	L
2	88218260124086	BABDEEP GUPTA	<u> </u>	L
3	88218260124089	FATEH SINGH		L
4	88218260124090	GAUTAM	<u> </u>	L
5 	88218260124091	GURPREET SINGH	<u> </u>	L
6	88218260124092	HARMAN SINGH	<u> </u>	L
7	88218260124096	MOHAMMAD FARHAN	<u> </u>	L
8	88218260124098	NITIN KUMAR	<u> </u>	L
9	88218260124099	PALWINDER SINGH	<u> </u>	L
10	88218260124102	RAVINDER SINGH	<u> </u>	L
11	88218260124103	SAHIL DHIR	<u> </u>	L
12	88218260124106	SUDHIR KUMAR	<u> </u>	L
13	88218260124108	SURAJ SINGH	<u> </u>	L
14	88218261624062	ABHIJIT SINGH	<u> </u>	L
15 	88218261624063	AMANJOT SINGH	<u> </u>	L
16	88218261624064	ARMANDEEP SINGH	<u> </u>	L
17	88218261624067	BRAHMPREET SINGH	<u> </u>	L
18	88218261624069	DILJEET SINGH	<u> </u>	L
19	88218261624070	GAGANPREET SINGH	<u> </u>	L
20	88218261624071	GURPREET SINGH	L	<u></u>
21	88218261624072	HARDEEP SINGH	<u> </u>	L

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: First

44434 / EMPLOYBILITY SKILL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88218261624073	HARPREET SINGH	<u> </u>	<u></u>
23	88218261624074	_] HARSHDEEP	L	L
24	88218261624075	_J HARSIMRAN SINGH	<u> </u>	L
25 	88218261624076	JASJOT SINGH SODHI	<u> </u>	L
26	88218261624078	KARTIK SINGH	<u> </u>	L
27	88218261624079	MANDEEP SINGH	<u> </u>	L
28	88218261624080	PRABHJOT SINGH	<u> </u>	L
29	88218261624081	_] RAVI	<u> </u>	L
30	88218261624082	_] RISHAV	<u> </u>	L
31	88218261624083	_] SANJAM	L	L
32	88218261624085	VABAN KUMAR		<u> </u>

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

Class: First

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218260124085	AYUSH AWASTHI	<u> </u>	<u> </u>
2	88218260124086	BABDEEP GUPTA	<u> </u>	<u> </u>
3	88218260124089	FATEH SINGH	<u> </u>	<u>L</u>
4	88218260124090	JGAUTAM	<u> </u>	<u>L</u>
5	88218260124091	GURPREET SINGH	<u> </u>	<u>L</u>
6	88218260124092	HARMAN SINGH	<u> </u>	<u> </u>
7	88218260124096	MOHAMMAD FARHAN	<u> </u>	<u> </u>
8	88218260124098	_J NITIN KUMAR	<u> </u>	<u>L</u>
9	88218260124099	PALWINDER SINGH	<u> </u>	<u> </u>
10	88218260124102	RAVINDER SINGH	<u> </u>	L
11	88218260124103	SAHIL DHIR	<u> </u>	<u> </u>
12	88218260124106	SUDHIR KUMAR	<u> </u>	<u> </u>
13	88218260124108	JSURAJ SINGH	<u> </u>	L
14	88218261624062	_J ABHIJIT SINGH	<u> </u>	L
15	88218261624063	_J AMANJOT SINGH	<u> </u>	L
16	88218261624064	JARMANDEEP SINGH	<u> </u>	L
17	88218261624067	BRAHMPREET SINGH	<u> </u>	L
18	88218261624069	J DILJEET SINGH	<u> </u>	<u> </u>
19	88218261624070	JGAGANPREET SINGH	<u> </u>	<u></u>
20	88218261624071	JGURPREET SINGH	<u> </u>	<u></u>
21	88218261624072	HARDEEP SINGH		<u> </u>
				

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: First

Subject: 44435 / PRACTICAL

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88218261624073	 HARPREET SINGH		
88218261624074	HARSHDEEP	<u> </u>	L
88218261624075	HARSIMRAN SINGH	<u> </u>	
88218261624076	JASJOT SINGH SODHI	<u> </u>	
88218261624078	KARTIK SINGH	<u> </u>	
88218261624079	MANDEEP SINGH	<u> </u>	
88218261624080	PRABHJOT SINGH	<u> </u>	
88218261624081	RAVI	<u> </u>	
88218261624082	RISHAV	L	L
88218261624083	SANJAM	<u> </u>	
88218261624085	JVABAN KUMAR		
	88218261624074 88218261624075 88218261624076 88218261624078 88218261624079 88218261624080 88218261624081 88218261624082 88218261624083	Regd. No. Name Of the Student 88218261624073 HARPREET SINGH 88218261624074 HARSHDEEP 88218261624075 HARSIMRAN SINGH 88218261624076 JASJOT SINGH SODHI 88218261624079 MANDEEP SINGH 88218261624079 MANDEEP SINGH 88218261624080 PRABHJOT SINGH 88218261624081 RAVI 88218261624082 RISHAV 88218261624083 SANJAM 88218261624085 VABAN KUMAR	88218261624073 HARPREET SINGH 88218261624074 HARSHDEEP 88218261624075 HARSIMRAN SINGH 88218261624076 JASJOT SINGH SODHI 88218261624078 KARTIK SINGH 88218261624079 MANDEEP SINGH 88218261624080 PRABHJOT SINGH 88218261624081 RAVI 88218261624082 RISHAV 88218261624083 SANJAM

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 673 / CENTRAL AIR CONDITION PLANT MECHANIC Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88280260122061 | PRINCE KUMAR RAI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 673 / CENTRAL AIR CONDITION PLANT MECHANIC

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Name of the Controller

5	.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1		88280260122051	BALJINDER SINGH			
2		88280260122068	SHUBHAM KUMAR	<u> </u>	L	
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
				Undertaki ng		
	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
				Si gnat	ure of the Invigilator	
	l ha fill	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been	
	Name	e of the Superintenden	nt	Si gnat	ure of the Superintendent	
	l ha fill	ave conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been	
	Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller	
	l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	`the said examinatio	n and found that particulars have been	

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 673 / CENTRAL AIR CONDITION PLANT MECHANIC

Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88280260122061	PRINCE KUMAR RAI	<u> </u>			
2	88280260122064	RAVINDER SINGH	<u> </u>	L		
3	88280260122069	CLININIV CINICII		<u></u>		
4	88280260122072	YASH	<u> </u>	L		
Na I (abo	Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also					
her	eby undertake that if	any mistakes are found, I will	not be entitled for a	any remuneration. ure of the Invigilator		
l h fil	nave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	3	n and found that particulars have been		
Nam	ne of the Superintender	nt	Si gnati	ure of the Superintendent		
l h fil	nave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	ne of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller		
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	ne of the Controller		Si gnati	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 673 / CENTRAL AIR CONDITION PLANT MECHANIC

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

5.N	S.No Regd. No. Name Of the	Student Answer Shee	t No. Student's :	Sign. 		
l 	88280260122051 BALJINDER SIN	GH L				
<u>)</u> 	2 88280260122064 RAVINDER SING	GH L				
} 	88280260122067 SHIVAM YADAV	, L				
-	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
		Undertaki ng				
I a h h	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I als hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Signature of the	Invigilator		
l f	I have conducted 20% random checking of the filled correctly as per instructions.	e OMR sheet of the said exa	mination and foun	d that particulars have been	٦	
N	Name of the Superintendent		Signature of the	Superi ntendent		
l f	I have conducted 10% random checking of th filled correctly as per instructions.	e OMR sheet of the said exa	mination and foun	d that particulars have beer	1	
N	Name of the Deputy Controller		Signature of the	Deputy Controller		
f	I have conducted 5% random checking of th filled correctly as per instructions.	e OMR sheet of the said exa	mination and foun	d that particulars have beer	1	
N	Name of the Controller		Signature of the	Controller		

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course :

675 / SOLAR TECHNICIAN (ELECTRICAL) Class: First

44431 / TRADE THEORY Subject:

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88288160123028 | CHARNPREET SINGH 88288160123034 | SAHIL KAUSHAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 675 / SOLAR TECHNICIAN (ELECTRICAL) Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88288160123038 | SEHAJPAL SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 679 / OPERATOR ADVANCE MACHINE TOOL Class: Second 44441 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88284260122124 | VISHAL YADAV Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 684 / Additive Manufacturing (3D Printing)

Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88293160124001	JANMOLJEET SINGH	<u> </u>	L
2	88293160124002	BANEET KUMAR	<u> </u>	L
3	88293160124003	DAVINDER SINGH	<u> </u>	L
4	88293160124005	GURMANJOT SINGH	<u> </u>	L
5 	88293160124006	HARMANDEEP SINGH	<u> </u>	L
6	88293160124009	KAJAL KUMARI	<u> </u>	L
7	88293160124011	KUSH SAGGAR	<u> </u>	L
8	88293160124012	LAXMI KAUR	<u> </u>	L
9	88293160124013	_J MANDEEP SINGH	<u> </u>	L
10	88293160124015	NARINDER SINGH	<u> </u>	L
11	88293160124017	_J POOJA SINGH PATEL	<u> </u>	L
12	88293160124019	SARITA KUMARI	<u> </u>	L
13	88293160124020	SUKHPREET KAUR	<u> </u>	L

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 684 / Additive Manufacturing (3D Printing) Class: First

Subject: 44431 / TRADE THEORY

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 684 / Additive Manufacturing (3D Printing)

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88293160124001	ANMOLJEET SINGH	<u> </u>	<u></u>
2	88293160124002	BANEET KUMAR	<u> </u>	L
3	88293160124003	DAVINDER SINGH	<u> </u>	L
4	88293160124005	GURMANJOT SINGH	<u> </u>	L
5	88293160124006	HARMANDEEP SINGH	<u> </u>	L
6	88293160124009	KAJAL KUMARI	<u> </u>	L
7	88293160124011	KUSH SAGGAR	<u> </u>	L
8	88293160124012	LAXMI KAUR	<u> </u>	L
9	88293160124013	MANDEEP SINGH	<u> </u>	L
10	88293160124015	NARINDER SINGH	<u> </u>	L
11 	88293160124017	POOJA SINGH PATEL	<u> </u>	L
12	88293160124019	SARITA KUMARI	<u> </u>	L
13	88293160124020	SUKHPREET KAUR	 	

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 684 / Additive Manufacturing (3D Printing) Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 684 / Additive Manufacturing (3D Printing)

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88293160124001	JANMOLJEET SINGH	<u> </u>	L
2	88293160124002	BANEET KUMAR	<u> </u>	L
3	88293160124003	DAVINDER SINGH	<u> </u>	<u> </u>
4	88293160124005	GURMANJOT SINGH	<u> </u>	<u> </u>
5 	88293160124006	HARMANDEEP SINGH	<u> </u>	<u> </u>
6	88293160124009	KAJAL KUMARI	<u> </u>	<u> </u>
7	88293160124011	KUSH SAGGAR	<u></u>	L
8	88293160124012	LAXMI KAUR	<u> </u>	L
9	88293160124013	MANDEEP SINGH	<u> </u>	<u> </u>
10	88293160124015	NARINDER SINGH	<u> </u>	<u> </u>
11	88293160124017	POOJA SINGH PATEL	<u> </u>	<u> </u>
12	88293160124019	SARITA KUMARI	<u> </u>	<u> </u>
13	88293160124020	SUKHPREET KAUR	<u></u>	<u> </u>

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 684 / Additive Manufacturing (3D Printing) Class: First

Subject: 44435 / PRACTICAL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 685 / Industrial Robotics & Digital Manufacturing Technician

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88294160124026	GAGANPREET SINGH	<u> </u>	
2	88294160124028	JASDEEP SINGH	<u> </u>	<u> </u>
3	88294160124029	JEET KUMAR		<u> </u>
4	88294160124030	KARANVIR SINGH		<u> </u>
5 <u> </u>	88294160124031	MANJOT SINGH		<u> </u>
6	88294160124032	JMOHIT KUMAR		<u> </u>
7	88294160124034	PARNEET SINGH	<u> </u>	L
8	88294160124036	SAHIL		<u> </u>
9	88294160124037	SIMARDEEP SINGH PADAN		<u> </u>
10	88294160124038	SUKHVIR SINGH		<u> </u>
11	88294160124039	SUKHWINDER SINGH		<u></u>
				·

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course: 685 / Industrial Robotics & Digital Manufacturing Technician Class: First 44431 / TRADE THEORY Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 685 / Industrial Robotics & Digital Manufacturing Technician

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88294160123062	JAKASH	<u> </u>	<u> </u>
2	88294160124026	GAGANPREET SINGH		L
3	88294160124028	JASDEEP SINGH		L
4	88294160124029	JEET KUMAR		L
5	88294160124030	KARANVIR SINGH		L
6	88294160124031	MANJOT SINGH		L
7	88294160124032	MOHIT KUMAR		L
8	88294160124034	PARNEET SINGH		L
9	88294160124036	SAHIL		L
10	88294160124037	SIMARDEEP SINGH PADAN		L
11	88294160124038	SUKHVIR SINGH		L
12	88294160124039	SUKHWINDER SINGH		L

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Center Name:

Course: 685 / Industrial Robotics & Digital Manufacturing Technician Class: First

44434 / EMPLOYBILITY SKILL Subject:

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

685 / Industrial Robotics & Digital Manufacturing Technician Course:

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88294160124026	GAGANPREET SINGH	<u> </u>	
2	88294160124028	JASDEEP SINGH	<u> </u>	<u> </u>
3	88294160124029	JEET KUMAR	<u> </u>	<u></u>
4	88294160124030	KARANVIR SINGH	L	L
5 	88294160124031	MANJOT SINGH	L	L
6	88294160124032	MOHIT KUMAR	<u> </u>	<u> </u>
7	88294160124034	PARNEET SINGH	<u> </u>	<u> </u>
8	88294160124036	SAHIL	<u> </u>	<u></u>
9	88294160124037	SIMARDEEP SINGH PADAN	<u> </u>	<u> </u>
10	88294160124038	SUKHVIR SINGH	<u> </u>	<u></u>
11	88294160124039	SUKHWINDER SINGH	<u> </u>	L

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course: 685 / Industrial Robotics & Digital Manufacturing Technician Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been

Name of the Superintendent

filled correctly as per instructions.

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

688 / ADVANCED CNC MACHINING Course:

PAGE: 1

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88297260124043	ARSH VERMA	<u> </u>	L
2	88297260124044	ARSHDEEP SINGH	<u> </u>	L
3	88297260124047	GAURAV	<u> </u>	L
4	88297260124048	GURBAKSH SINGH	<u> </u>	L
5	88297260124052	HARPREET	<u> </u>	L
6	88297260124053	HARSIMRAN SINGH.	<u> </u>	L
7	88297260124056	MONEY SINGH	<u> </u>	L
8	88297260124057	ONKAR SINGH	<u> </u>	L
9	88297260124058	PRIYANSHU	<u> </u>	L
10	88297260124059	RAHUL KUMAR	L	L
11	88297260124063	TUSHAR BHANOT	<u> </u>	L

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 688 / ADVANCED CNC MACHINING Class: First

Subject: 44431 / TRADE THEORY

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 688 / ADVANCED CNC MACHINING Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88297260124043	JARSH VERMA		L
2	88297260124044	ARSHDEEP SINGH		L
3	88297260124047	GAURAV		L
4	88297260124048	GURBAKSH SINGH		L
5 	88297260124052	HARPREET		L
6	88297260124053	HARSIMRAN SINGH.		<u> </u>
7	88297260124056	MONEY SINGH		<u> </u>
8	88297260124057	ONKAR SINGH		<u> </u>
9	88297260124058	PRIYANSHU		L
10	88297260124059	RAHUL KUMAR		L
11	88297260124063	TUSHAR BHANOT	1	I

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 688 / ADVANCED CNC MACHINING Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 688 / ADVANCED CNC MACHINING

Subject: 44435 / PRACTICAL

Class: First

Name Of the Student

Regd. No.

S.No

'	3	'		ŭ
1	88297260124043	ARSH VERMA	 	
2	88297260124044	ARSHDEEP SINGH	L	<u></u>
3	88297260124047	GAURAV	L	L
4	88297260124048	GURBAKSH SINGH	L	L
5	88297260124052	HARPREET	L	L
6	88297260124053	HARSIMRAN SINGH.	<u> </u>	L
7	88297260124056	MONEY SINGH	L	L
8	88297260124057	ONKAR SINGH	L	L
9	88297260124058	PRIYANSHU	L	L
10	88297260124059	RAHUL KUMAR	L	L
11 	88297260124063	TUSHAR BHANOT	L	L

Answer Sheet No.

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Student's Sign.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 688 / ADVANCED CNC MACHINING Class: First

Subject: 44435 / PRACTICAL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 690 / DRONE TECHNICIAN Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88299660124065 | DEEPANSH KUMAR 88299660124067 LAKHWINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 690 / DRONE TECHNICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88299660124065 | DEEPANSH KUMAR 88299660124067 LAKHWINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course : 690 / DRONE TECHNICIAN

Class: First

44435 / PRACTICAL Subject:

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88299660124065 | DEEPANSH KUMAR 88299660124067 LAKHWINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 691 / TOOL & DIE MAKER(PRESS TOOLS JIGS AND FIXTURE)

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88300260124071	ASHISH		L
2		DEED 414 141 14 44 D		<u> </u>
3	88300260124074	JAPANJOT SINGH	<u></u>	L
4				L
5	88300260124079	DALIII.		L
	tal No. Of Answer She me and Signature Of		Undertaki ng	
То	tal No. Of Answer She		ent:	
abò have	e appeared under mv su	pervision in todav's exam, have	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also
here	eby undertake that if	any mistakes are found, I will m	not be entitled for	any remuneration.
			9	ure of the Invigilator
I ha fill	ave conducted 20% rand led correctly as per i	dom checking of the UMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l l fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Controller		Si gnat	ure of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 691 / TOOL & DIE MAKER(PRESS TOOLS JIGS AND FIXTURE) Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No. Name Of the Stude	ent Answer Sheet No.	Student's Sign.
1	88300260124071 ASHISH	L	
2	88300260124072 DEEPAK KUMAR	L	
3	88300260124074 JAPANJOT SINGH	L	
4	00200240124074 KADANIVEED CINICII		
5	88300260124079 RAHUL	I	
	me and Signature Of Incharge [ame](Designation) [ame]	Undertaking ally checked and ensured the	hereby certify that I have conducted the at particulars of all the students who
I (N abov	ame) (Designation) e examination as Invigilator. I have persona	ally checked and ensured tha	hereby certify that I have conducted the at particulars of all the students who
have	appeared under my supervision in today's exby undertake that if any mistakes are found,	xam, have been filled and st , I will not be entitled for	any remuneration.
		Si gna	ature of the Invigilator
I ha fill	ve conducted 20% random checking of the OMR ed correctly as per instructions.	sheet of the said examinati	on and found that particulars have been
Name	of the Superintendent	Si gna	ature of the Superintendent
l ha fill	ve conducted 10% random checking of the OMR ed correctly as per instructions.	sheet of the said examinati	on and found that particulars have been
Name	of the Deputy Controller	Si gna	ature of the Deputy Controller
l h fill	ave conducted 5% random checking of the OMR ed correctly as per instructions.	sheet of the said examinati	on and found that particulars have been
Name	of the Controller	Si gna	ature of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 1 of 1

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course:

691 / TOOL & DIE MAKER(PRESS TOOLS JIGS AND FIXTURE)

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88300260124071	ASHISH				
2						
3	88300260124074	JAPANJOT SINGH	1	.L		
4	88300260124076	KARANVEER SINGH	<u> </u>	.L		
5	88300260124079	DALILI		<u> </u>		
Nai	Total No. Of Students in this Subject > Present: Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who are standard under the above examination.					
here	e appeared under my st by undertake that if	any mistakes are found, I will	not be entitled for	aded correctly in the OMR sheets. I also any remuneration.		
			Si gna	ture of the Invigilator		
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	e of the Superintender	nt	Si gna	ture of the Superintendent		
l ha fill	ve conducted 10% randed correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been		
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been		
Name	e of the Controller		Si gna	ture of the Controller		

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 692 / WELDER (PIPE)

Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88301161624088	JANIL KAMBOJ	<u> </u>	<u> </u>
2	88301161624089	JANKIT KUMAR		<u> </u>
3	88301161624090	JANKIT KUMAR GIRI		L
4	88301161624091	ANMOL PRASAD MAHTO		<u> </u>
5 	88301161624092	ANURAG		<u> </u>
6	88301161624093	ARMANJOT SINGH	<u> </u>	<u> </u>
7	88301161624094	ARSHDEEEP SINGH	<u> </u>	<u> </u>
8	88301161624095	ARSHDEEP SINGH	<u> </u>	<u> </u>
9	88301161624096	BAL KRISHAN	<u> </u>	<u> </u>
10	88301161624099	DEVJEET SINGH	<u> </u>	<u> </u>
11	88301161624101	GURMAIL SINGH	<u> </u>	<u> </u>
12	88301161624103	GURWINDER SINGH	<u> </u>	<u> </u>
13	88301161624104	HARMANDEEP SINGH	<u> </u>	<u> </u>
14	88301161624106	INDERJEET SINGH	<u> </u>	L
15 	88301161624107	JASPREET SINGH	<u> </u>	L
16	88301161624109	KRISHANA SINGH	<u> </u>	<u> </u>
17 	88301161624110	MANJOT SINGH	<u> </u>	<u> </u>
18	88301161624111	MANPREET SINGH		<u> </u>
19	88301161624112	NAVTESH SINGH	<u> </u>	<u> </u>
20	88301161624115	RANVIR SINGH	L	<u></u>
21	88301161624116	ROSHAN	<u> </u>	<u> </u>

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 2 of 2 Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 692 / WELDER (PIPE) Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88301161624117	SAHILPREET SINGH		<u></u>
23	88301161624119	CHIZHDAL CINICH		<u> </u>
24	88301161624120	JSURAJ		<u> </u>
25	88301161624122	JVAKEEL KAMBOJ	<u> </u>	<u></u>
26				
27		NAVA DINVANA CINICII		
Na	ame and Signature Of	Incharge	Undertaki ng	
To	otal No. Of Answer She	eets Packed >	sent:	
l (abo	(Name) ove examination as Invi	(Designation) gilator. I have personally chec	ked and ensured that	nereby certify that I have conducted the particulars of all the students who aded correctly in the OMR sheets. I also
her	reby undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
			Si gnat	ture of the Invigilator
l h fil	nave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nam	ne of the Superintender	nt	Si gnat	cure of the Superintendent
l h fil	nave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nan	ne of the Deputy Contro	oller	Si gnat	cure of the Deputy Controller
l fi l	have conducted 5% randled correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nam	ne of the Controller		Si gnat	cure of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 692 / WELDER (PIPE)

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88301161624088	JANIL KAMBOJ	<u> </u>	L
2	88301161624089	JANKIT KUMAR	<u> </u>	L
3	88301161624090	ANKIT KUMAR GIRI	<u> </u>	L
4	88301161624091	JANMOL PRASAD MAHTO	<u> </u>	L
5 	88301161624092	JANURAG	<u> </u>	L
6	88301161624093	JARMANJOT SINGH	<u> </u>	L
7	88301161624094	ARSHDEEEP SINGH	<u> </u>	L
8	88301161624095	JARSHDEEP SINGH	<u> </u>	L
9	88301161624096	JBAL KRISHAN	<u> </u>	L
10	88301161624099	JDEVJEET SINGH	<u> </u>	L
11	88301161624101	JGURMAIL SINGH	<u> </u>	L
12	88301161624103	GURWINDER SINGH	<u> </u>	L
13	88301161624104	HARMANDEEP SINGH	<u> </u>	L
14	88301161624106	JINDERJEET SINGH	<u> </u>	L
15 	88301161624107	JASPREET SINGH	<u> </u>	L
16	88301161624109	JKRISHANA SINGH	<u> </u>	L
17 	88301161624110	JMANJOT SINGH	<u> </u>	L
18	88301161624111	JMANPREET SINGH	<u> </u>	L
19	88301161624112	NAVTESH SINGH	<u> </u>	L
20 	88301161624115	RANVIR SINGH	<u> </u>	L
21	88301161624116	JROSHAN	<u> </u>	L

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 692 / WELDER (PIPE) Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88301161624117	SAHILPREET SINGH		
23	88301161624119	SUKHPAL SINGH	<u></u>	1
24	88301161624120			
25	88301161624122	JVAKEEL KAMBOJ	1	
26				1
27		.WADIVAM SINGH		1
Na	ame and Signature Of	Incharge	Undertaki ng	
	ital No. Of Answer She nme and Signature Of		Undertaki ng	
I (abo hav her	Name) ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h cked and ensured that been filled and sha not be entitled for	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
l h fil	ave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Nam	e of the Superintender	nt	Si gnat	ture of the Superintendent
l h fil	ave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nam	e of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Nam	e of the Controller		Si gnat	ture of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

692 / WELDER (PIPE)

Course: Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88301161624088	JANIL KAMBOJ	<u> </u>	L
2	88301161624089	JANKIT KUMAR		<u> </u>
3	88301161624090	ANKIT KUMAR GIRI		L
4	88301161624091	JANMOL PRASAD MAHTO	<u> </u>	L
5	88301161624092	JANURAG	<u> </u>	<u> </u>
6	88301161624093	JARMANJOT SINGH	<u> </u>	<u> </u>
7	88301161624094	ARSHDEEEP SINGH	<u> </u>	<u> </u>
8	88301161624095	ARSHDEEP SINGH	<u> </u>	<u> </u>
9	88301161624096	JBAL KRISHAN	<u> </u>	<u> </u>
10	88301161624099	DEVJEET SINGH	<u> </u>	<u> </u>
11	88301161624101	GURMAIL SINGH	<u> </u>	<u> </u>
12	88301161624103	GURWINDER SINGH	<u> </u>	<u> </u>
13	88301161624104	HARMANDEEP SINGH	<u> </u>	L
14	88301161624106	INDERJEET SINGH	<u> </u>	<u> </u>
15 	88301161624107	JASPREET SINGH	<u> </u>	<u> </u>
16	88301161624109	_J KRISHANA SINGH	<u> </u>	<u> </u>
17 	88301161624110	_J MANJOT SINGH	<u> </u>	<u> </u>
18	88301161624111	MANPREET SINGH	<u> </u>	<u> </u>
19	88301161624112	NAVTESH SINGH	<u> </u>	<u> </u>
20	88301161624115	JRANVIR SINGH	<u> </u>	<u></u>
21	88301161624116	_] ROSHAN	<u> </u>	<u> </u>

Answer Sheet No.

Student's Sign.

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 2 of 2 Center Name:

Regd. No.

S.No

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 692 / WELDER (PIPE) Class: First

Name Of the Student

Subject: 44435 / PRACTICAL

5.110		Traine or the order			
22	88301161624117	SAHILPREET SINGH		<u> </u>	
23	88301161624119	SUKHPAL SINGH		L	
24	88301161624120	SURAJ			
25	88301161624122	VALUEEL KANADO I		L	
26	88301161624124	MISHAI		L	
27	88301161624125	WARIYAM SINGH		L	
Na	Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also				
here	eby undertake that if	any mistakes are found, I will r	not be entitled for a	any remuneration.	
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	g	ure of the Invigilator n and found that particulars have been	
Name	e of the Superintender	nt	Si gnati	ure of the Superintendent	
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
Name	e of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller	
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
Name	e of the Controller		Si gnati	ure of the Controller	

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209161324002	JAJAYDEEP SINGH KULLAR	<u> </u>	
2	88209161324003	AKASHDEEP SINGH	<u> </u>	<u> </u>
3	88209161324007	_J AVTAR SINGH		<u> </u>
4	88209161324008	JBALRAJ SINGH		<u> </u>
5 	88209161324014	GAGANDEEP SINGH		<u> </u>
6	88209161324015	GURWINDER SINGH		<u> </u>
7	88209161324017	HARPREET SINGH	<u> </u>	<u> </u>
8	88209161324019	HARSHDEEP SINGH.	<u> </u>	<u> </u>
9	88209161324021	JAGJEET SINGH		<u> </u>
10	88209161324023	JASHANPREET SINGH	<u> </u>	<u> </u>
11	88209161324024	JASPREET SINGH	<u> </u>	<u> </u>
12	88209161324025	JASPREET SINGH		<u> </u>
13	88209161324026	MANPREET KUMAR	<u> </u>	<u> </u>
14	88209161324027	JMOHIT SHARMA	<u> </u>	<u> </u>
15 	88209161324028	NAVDEEP SINGH	<u> </u>	<u> </u>
16	88209161324029	PARMINDER SINGH	<u> </u>	<u> </u>
17	88209161324031	_] RAMZAN	<u> </u>	<u> </u>
18	88209161324032	RAVINDERPAL SINGH	<u> </u>	<u> </u>
19	88209161324033	ROHIT SINGH	<u> </u>	
20	88209161324034	SAABJOT SINGH		<u></u>
21	88209161324035	SAGAR SANDHU		
	a a 1: -			

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name :

PAGE: 2

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209161324037 | SAHILPREET SINGH 23 88209161324038 SAHILPREET SINGH 24 88209161324040 | SATWANT SINGH 25 88209161324043 SOHALPREET SINGH 26 27 88209161324045 | SUKHPREET SINGH 28 88209161324047 | TARANJEET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng (Designation)_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209161324002	JAJAYDEEP SINGH KULLAR	<u> </u>	
2	88209161324003	JAKASHDEEP SINGH	<u> </u>	L
3	88209161324007	JAVTAR SINGH	<u> </u>	L
4	88209161324008	BALRAJ SINGH	<u> </u>	L
5	88209161324014	GAGANDEEP SINGH	<u> </u>	L
6	88209161324015	GURWINDER SINGH	<u> </u>	L
7	88209161324017	HARPREET SINGH	<u></u>	L
8	88209161324019	HARSHDEEP SINGH.	<u> </u>	L
9	88209161324021	JAGJEET SINGH	<u> </u>	L
10	88209161324023	JASHANPREET SINGH	<u> </u>	L
11 	88209161324024	JASPREET SINGH	<u> </u>	L
12 	88209161324025	JASPREET SINGH	<u> </u>	L
13	88209161324026	MANPREET KUMAR	<u></u>	L
14	88209161324027	JMOHIT SHARMA	<u></u>	L
15 	88209161324028	NAVDEEP SINGH	<u></u>	L
16 	88209161324029	PARMINDER SINGH	<u> </u>	L
17 	88209161324031	RAMZAN	<u> </u>	<u> </u>
18	88209161324032	RAVINDERPAL SINGH	<u> </u>	<u> </u>
19	88209161324033	ROHIT SINGH	<u> </u>	<u> </u>
20 	88209161324034	SAABJOT SINGH	<u> </u>	<u></u>
21	88209161324035	SAGAR SANDHU	<u> </u>	<u> </u>
	 -			

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
22	88209161324037	SAHILPREET SINGH	<u> </u>		
23	88209161324038	SAHILPREET SINGH	<u> </u>		
24	88209161324040	SATWANT SINGH	<u> </u>		
25 	88209161324042	SMILEJOT SINGH	<u> </u>	<u> </u>	
26	88209161324043	SOUND DEET SINCH			
27	88209161324045	SUKHPREET SINGH			
28	88209161324047	TARANJEET SINGH			
Tot	al No. Of Answer She me and Signature Of		GHt.		
			Undertaki ng		
abòv have	appeared under my su	(Designation)gilator. I have personally checupervision in today's exam, have any mistakes are found, I will	ked and ensured tha [.] been filled and sha	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.	
			Si gna	ture of the Invigilator	
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Name	of the Superintender	nt	Si gna	ture of the Superintendent	
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller	
	ave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been	
Name	of the Controller		Si gna	ture of the Controller	

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209161324002 | AJAYDEEP SINGH KULLAR 88209161324003 | AKASHDEEP SINGH 3 88209161324007 | AVTAR SINGH 88209161324008 _| BALRAJ SINGH 5 88209161324014 | GAGANDEEP SINGH 88209161324015 | GURWINDER SINGH 88209161324017 | HARPREET SINGH 88209161324019 | HARSHDEEP SINGH. 88209161324021 | JAGJEET SINGH 88209161324023 | JASHANPREET SINGH 10 88209161324024 _| JASPREET SINGH 12 88209161324025 | JASPREET SINGH 13 88209161324026 | MANPREET KUMAR 14 88209161324027 | MOHIT SHARMA 88209161324028 | NAVDEEP SINGH 15 88209161324029 | PARMINDER SINGH 16 88209161324031 _| RAMZAN 17 18 88209161324032 | RAVINDERPAL SINGH 88209161324033 | ROHIT SINGH 20 88209161324034 | SAABJOT SINGH 88209161324035 $_{\mid}$ SAGAR SANDHU

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name:

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88209161324037	SAHILPREET SINGH	<u> </u>	
23	88209161324038	SAHILPREET SINGH	<u> </u>	
24	88209161324040	SATWANT SINGH	<u> </u>	
25	88209161324042	SMILEJOT SINGH	<u> </u>	
26	88209161324043	SOHALPREET SINGH	<u> </u>	
27	88209161324045	SUKHPREET SINGH	<u> </u>	
28	88209161324047	TARANJEET SINGH		.
Tota	al No. Of Students in al No. Of Answer She me and Signature Of		ent.	
			Undertaki ng	
nave	appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	been filled and sna	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l ha	ave conducted 5% ranc ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name:

Course: 126 / MECHANIC (MOTOR VEHICLE)

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88215260521014	JASKARAN SINGH				
	88215260521021					
То	tal No. Of Students in tal No. Of Answer Sho me and Signature Of	eets Packed >	osent:			
			Undertaki ng			
have	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gna	ature of the Invigilator		
l ha	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been		
Name	e of the Superintender	nt	Si gna	ture of the Superintendent		
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been		
Name	e of the Deputy Contro	ol I er	Si gna	ture of the Deputy Controller		
	nave conducted 5% rand ed correctly as per i		of the said examinati	on and found that particulars have been		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name : 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227261224003	DHARAMVEER SINGH	 	
2	88227261224005	GURSHARAN SINGH	L	
3	88227261224007	HARMANDEEP SINGH	<u> </u>	L
4	88227261224010	KARANDEEP SINGH	<u> </u>	<u> </u>
5	88227261224012	MADANJOT SINGH	<u> </u>	L
6	88227261224013	MANINDER SINGH	<u> </u>	
7	88227261224014	PREM SINGH	<u> </u>	1
8	88227261224016	RAJVEER SINGH		I
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	nereby certify that I have conducted the t particulars of all the students who added correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Superintenden	t	Si gnat	ture of the Superintendent
l ha∖ fill∈	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ture of the Deputy Controller
l ha fill∈	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	ture of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

5.110	Rega. No.	Name of the Student	Answer Sneet No.	Student's Sign.
1	88227261224003	DHARAMVEER SINGH		
2	88227261224005	GURSHARAN SINGH		L
3	88227261224007	HARMANDEEP SINGH	<u> </u>	L
4	88227261224010	KARANDEEP SINGH	L	L
5 	88227261224012	MADANJOT SINGH	<u> </u>	L
6	88227261224013	MANINDER SINGH		L
7	88227261224014	PREM SINGH		L
8	88227261224016	RAJVEER SINGH		
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of		ent:	
	Ü	G	Undertaki ng	
I (Na above have herel	ame) e examination as Invi appeared under my su oy undertake that if	(Designation) gilator. I have personally checl pervision in today's exam, have any mistakes are found, I will u	ked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l hav fille	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintenden	t	Si gnat	ure of the Superintendent
l hav fille	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
	ave conducted 5% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 1 of 1 ATTENDA Center Name : 2117 / INDUSTR

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227261224003	DHARAMVEER SINGH	<u> </u>	
2	88227261224005	GURSHARAN SINGH	<u> </u>	
3	88227261224007	HARMANDEEP SINGH	<u> </u>	
4	88227261224010	KARANDEEP SINGH	L	
5	88227261224012	MADANJOT SINGH	L	
6	88227261224013	MANINDER SINGH	<u> </u>	
7	88227261224014	PREM SINGH	<u> </u>	
8	88227261224016	RAJVEER SINGH		
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	ent:	
			Undertaki ng	
have	e appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	been filled and sha	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have bee filled correctly as per instructions.				on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 129 / TURNER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88221260524021	ABHISHEK KUMAR	<u> </u>	<u> </u>		
2	88221260524022			L		
3	88221260524027	HUSANPREET SINGH	<u> </u>	L		
4						
To Na	Total No. Of Students in this Subject > Present: Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
				ure of the Invigilator		
l h	ave conducted 20% rand Led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Nam	e of the Superintenden	it	Si gnat	ure of the Superintendent		
l h	ave conducted 10% rand Led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Namo	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l l fil	have conducted 5% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Nam	e of the Controller		Si gnat	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 129 / TURNER

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88221260524021	ABHISHEK KUMAR	<u> </u>	L		
2				<u></u>		
3				<u> </u>		
4				<u></u>		
Na I (abo	Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
TICI	eby under take that IT	any mistakes are round, i will		ure of the Invigilator		
l h fil	ave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Superintender	nt	Si gnat	ure of the Superintendent		
l h fil	ave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Controller		Si gnat	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 129 / TURNER Class: First

Subject: 44435 / PRACTICAL

S.	.No Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88221260524021	ABHISHEK KUMAR		<u> </u>		
2	88221260524022			L		
3				L		
4						
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
	have appeared under my si	(Designation) igilator. I have personally checl upervision in today's exam, have any mistakes are found, I will u	been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
			Si gnat	ure of the Invigilator		
	I have conducted 20% rand filled correctly as per	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
	Name of the Superintender	nt	Si gnat	ure of the Superintendent		
	I have conducted 10% rand filled correctly as per	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
	Name of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
	I have conducted 5% randfilled correctly as per	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
	Name of the Controller		Si gnat	ure of the Controller		

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231261223003	_J MANJEET KAUR	<u> </u>	<u> </u>
2	88231261224019	_J AARZU	<u> </u>	<u> </u>
3	88231261224020	ARSHDEEP SINGH	<u> </u>	<u> </u>
4	88231261224021	BISHANPREET SINGH	<u> </u>	<u>L</u>
5	88231261224023	JDILVAR KHAN	<u> </u>	<u> </u>
6	88231261224024	GURDHIAN SINGH	<u> </u>	<u> </u>
7	88231261224026	GURPREET SINGH	<u> </u>	<u> </u>
8	88231261224027	GURSIMRANPREET SINGH		<u> </u>
9	88231261224028	GURVEER SINGH		<u> </u>
10	88231261224029	GURWINDER SINGH		<u> </u>
11	88231261224032	KARANVEER SINGH	<u> </u>	<u> </u>
12	88231261224033	KHUSHPREET SINGH		<u> </u>
13	88231261224034	SABEER KHAN	<u> </u>	<u>L</u>
14	88231261224035	SOHALPREET SINGH	<u> </u>	<u> </u>
15	88231261224036	SUKHCHAIN SINGH	<u> </u>	<u>L</u>
16	88231261224038	TARANVIR SINGH	<u> </u>	<u> </u>
17	88231261324049	_J AVTAR SINGH		<u> </u>
18	88231261324050	BOBBY SINGH		<u> </u>
19	88231261324052	EKAMPREET SINGH		L
20	88231261324053	HARMAN DHIR		
21	88231261324054	 INDERJEET SINGH	<u> </u>	

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88231261324055	ISHWAR SINGH GURU	<u> </u>	<u> </u>
23	88231261324056	JASHANPREET SINGH		L
24	88231261324057	JASKIRAT SINGH		L
25 	88231261324058	JASPAL SINGH		L
26	88231261324059	JASPINDER SINGH	<u> </u>	L
27	88231261324061	MANDEEP SINGH		L
28	88231261324062	PARVEER SINGH	<u> </u>	L
29	88231261324063	ROSHAN SINGH		L
30	88231261324064	SAHIBJOT SINGH MAAN	1	L
31	88231261324065	SIMRANJEET SINGH		I
32	88231261324067	 _I VIJAY KUMAR		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name:

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231261223003	MANJEET KAUR	<u> </u>	L
2	88231261224019	_] AARZU	<u> </u>	L
3	88231261224020	ARSHDEEP SINGH	<u> </u>	L
4	88231261224021	BISHANPREET SINGH	<u> </u>	L
5	88231261224023	J DILVAR KHAN	L	L
6	88231261224024	JGURDHIAN SINGH	L	L
7	88231261224026	GURPREET SINGH	<u> </u>	L
8	88231261224027	GURSIMRANPREET SINGH	L	L
9	88231261224028	JGURVEER SINGH	L	L
10	88231261224029	JGURWINDER SINGH	L	L
11	88231261224032	KARANVEER SINGH	L	L
12	88231261224033	KHUSHPREET SINGH	L	L
13	88231261224034	SABEER KHAN	L	L
14	88231261224035	SOHALPREET SINGH	L	L
15 	88231261224036	SUKHCHAIN SINGH	L	L
16	88231261224038	TARANVIR SINGH	L	L
17 	88231261324049	JAVTAR SINGH	L	L
18	88231261324050	JBOBBY SINGH	L	
19	88231261324052	JEKAMPREET SINGH	<u> </u>	
20	88231261324053	JHARMAN DHIR	L	
21	88231261324054	INDERJEET SINGH	<u> </u>	L

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88231261324055	ISHWAR SINGH GURU	<u> </u>	<u> </u>
23	88231261324056	JASHANPREET SINGH	<u> </u>	<u>L</u>
24	88231261324057	JASKIRAT SINGH	<u> </u>	<u>L</u>
25	88231261324058	JASPAL SINGH	<u> </u>	<u>L</u>
26	88231261324059	JASPINDER SINGH	<u> </u>	<u>L</u>
27	88231261324061	MANDEEP SINGH	<u> </u>	<u>L</u>
28	88231261324062	PARVEER SINGH	<u> </u>	<u>L</u>
29	88231261324063	ROSHAN SINGH	<u> </u>	<u>L</u>
30	88231261324064	SAHIBJOT SINGH MAAN	<u> </u>	<u>L</u>
31	88231261324065	SIMRANJEET SINGH	L	<u>L</u>
32	88231261324067	VIJAY KUMAR	L	L

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name:

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231261224019	AARZU	<u> </u>	L
2	88231261224020	ARSHDEEP SINGH	<u> </u>	L
3	88231261224021	BISHANPREET SINGH	<u> </u>	L
4	88231261224023	DILVAR KHAN	<u> </u>	L
5	88231261224024	GURDHIAN SINGH	<u> </u>	L
6	88231261224026	GURPREET SINGH	<u> </u>	L
7	88231261224027	GURSIMRANPREET SINGH	<u> </u>	L
8	88231261224028	GURVEER SINGH		L
9	88231261224029	GURWINDER SINGH	<u> </u>	L
10	88231261224032	KARANVEER SINGH		L
11	88231261224033	KHUSHPREET SINGH	<u> </u>	L
12	88231261224034	SABEER KHAN	<u> </u>	L
13	88231261224035	SOHALPREET SINGH	<u> </u>	L
14	88231261224036	SUKHCHAIN SINGH	<u> </u>	L
15	88231261224038	TARANVIR SINGH	<u> </u>	L
16	88231261324049	AVTAR SINGH	<u> </u>	L
17 	88231261324050	BOBBY SINGH		L
18	88231261324052	EKAMPREET SINGH	<u> </u>	L
19	88231261324053	HARMAN DHIR		L
20	88231261324054	INDERJEET SINGH		
21	88231261324055	ISHWAR SINGH GURU	<u> </u>	

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88231261324056	JASHANPREET SINGH		
23	88231261324057	JASKIRAT SINGH	<u> </u>	
24	88231261324058	JASPAL SINGH	<u> </u>	L
25	88231261324059	JASPINDER SINGH	<u> </u>	L
26	88231261324061	MANDEEP SINGH	<u> </u>	L
27	88231261324062	PARVEER SINGH	<u> </u>	L
28	88231261324063	ROSHAN SINGH	<u> </u>	L
29	88231261324064	SAHIBJOT SINGH MAAN	<u> </u>	L
30	88231261324065	SIMRANJEET SINGH	<u> </u>	L
31	88231261324067	 VIJAY KUMAR	I	

Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: Second

44441 / TRADE THEORY Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231261223003	MANJEET KAUR	<u> </u>	L
2	88231261323001	ABISHEK KUMAR	<u> </u>	L
3	88231261323002	JAMANPREET SINGH	<u> </u>	L
4	88231261323003	DILJIT SINGH	<u> </u>	L
5	88231261323004	DILPREET SINGH	<u> </u>	L
6	88231261323005	GURDEEP SINGH	<u> </u>	L
7	88231261323006	GURKIRAT SINGH	<u> </u>	L
8	88231261323007	HARPAL SINGH	<u> </u>	L
9	88231261323008	JASHANPREET SINGH	<u> </u>	L
10	88231261323009	JASHANVEER SINGH	<u> </u>	L
11	88231261323010	JMOHAMAD JOHA	<u> </u>	L
12	88231261323011	MOHAMAD ZAFAR	<u> </u>	L
13	88231261323012	JMONIT KUMAR	<u> </u>	L
14	88231261323013	PARMINDER SINGH	<u> </u>	L
15	88231261323014	SAHILPREET SINGH	<u> </u>	L
16	88231261323016	SUKHDEV SINGH	<u> </u>	L
17	88231261323017	SUKHDEV SINGH	<u> </u>	L
18	88231261323018	VARINDER SINGH		
				

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name: Course: 132 / ELECTRICIAN Class: Second Subject: 44441 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231261223003	MANJEET KAUR		<u> </u>
2	88231261323001	ABISHEK KUMAR		<u> </u>
3	88231261323002	AMANPREET SINGH		<u> </u>
4	88231261323003	DILJIT SINGH		<u> </u>
5	88231261323004	DILPREET SINGH		<u> </u>
6	88231261323005	GURDEEP SINGH		<u> </u>
7 	88231261323006	GURKIRAT SINGH		<u> </u>
8	88231261323007	HARPAL SINGH		<u> </u>
9	88231261323008	JASHANPREET SINGH		<u> </u>
10 	88231261323009	JASHANVEER SINGH		<u> </u>
11 	88231261323010	MOHAMAD JOHA		<u> </u>
12 	88231261323011	MOHAMAD ZAFAR		<u> </u>
13 	88231261323012	MONIT KUMAR		<u> </u>
14	88231261323013	PARMINDER SINGH		L
15 	88231261323014	SAHILPREET SINGH		L
16 	88231261323016	SUKHDEV SINGH		L
17 	88231261323017	SUKHDEV SINGH		
18	88231261323018	VARINDER SINGH		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

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Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231261223003	MANJEET KAUR		
2	88231261323001	ABISHEK KUMAR		
3	88231261323002	AMANPREET SINGH		L
4	88231261323003	DILJIT SINGH		L
5	88231261323004	DILPREET SINGH		L
6	88231261323005	GURDEEP SINGH		
7	88231261323006	GURKIRAT SINGH		
8	88231261323007	HARPAL SINGH		
9	88231261323008	JASHANPREET SINGH		
10	88231261323009	JASHANVEER SINGH		
11	88231261323010	MOHAMAD JOHA		
12	88231261323011	MOHAMAD ZAFAR		
13	88231261323012	MONIT KUMAR		
14	88231261323013	PARMINDER SINGH		
15	88231261323014	SAHILPREET SINGH		
16	88231261323016	SUKHDEV SINGH		
17	88231261323017	SUKHDEV SINGH		
18	88231261323018	VARINDER SINGH		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

PAGE: 1

S.No

Regd. No.

Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS

Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

3.NO			Aliswei Sheet No.	
1	88203161324068	JAMANDEEP SINGH	<u> </u>	
2	88203161324069	ANGREJ SINGH	<u> </u>	L
3	88203161324070	ANMOL SINGH	<u> </u>	<u></u>
4	88203161324071	ARMANDEEP SINGH	<u> </u>	<u></u>
5 	88203161324073	DEEPAK SINGH	<u> </u>	L
6	88203161324074	DILPREET SINGH	<u> </u>	<u> </u>
7	88203161324075	GURKIRAT SINGH GREWAI	<u> </u>	L
8	88203161324078	JASHANPREET SINGH	<u> </u>	L
9	88203161324080	JASPREET SINGH	<u> </u>	L
10	88203161324083	MANPREET SINGH		
11	88203161324085	PARJOT KUMAR		
12	88203161324086	PARMINDER SINGH		
13	88203161324087	SUKHVEER SINGH	<u> </u>	

Answer Sheet No.

Student's Sign.

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name: Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

filled correctly as per instructions. Name of the Deputy Controller

Name of the Superintendent

Signature of the Deputy Controller

Signature of the Superintendent

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Regd. No.		Name Of the Student	Answer Sheet No.	Student's Sign.
882031613240)68 AN	MANDEEP SINGH		<u> </u>
882031613240)69 AN	IGREJ SINGH		L
882031613240)70 _] AN	MOL SINGH		L
882031613240)71 _] AR	MANDEEP SINGH	<u> </u>	L
882031613240)73 DE	EPAK SINGH		L
882031613240)74 _J DII	_PREET SINGH		L
882031613240)75 GL	JRKIRAT SINGH GREWAI	<u></u>	L
882031613240)78 _] JA	SHANPREET SINGH		L
882031613240	AL _[080	SPREET SINGH		L
882031613240	083 _J MA	ANPREET SINGH		L
882031613240)85 PA	RJOT KUMAR		L
882031613240)86 PA	RMINDER SINGH		L
882031613240	⁾⁸⁷ SU	KHVEER SINGH	<u> </u>	L
	882031613240 882031613240 882031613240 882031613240 882031613240 882031613240 882031613240 882031613240 882031613240 882031613240	88203161324068 AN 88203161324069 AN 88203161324070 AN 88203161324071 AR 88203161324073 DE 88203161324074 DII 88203161324075 GL 88203161324078 JA 88203161324080 JA 88203161324083 MA 88203161324085 PA 88203161324086 PA	Regd. No. Name Of the Student 88203161324068 AMANDEEP SINGH 88203161324069 ANGREJ SINGH 88203161324070 ANMOL SINGH 88203161324071 ARMANDEEP SINGH 88203161324074 DILPREET SINGH 88203161324075 GURKIRAT SINGH GREWAI 88203161324078 JASHANPREET SINGH 88203161324080 JASPREET SINGH 88203161324083 MANPREET SINGH 88203161324085 PARJOT KUMAR 88203161324086 PARMINDER SINGH 88203161324086 PARMINDER SINGH	88203161324068 AMANDEEP SINGH 88203161324069 ANGREJ SINGH 88203161324070 ANMOL SINGH 88203161324071 ARMANDEEP SINGH 88203161324073 DEEPAK SINGH 88203161324074 DILPREET SINGH 88203161324075 GURKIRAT SINGH GREWAI 88203161324078 JASHANPREET SINGH 88203161324080 JASPREET SINGH 88203161324080 JASPREET SINGH 88203161324080 JASPREET SINGH 88203161324080 PARMINDER SINGH

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA
Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First
Subject: 44434 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present: Absent:
Total No. Of Answer Sheets Packed >
Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88203161324068	JAMANDEEP SINGH	<u> </u>	<u> </u>
2	88203161324069	ANGREJ SINGH	<u> </u>	L
3	88203161324070	ANMOL SINGH	<u> </u>	L
4	88203161324071	ARMANDEEP SINGH	<u> </u>	L
5 	88203161324073	DEEPAK SINGH		L
6	88203161324074	DILPREET SINGH		L
7	88203161324075	GURKIRAT SINGH GREWAI	<u> </u>	L
8	88203161324078	JASHANPREET SINGH	<u> </u>	L
9	88203161324080	JASPREET SINGH	<u> </u>	L
10 	88203161324083	MANPREET SINGH		L
11	88203161324085	PARJOT KUMAR		L
12	88203161324086	PARMINDER SINGH		L
13	88203161324087	SUKHVEER SINGH	 	

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

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Signature of the Invigilator

Name of the Superintendent Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller Signature of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW)

Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88268161224041	JAMANDEEP SINGH	<u> </u>	L
2	88268161224042	JAMANDEEP SINGH	<u> </u>	<u> </u>
3	88268161224043	JBEANT SINGH	<u> </u>	<u> </u>
4	88268161224044	DALER SINGH	<u> </u>	<u> </u>
5	88268161224045	JGAGANDEEP SINGH	L	L
6	88268161224046	JGURJOT SINGH	L	L
7	88268161224047	HARMANPREET SINGH	<u> </u>	L
8	88268161224049	INDERJIT SINGH	<u> </u>	<u> </u>
9	88268161224055	_J MAANVIR SINGH	<u> </u>	<u> </u>
10	88268161224056	_J NAVJOT SINGH	<u> </u>	<u> </u>
11	88268161224059	RAMANDEEP SINGH	<u> </u>	<u> </u>
12	88268161224064	SAMANPREET SINGH	<u> </u>	<u> </u>
13	88268161224068	SUKHMANPREET SINGH	<u> </u>	L
14	88268161224069	JSUNIL KUMAR	<u> </u>	L
15	88268161224070	JUDAYPAL SINGH	<u> </u>	<u> </u>
16	88268161224071	JYASHKARAN SINGH	<u> </u>	<u> </u>
17	88268161322011	KARANVEER SINGH	<u> </u>	L
18	88268161322014	_J MANDEEP SINGH	<u> </u>	<u> </u>
19	88268161322016	_] MEHAKPREET	 	<u> </u>
20	88268161324088	JARMAAN SAHARAN		
21	88268161324089	BALJIT SINGH		<u> </u>
_	·		·	·

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW) Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88268161324091	GURDIT SINGH		
23	88268161324092	GURJOT SINGH	<u> </u>	L
24	88268161324093	GURMANPREET SINGH	<u> </u>	L
25	88268161324094	GURMINDER SINGH	<u> </u>	L
26	88268161324095	GURPREET SINGH		L
27	88268161324096	GURSAHIB SINGH		L
28	88268161324097	GURSAHIL SINGH	<u> </u>	L
29	88268161324099	HARJOT SINGH		L
30	88268161324102	JATIN KUMAR		L
31	88268161324103	MANHEER SINGH		L
32	88268161324104	MANINDER SINGH		L
33	88268161324105	NAVJOT SINGH		L
34	88268161324107	SUKHMANPREET SINGH		

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW) Class: First

Subject: 44431 / TRADE THEORY

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW)

Center Name:

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88268161224041	AMANDEEP SINGH	<u> </u>	L
2	88268161224042	AMANDEEP SINGH	<u> </u>	L
3	88268161224043	BEANT SINGH		L
4	88268161224044	DALER SINGH	<u> </u>	L
5 	88268161224045	GAGANDEEP SINGH	<u> </u>	L
6	88268161224046	GURJOT SINGH	<u> </u>	L
7	88268161224047	HARMANPREET SINGH	<u> </u>	L
8	88268161224049	INDERJIT SINGH	<u> </u>	L
9	88268161224055	MAANVIR SINGH	<u> </u>	L
10	88268161224056	NAVJOT SINGH	<u> </u>	L
11	88268161224059	RAMANDEEP SINGH	<u> </u>	L
12	88268161224064	SAMANPREET SINGH	<u> </u>	L
13	88268161224068	SUKHMANPREET SINGH	<u> </u>	L
14	88268161224069	SUNIL KUMAR	<u> </u>	L
15	88268161224070	JUDAYPAL SINGH	<u> </u>	L
16	88268161224071	YASHKARAN SINGH	<u> </u>	L
17	88268161323026	JASHAN KUMAR	<u> </u>	L
18	88268161324088	JARMAAN SAHARAN		L
19	88268161324089	BALJIT SINGH	<u> </u>	L
20	88268161324091	GURDIT SINGH	L	<u></u>
21	88268161324092	GURJOT SINGH	<u> </u>	L

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW) Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88268161324093	GURMANPREET SINGH		
23	88268161324094	GURMINDER SINGH		<u>L</u>
24	88268161324095	GURPREET SINGH		<u> </u>
25	88268161324096	GURSAHIB SINGH		<u> </u>
26	88268161324097	GURSAHIL SINGH		<u> </u>
27	88268161324099	HARJOT SINGH		<u> </u>
28	88268161324102	JATIN KUMAR		<u> </u>
29	88268161324103	MANHEER SINGH		<u> </u>
30	88268161324104	MANINDER SINGH		<u> </u>
31	88268161324105	NAVJOT SINGH		<u> </u>
32 _I	88268161324107	SUKHMANPREET SINGH	I	I

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW) Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

Class: First

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW)

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88268161224041	AMANDEEP SINGH	<u> </u>	L
2	88268161224042	AMANDEEP SINGH	<u> </u>	L
3	88268161224043	JBEANT SINGH	<u> </u>	<u> </u>
4	88268161224044	DALER SINGH	<u> </u>	<u> </u>
5	88268161224045	JGAGANDEEP SINGH	<u> </u>	<u> </u>
6	88268161224046	GURJOT SINGH	<u> </u>	<u> </u>
7	88268161224047	HARMANPREET SINGH	<u> </u>	L
8	88268161224049	JINDERJIT SINGH	L	L
9	88268161224055	_J MAANVIR SINGH	L	L
10	88268161224056	_J NAVJOT SINGH	L	L
11	88268161224059	RAMANDEEP SINGH	L	L
12	88268161224064	SAMANPREET SINGH	L	L
13	88268161224068	SUKHMANPREET SINGH	L	L
14	88268161224069	SUNIL KUMAR	L	L
15 	88268161224070	JUDAYPAL SINGH	L	L
16	88268161224071	YASHKARAN SINGH	L	L
17 	88268161324088	JARMAAN SAHARAN	L	L
18	88268161324089	JBALJIT SINGH	L	L
19	88268161324091	JGURDIT SINGH	<u>L</u>	
20	88268161324092	JGURJOT SINGH	L	<u></u>
21	88268161324093	GURMANPREET SINGH	<u> </u>	<u> </u>

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW) Class: First

44435 / PRACTICAL Subject:

31

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	<u> </u>	88268161324094	GURMINDER SINGH	<u> </u>	<u> </u>
23	<u> </u>	88268161324095	GURPREET SINGH	<u>[</u>	<u> </u>
24	<u> </u>	88268161324096	GURSAHIB SINGH	<u> </u>	<u> </u>
25	<u> </u>	88268161324097	GURSAHIL SINGH	<u> </u>	L
26	<u> </u>	88268161324099	HARJOT SINGH	<u> </u>	<u> </u>
27	<u> </u>	88268161324102	JATIN KUMAR		<u> </u>
28	<u> </u>	88268161324103	MANHEER SINGH		L
29	<u> </u>	88268161324104	MANINDER SINGH	<u> </u>	L
30	l	88268161324105	NAVJOT SINGH	 	

Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

88268161324107 | SUKHMANPREET SINGH

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW) Class: First

Subject: 44435 / PRACTICAL

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 651 / COSMETOLOGY Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239160324001	AMANDEEP KAUR		
2	88239160324002	AMANPREET KAUR		
3	88239160324003	ANJALI		
4	88239160324004	DEEPALI SINGLA		
5 	88239160324005	GAGANPREET KAUR		
6	88239160324006	GURINDER KAUR		
7	88239160324007	HARPREET KAUR		
8	88239160324008	JASKIRAN KAUR		
9	88239160324010	KAMALPREET KAUR		
10	88239160324011	KOMALPREET		
11	88239160324012	NIDHI		
12	88239160324014	PINKI BATRA		
13	88239160324017	RAJNI AUJLA		
14	88239160324018	RAMANJOT KAUR		
15	88239160324019	RANVEER KAUR		
16	88239160324021	SANDEEP KAUR		
17	88239160324022	SUKHRAJ KAUR		
18	88239160324023	SUNITA RANI		
19	88239160324024	SUNITA SAHI		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA
Course: 651 / COSMETOLOGY Class: First
Subject: 44431 / TRADE THEORY

Total No. Of Students in this Subject > Present: Absent:
Total No. Of Answer Sheets Packed >

me and Signature Of Incharge

Name and Signature Of Incharge

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Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 651 / COSMETOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239160324001	JAMANDEEP KAUR	<u> </u>	
2	88239160324002	AMANPREET KAUR	<u> </u>	<u> </u>
3	88239160324003	ANJALI	<u> </u>	L
4	88239160324004	DEEPALI SINGLA	<u> </u>	L
5	88239160324005	GAGANPREET KAUR	<u> </u>	L
6	88239160324006	GURINDER KAUR	<u> </u>	<u> </u>
7	88239160324007	HARPREET KAUR	<u> </u>	L
8	88239160324008	JASKIRAN KAUR	<u> </u>	L
9	88239160324010	KAMALPREET KAUR	<u> </u>	L
10	88239160324011	KOMALPREET	<u> </u>	L
11	88239160324012	NIDHI	<u> </u>	L
12	88239160324014	PINKI BATRA	<u> </u>	
13	88239160324017	RAJNI AUJLA		
14	88239160324018	RAMANJOT KAUR	<u> </u>	L
15	88239160324019	RANVEER KAUR		L
16	88239160324021	SANDEEP KAUR		
17	88239160324022	SUKHRAJ KAUR		
18	88239160324023	SUNITA RANI		
19	88239160324024	SUNITA SAHI		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA
Course: 651 / COSMETOLOGY Class: First
Subject: 44434 / EMPLOYBILITY SKILL

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Name and Signature Of Incharge

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller Signature of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 651 / COSMETOLOGY

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239160324001	JAMANDEEP KAUR	L	<u></u>
2	88239160324002	JAMANPREET KAUR	L	L
3	88239160324003	ANJALI	<u> </u>	L
4	88239160324004	J DEEPALI SINGLA	<u> </u>	L
5 	88239160324005	GAGANPREET KAUR	L	L
6	88239160324006	GURINDER KAUR	<u> </u>	L
7	88239160324007	HARPREET KAUR	<u> </u>	L
8	88239160324008	JASKIRAN KAUR	L	L
9	88239160324010	KAMALPREET KAUR	L	L
10	88239160324011	KOMALPREET	<u> </u>	L
11	88239160324012	NIDHI	L	L
12	88239160324014	PINKI BATRA	L	L
13	88239160324017	RAJNI AUJLA		L
14	88239160324018	RAMANJOT KAUR	<u> </u>	L
15	88239160324019	RANVEER KAUR	L	L
16	88239160324021	SANDEEP KAUR		L
17	88239160324022	SUKHRAJ KAUR		<u></u>
18	88239160324023	SUNITA RANI		<u></u>
19	88239160324024	SUNITA SAHI		L
	·	·		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 651 / COSMETOLOGY Class: First

Subject: 44435 / PRACTICAL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Subject: 44413 / ENGINEERING DRAWING

PAGE: 1

Total No. Of Students in this Subject > Present: Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

Class: First

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218261224072	ANMOLDEEP SINGH	<u> </u>	<u> </u>
2	88218261224073	BALVIR SINGH	<u> </u>	<u>L</u>
3	88218261224074	BALWINDER SINGH	<u> </u>	L
4	88218261224075	DEEPINDER SINGH	<u> </u>	L
5 	88218261224077	GURDEEP SINGH	<u> </u>	L
6	88218261224078	GURVINDER SINGH	<u> </u>	<u> </u>
7	88218261224079	GURVISHAL SINGH	<u> </u>	<u> </u>
8	88218261224082	JASKARANJOT SINGH	<u> </u>	<u> </u>
9	88218261224084	KUSHAN		<u> </u>
10	88218261224085	_J MANDEEP SINGH		<u> </u>
11	88218261224086	MANJEET SINGH	<u> </u>	<u> </u>
12	88218261224087	MANVEER SINGH		<u> </u>
13	88218261224089	PRINCE	<u> </u>	<u> </u>
14	88218261224094	YASHPREET JOSHI	<u> </u>	<u> </u>
15 	88218261224095	ZAKIR HUSSAIN	<u> </u>	<u> </u>
16	88218261324109	DAMANDEEP SINGH	<u> </u>	<u> </u>
17	88218261324110	DAVINDER SINGH	<u> </u>	<u> </u>
18	88218261324115	HARSH	<u> </u>	<u> </u>
19	88218261324116	HARSIMRANJIT SINGH		<u> </u>
20	88218261324118	JASKARAN SINGH BANGAF	<u></u>	<u></u>
21	88218261324119	JATINDER KUMAR	<u></u>	
	a a 1: -			

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 2 of 2 Center Name:

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course:

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88218261324120	KARANPREET SINGH		L
23	88218261324121	KHUSHDEEP KUMAR	<u> </u>	<u> </u>
24	88218261324123	MOHIT KUMAR	L	<u></u>
25 <u> </u>	88218261324125	PANKAJ CHAUDHARI	<u> </u>	<u>L</u>
26	88218261324126	PRABHJOT SINGH	<u> </u>	<u>L</u>
27	88218261324127	ROHIT	L	<u>L</u>
28	88218261324130	VIJAY KUMAR	<u> </u>	<u>L</u>
29	88218261324131	YASHMEET SINGH		1
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of		ent:	
			Undertaki ng	
have	e examination as Invi appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Superintender	t	Si gnat	ure of the Superintendent
l hav fille	re conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l ha fille	eve conducted 5% randed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218261224072	ANMOLDEEP SINGH	<u> </u>	L
2	88218261224073	BALVIR SINGH	<u> </u>	L
3	88218261224074	BALWINDER SINGH	<u> </u>	L
4	88218261224075	DEEPINDER SINGH	<u></u>	L
5	88218261224077	GURDEEP SINGH	<u> </u>	L
6	88218261224078	GURVINDER SINGH	<u> </u>	L
7	88218261224079	GURVISHAL SINGH	<u></u>	L
8	88218261224082	JASKARANJOT SINGH	<u> </u>	L
9	88218261224084	_J KUSHAN	<u> </u>	L
10	88218261224085	MANDEEP SINGH	<u> </u>	L
11	88218261224086	MANJEET SINGH	<u> </u>	L
12	88218261224087	MANVEER SINGH	<u> </u>	L
13	88218261224089	PRINCE	<u> </u>	L
14	88218261224094	YASHPREET JOSHI	<u> </u>	L
15	88218261224095	ZAKIR HUSSAIN	<u> </u>	L
16	88218261324109	DAMANDEEP SINGH	<u> </u>	L
17	88218261324110	DAVINDER SINGH	<u> </u>	L
18	88218261324115	_J HARSH	<u> </u>	L
19	88218261324116	HARSIMRANJIT SINGH	<u> </u>	
20	88218261324118	JASKARAN SINGH BANGAF	<u> </u>	
21	88218261324119	JATINDER KUMAR	<u> </u>	<u></u>

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 2 of 2 Center Name:

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course:

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88218261324120	KARANPREET SINGH		
23	88218261324121	KHUSHDEEP KUMAR		
24	88218261324123	MOHIT KUMAR		
25	88218261324125	PANKAJ CHAUDHARI		
26	88218261324126	PRABHJOT SINGH		
27	88218261324127	ROHIT		
28	88218261324130	VIJAY KUMAR		
29	88218261324131	YASHMEET SINGH	1	
Tota	al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	e examination as Invi appeared under mv su	(Designation) gilator. I have personally che upervision in today's exam, havo any mistakes are found, I will	cked and ensured tha e been filled and sh	hereby certify that I have conducted the t particulars of all the students who added correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
	ve conducted 20% rand ed correctly as per i		f the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha√ fill∈	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l ha fill∈	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218261224072	ANMOLDEEP SINGH	<u> </u>	<u> </u>
2	88218261224073	BALVIR SINGH	<u> </u>	<u> </u>
3	88218261224074	BALWINDER SINGH	<u> </u>	<u>L</u>
4	88218261224075	DEEPINDER SINGH	<u> </u>	<u> </u>
5 	88218261224077	GURDEEP SINGH	<u> </u>	<u> </u>
6	88218261224078	GURVINDER SINGH	<u> </u>	<u> </u>
7	88218261224079	GURVISHAL SINGH	<u> </u>	L
8	88218261224082	JASKARANJOT SINGH		L
9	88218261224084	KUSHAN		L
10	88218261224085	MANDEEP SINGH		L
11	88218261224086	MANJEET SINGH		L
12	88218261224087	MANVEER SINGH		I
13	88218261224089	PRINCE		L
14	88218261224094	YASHPREET JOSHI		L
15	88218261224095	ZAKIR HUSSAIN		L
16	88218261324109	DAMANDEEP SINGH		I
17	88218261324110	DAVINDER SINGH		
18	88218261324115	 HARSH		
19	88218261324116	HARSIMRANJIT SINGH		
20	88218261324118	JASKARAN SINGH BANGAF		
21	88218261324119	JATINDER KUMAR		

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 2 of 2 Center Name:

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course:

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88218261324120	KARANPREET SINGH	<u> </u>	
23	88218261324121	KHUSHDEEP KUMAR	<u> </u>	
24	88218261324123	MOHIT KUMAR	<u> </u>	
25	88218261324125	PANKAJ CHAUDHARI	<u> </u>	
26	88218261324126	DDADILIOT CINCII		
27	88218261324127		<u> </u>	
28	88218261324130	VIJAY KUMAR	<u> </u>	
29	88218261324131	YASHMEET SINGH	I	
Tota	il No. Of Students in il No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	e examination as Invi appeared under my su	(Designation) gilator. I have personally checupervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l hav fille	re conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l hav fille	re conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l ha fille	ve conducted 5% rand d correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

Class: Second

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 1 of 1 ATTENDANCE CUM CHAL
Center Name: 2117 / INDUSTRIAL TRAINING INS

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218261323063	JAMANPREET SINGH	<u> </u>	
2	88218261323064	JAMRIK SINGH	<u></u>	
3	88218261323066	MANPREET SINGH		<u> </u>
4	88218261323067	PARDEEP SINGH		<u> </u>
5	88218261323068	PARMVEER SINGH	<u></u>	
6	88218261323070	SIMRANPREET SINGH	1	<u> </u>
	me and Signature Of	Incharge (Designation)	Undertaki ng	nereby certify that I have conducted the
Na	me and Signature Of	Incharge	Undertaki ng	
have	e appeared under my su	gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	e been filled and sha	particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	cure of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Superintender	nt	Si gnat	cure of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gnat	cure of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Controller		Si gnat	cure of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218261323063	AMANPREET SINGH		
2	88218261323064			
3		.MANIDDEET SINCH		
4	88218261323067	PARDEEP SINGH		
5	88218261323068	PARMVEER SINGH		
6	88218261323070			
1 (1	nme and Signature Of	monal go	Undertaki ng	
			Undertaki na	
	ve examination as Invi	(Designation)	· ·	hereby certify that I have conducted the
have here	ve examination as Invi e appeared under my su	(Designation) gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	ecked and ensured tha ve been filled and sh not be entitled for	t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
here I ha	ve examination as Invi e appeared under my su eby undertake that if	gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will dom checking of the OMR sheet o	ecked and ensured tha ve been filled and sh not be entitled for Signa	t particulars of all the students who aded correctly in the OMR sheets. I also
here I ha fill	ve examination as Invi e appeared under my su eby undertake that if ave conducted 20% rand	gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will dom checking of the OMR sheet of nstructions.	ecked and ensured tha ye been filled and sh not be entitled for Signa of the said examinati	t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration. ture of the Invigilator
here I ha fill Name I ha	ve examination as Inviet appeared under my sueby undertake that if ave conducted 20% randled correctly as per ite of the Superintender	gilator. I have personally cheupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet constructions.	ecked and ensured tha ye been filled and sh not be entitled for Signa of the said examinati	t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration. ture of the Invigilator on and found that particulars have been
l ha fill Name I ha	ve examination as Inviet appeared under my sueby undertake that if ave conducted 20% randled correctly as per ite of the Superintender ave conducted 10% rand	gilator. I have personally cheupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet constructions.	ecked and ensured that ye been filled and shout be entitled for Signatof the said examination Signatof the said examination	t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration. ture of the Invigilator on and found that particulars have been ture of the Superintendent
hero I ha fill Namo I ha fill Namo	ve examination as Inviet appeared under my sueby undertake that if ave conducted 20% randled correctly as per ite of the Superintender ave conducted 10% randled correctly as per ite of the Deputy Control	gilator. I have personally che upervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet of instructions. Intuition checking of the OMR sheet of instructions. Oller Hom checking of the OMR sheet of instructions.	ecked and ensured that ye been filled and shout be entitled for Signatof the said examinati Signatof the said examinati Signatof the said examinati	t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration. ture of the Invigilator on and found that particulars have been ture of the Superintendent on and found that particulars have been

Class: Second

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course:

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88218261323063	AMANPREET SINGH				
2	88218261323064	JAMRIK SINGH				
3	88218261323066	MANPREET SINGH		_L		
4	88218261323067	PARDEEP SINGH		_L		
5	88218261323068	PARMVEER SINGH				
6	88218261323070	SIMRANPREET SINGH				
I (N abov have	Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also					
here	by undertake that if	any mistakes are found, I will	not be entitled for	any remuneration. ture of the Invigilator		
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	9	on and found that particulars have been		
Name	Name of the Superintendent Signature of the Superintendent					
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been		
Name	e of the Controller		Si gna	ture of the Controller		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course : 683 / Electrician Power Distribution Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 683 / Electrician Power Distribution

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

Name of the Controller

5.NO	o Rega. No. Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231260722038 JATINDER SINGH	<u> </u>	
2	88231260722042 PAWANDEEP SINGH		
Т		sent:	
		Undertaki ng	
ha	(Name)(Designation)oove examination as Invigilator. I have personally checave appeared under my supervision in today's exam, have pereby undertake that if any mistakes are found, I will	cked and ensured that e been filled and sha	aded correctly in the OMR sheets. I also
		Si gnat	cure of the Invigilator
	have conducted 20% random checking of the OMR sheet of lled correctly as per instructions.	the said examination	on and found that particulars have been
Na	ame of the Superintendent	Si gnat	cure of the Superintendent
l fi	have conducted 10% random checking of the OMR sheet of lled correctly as per instructions.	f the said examination	on and found that particulars have been
Na	ame of the Deputy Controller	Si gnat	cure of the Deputy Controller
l fi	have conducted 5% random checking of the OMR sheet of lled correctly as per instructions.	the said examination	on and found that particulars have been

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 686 / Mechanic Electric Vehicle

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88295161224098	DHARMEET SINGH	<u> </u>	
2	88295161224099	GAGANDEEP SINGH	<u></u>	L
3	88295161224100	GURDHIAN SINGH	<u> </u>	L
4	88295161224102	GURSIMER SINGH	<u> </u>	L
5	88295161224103	GURTEJ SINGH	L	L
6	88295161224105	HARBAKHSH SINGH	<u> </u>	L
7	88295161224107	INDERJIT SINGH	<u> </u>	L
8	88295161224108	JOBANPREET SINGH GILL	<u> </u>	L
9	88295161224109	JORA SINGH	<u> </u>	L
10	88295161224110	MANINDER SINGH	<u> </u>	L
11	88295161224111	PARAMJIT SINGH	<u> </u>	L
12	88295161224112	PARAMVIR SINGH	<u> </u>	L
13	88295161224113	RAJVEER SINGH	<u> </u>	L
14	88295161224114	RISHAVDEEP SINGH	<u> </u>	L
15	88295161224115	SUKHMANPREET SINGH	<u> </u>	L
16	88295161224116	TANVEER KHAN	<u> </u>	L
17	88295161224117	_J TUSHAR ALI	<u> </u>	L

Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course : 686 / Mechanic Electric Vehicle Class: First

Subject: 44431 / TRADE THEORY

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

Class: First

Student's Sign.

Answer Sheet No.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 686 / Mechanic Electric Vehicle

S.No

Regd. No.

Name Of the Student

Subject: 44434 / EMPLOYBILITY SKILL

1	88295161224098	DHARMEET SINGH	<u> </u>	<u> </u>
2	88295161224099	GAGANDEEP SINGH	<u> </u>	L
3	88295161224100	GURDHIAN SINGH	<u> </u>	L
4	88295161224102	GURSIMER SINGH	<u> </u>	L
5	88295161224103	GURTEJ SINGH	<u> </u>	L
6	88295161224105	HARBAKHSH SINGH	<u> </u>	L
7 	88295161224107	INDERJIT SINGH	<u> </u>	L
8	88295161224108	JOBANPREET SINGH GILL	<u> </u>	L
9	88295161224109	JORA SINGH	<u> </u>	L
10	88295161224110	MANINDER SINGH	<u> </u>	L
11	88295161224111	PARAMJIT SINGH	<u> </u>	L
12	88295161224112	PARAMVIR SINGH	<u> </u>	L
13	88295161224113	RAJVEER SINGH	<u> </u>	L
14	88295161224114	RISHAVDEEP SINGH	<u> </u>	L
15	88295161224115	SUKHMANPREET SINGH	 	<u></u>
16	88295161224116	TANVEER KHAN	 	<u></u>
17	88295161224117	TUSHAR ALI	 	 L

Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 686 / Mechanic Electric Vehicle Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 686 / Mechanic Electric Vehicle

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88295161224098	DHARMEET SINGH	<u> </u>	<u> </u>
2	88295161224099	GAGANDEEP SINGH	<u> </u>	<u> </u>
3	88295161224100	GURDHIAN SINGH	<u> </u>	L
4	88295161224102	GURSIMER SINGH	<u> </u>	L
5	88295161224103	GURTEJ SINGH	<u></u>	L
6	88295161224105	HARBAKHSH SINGH	<u> </u>	<u> </u>
7	88295161224107	INDERJIT SINGH	<u> </u>	L
8	88295161224108	JOBANPREET SINGH GILL	<u> </u>	<u> </u>
9	88295161224109	JORA SINGH	<u></u>	L
10	88295161224110	MANINDER SINGH	<u> </u>	<u> </u>
11	88295161224111	PARAMJIT SINGH	<u> </u>	<u> </u>
12	88295161224112	PARAMVIR SINGH	<u> </u>	<u> </u>
13	88295161224113	RAJVEER SINGH	<u> </u>	<u> </u>
14	88295161224114	RISHAVDEEP SINGH	<u> </u>	<u> </u>
15 	88295161224115	SUKHMANPREET SINGH	<u> </u>	<u> </u>
16	88295161224116	TANVEER KHAN	<u> </u>	<u> </u>
17	88295161224117	TUSHAR ALI		<u> </u>
	_			

Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 2 of 2

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 686 / Mechanic Electric Vehicle Class: First

44435 / PRACTICAL Subject:

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 687 / Wood Work Technician Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

Total No. Of Students in this Subject > Present: Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88209173324001 | amandeep singh 88209173324002_{1} deep jot singh 2 3 88209173324003 _I harjit singh 88209173324008 _| paras sudan 5 88209173324009 | parvinder singh 88209173324010 _Irahul sharma Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR

Course: 114 / PLUMBER

Subject: 44434 / EMPLOYBILITY SKILL

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88209173324001	_] amandeep singh				
2	88209173324002	deep jot singh				
3	88209173324003	_] harjit singh				
4	88209173324008	paras sudan				
5	88209173324009	parvinder singh				
6	88209173324010					
I (N abov	me and Signature Of lame) ve examination as Invi	(Designation) gilator. I have personally che	cked and ensured tha	hereby certify that I have conducted the t particulars of all the students who		
have	e appeared under mv su	upervision in today's exam, hav any mistakes are found, I will	e been filled and sh	aded correctly in the OMR sheets. I also		
			Si gna	ture of the Invigilator		
l ha fill	ive conducted 20% rand ed correctly as per i	dom checking of the OMR sheet c nstructions.	of the said examinati	on and found that particulars have been		
Name	e of the Superintender	nt	Si gna	ture of the Superintendent		
l ha fill	ive conducted 10% rand ed correctly as per i	dom checking of the OMR sheet c nstructions.	of the said examinati	on and found that particulars have been		
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet c nstructions.	of the said examinati	on and found that particulars have been		
Name	Name of the Controller Signature of the Controller					

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

Name Of the Student S.No Regd. No. Student's Sign. Answer Sheet No. 88209173324001 | amandeep singh 88209173324002_{1} deep jot singh 2 3 88209173324003 _I harjit singh 88209173324008 _| paras sudan 5 88209173324009 | parvinder singh 88209173324010 _Irahul sharma Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR Course : **129 / TURNER** Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88221270324001 Gaganjot Dhiman 88221270324002 $_{\parallel}$ Inderjit Singh

Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR Course : **129 / TURNER** Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88221270324001 Gaganjot Dhiman 88221270324002 $_{\parallel}$ Inderjit Singh

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE(W), JALANDHAR

Course :

Subject:

129 / TURNER

44435 / PRACTICAL

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88221270324001 Gaganjot Dhiman 88221270324002 _| Inderjit Singh Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Class: First

Name of the Deputy Controller Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller Signature of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231270324004	Amit kumar		
2	88231270324005	Arpit devedi	<u> </u>	L
3	88231270324006	Deepak kumar	L	L
4	88231270324007	Gagandeep	<u> </u>	L
5	88231270324008	_] Goldy	<u> </u>	L
6	88231270324009	Harman	L	L
7	88231270324010	Manpreet singh	<u> </u>	L
8	88231270324011	Mohit gill	L	L
9	88231270324012	Prabhjot singh	<u> </u>	L
10	88231270324013	Ravi kumar	L	L
11	88231270324014	Sanyogita Rani	L	L
12	88231270324015	Sharandeep Singh	<u> </u>	L
13	88231270324016	Sukhchain Singh Kanda	<u> </u>	L
14	88231270324019	dilpreet singh	 	
15	88231270324022	rithik sahota	 	

Total No. Of Students in this Subject > Present: Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR Center Name: Course: 132 / ELECTRICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

Name of the Superintendent

filled correctly as per instructions.

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.		Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231270324004	 ¹ Amit	kumar	 	
2	88231270324005	 5 Arpit	devedi		
3	88231270324006	b Deep	oak kumar		
4	88231270324007	7 Gaga	andeep		
5	88231270324008	 ^β _J Gold	у		
6	88231270324009	9 Harn	nan		
7	88231270324010) Manı	oreet singh		
8	88231270324011	l _J Mohi	t gill		
9	88231270324012	² _J Prab	hjot singh		
10	88231270324013	Ravi	kumar		
11	88231270324014	¹ JSany	ogita Rani		
12	88231270324015	5 ∫Shar	andeep Singh		
13	88231270324016	Sukh	chain Singh Kanda		
14	88231270324019	dilpre	eet singh		
15	88231270324022	2 rithik	sahota	1	1

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE(W) , JALANDHAR
Course: 132 / ELECTRICIAN Class: First
Subject: 44434 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present: Absent:
Total No. Of Answer Sheets Packed >
Name and Signature Of Incharge

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231270324004	Amit kumar		L
2	88231270324005	Arpit devedi	<u> </u>	L
3	88231270324006	Deepak kumar	<u> </u>	L
4	88231270324007	Gagandeep	<u> </u>	L
5	88231270324008	Goldy	<u> </u>	L
6	88231270324009	Harman		
7	88231270324010	Manpreet singh		L
8	88231270324011	Mohit gill	<u> </u>	L
9	88231270324012	Prabhjot singh	<u> </u>	L
10	88231270324013	Ravi kumar		
11	88231270324014	Sanyogita Rani		
12	88231270324015	Sharandeep Singh		
13	88231270324016	Sukhchain Singh Kanda		
14	88231270324019	dilpreet singh		
15	88231270324022	rithik sahota	 	

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

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Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242170523024	YASHPREET KAUR	<u> </u>	<u> </u>
2	88242170524002	_] ASHIMA	L	L
3	88242170524004	HARLEEN KAUR	L	L
4	88242170524006	ITOYL	<u> </u>	L
5	88242170524007	KANCHAN	<u> </u>	L
6	88242170524008	_] MANDEEP	<u> </u>	L
7 	88242170524009	MANDEEP KAUR	<u> </u>	L
8	88242170524014	PRABHPREET KAUR	<u> </u>	L
9	88242170524016	RAJVIR KAUR	<u> </u>	L
10 	88242170524017	RAVNEET KAUR	<u> </u>	L
11 	88242170524019	SANIA	<u> </u>	L
12	88242170524020	SHEELA DEVI	<u> </u>	L
13	88242170524021	SIMRANDEEP KAUR	 	L
14	88242170524022	SONIA	 	L

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE(W) , JALANDHAR
Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First
Subject: 44431 / TRADE THEORY

Total No. Of Students in this Subject > Present: Absent:
Total No. Of Answer Sheets Packed >
Name and Signature Of Incharge

Undertaking

I (Name) hereby certify that I have conduct above examination as Invigilator. I have personally checked and ensured that particulars of all the students

I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242170524002	_J ASHIMA	<u> </u>	L
2	88242170524004	HARLEEN KAUR	<u> </u>	L
3	88242170524006	JYOTI	<u> </u>	L
4	88242170524007	KANCHAN	<u> </u>	L
5 	88242170524008	MANDEEP	<u> </u>	L
6	88242170524009	MANDEEP KAUR	<u> </u>	L
7	88242170524014	PRABHPREET KAUR	<u> </u>	L
8	88242170524016	RAJVIR KAUR	<u> </u>	L
9	88242170524017	RAVNEET KAUR	<u> </u>	L
10	88242170524019	SANIA	<u> </u>	L
11	88242170524020	SHEELA DEVI	<u> </u>	L
12 	88242170524021	SIMRANDEEP KAUR	L	L
13	88242170524022	SONIA	L	

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242170524002	JASHIMA		L
2	88242170524004	HARLEEN KAUR	<u> </u>	L
3	88242170524006	ITOYL	<u> </u>	L
4	88242170524007	KANCHAN	<u> </u>	L
5	88242170524008	_] MANDEEP	<u> </u>	L
6	88242170524009	MANDEEP KAUR	<u> </u>	L
7	88242170524014	PRABHPREET KAUR	<u> </u>	L
8	88242170524016	RAJVIR KAUR	<u> </u>	L
9	88242170524017	RAVNEET KAUR	<u> </u>	L
10	88242170524019	SANIA	<u> </u>	L
11	88242170524020	SHEELA DEVI	<u> </u>	L
12	88242170524021	SIMRANDEEP KAUR	<u></u>	<u></u>
13	88242170524022	SONIA		 I

Total No. Of Students in this Subject > Present : Absent:

Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE(W) , JALANDHAR
Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First
Subject: 44435 / PRACTICAL

Total No. Of Students in this Subject > Present: Absent:
Total No. Of Answer Sheets Packed >
Name and Signature Of Incharge

Undertaking

I (Name) _____ (Designation) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370273420011 | SAMITA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent

Signature of the Superintendent

I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller