PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 113 / MECH. DIESEL Class: First

Subject: 44411 / TRADE THEORY

Name of the Controller

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.				
88201160918001	JAJAY KUMAR	<u> </u>	<u> </u>				
88201160918006	GURWINDER SINGH	<u> </u>	<u> </u>				
88201160918008	HARWINDER SINGH	<u> </u>	L				
88201160918009	JAGPREET SINGH	<u> </u>	<u> </u>				
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 gnati	ure of the Invigilator				
ave conducted 20% randled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been				
ne of the Superintende	nt	Si gnatı	ure of the Superintendent				
ave conducted 10% randled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been				
ne of the Deputy Contr	oller	Si gnati	ure of the Deputy Controller				
have conducted 5% ran	dom checking of the OMR sheet of	the said examination	n and found that particulars have been				
	88201160918006  88201160918008  88201160918009  Otal No. Of Students in otal No. Of Answer Sh ame and Signature Of   (Name)  Ove examination as Invove appeared under my signature of the Superintender in otal correctly as perme of the Superintender in otal correctly as perme of the Deputy Control have conducted 5% randing the conducted 5% randin	88201160918006 GURWINDER SINGH  88201160918008 HARWINDER SINGH  88201160918009 JAGPREET SINGH  otal No. Of Students in this Subject > Present: Absorbed No. Of Answer Sheets Packed > ame and Signature Of Incharge  (Name) (Designation) One examination as Invigilator. I have personally check of appeared under my supervision in today's exam, have reby undertake that if any mistakes are found, I will in the conducted 20% random checking of the OMR sheet of lied correctly as per instructions.  The of the Superintendent in the conducted 10% random checking of the OMR sheet of lied correctly as per instructions.  The of the Deputy Controller in the conducted 5% random checking of the OMR sheet of the Deputy Controller.	88201160918001 AJAY KUMAR  88201160918006 GURWINDER SINGH  88201160918008 HARWINDER SINGH  88201160918009 JAGPREET SINGH  botal No. Of Students in this Subject > Present: Absent: botal No. Of Answer Sheets Packed > ame and Signature Of Incharge  Undertaking  (Name) Undertaking have personally checked and ensured that we appeared under my supervision in today's exam, have been filled and shareby undertake that if any mistakes are found, I will not be entitled for a signature of the Superintendent  signature of the Superintendent of th				

Class: First

Signature of the Controller

1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 113 / MECH. DIESEL

Subject: 44413 / ENGINEERING DRAWING

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88201160918001<sub>1</sub>AJAY KUMAR 2 88201160918006 | GURWINDER SINGH 3 88201160918008 | HARWINDER SINGH 88201160918009 | JAGPREET 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 March' 2020 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course : 114 / PLUMBER Class: First 99912 / WORKSHOP CAL. & SCIENCE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209160117021 | RAJAN VERMA 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 Constituted out

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 March' 2020 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course : 114 / PLUMBER Class: First 99913 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209160117021 | RAJAN VERMA 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 March' 2020 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course : 114 / PLUMBER Class: Second 99931 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209160117021 | RAJAN VERMA 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 March' 2020 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course : 114 / PLUMBER Class: Second 99932 / WORKSHOP CAL. & SCIENCE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209160117021 | RAJAN VERMA 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 March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 114 / PLUMBER Class: Second

Subject: 99933 / ENGINEERING DRAWING

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88209160117004	ELAN SINGH	<u> </u>	<u> </u>			
2	88209160117021	RAJAN VERMA	<u> </u>	<u> </u>			
3	88209160117163	BALKAR SINGH	<u> </u>	L			
4	88209160117175	MANDDEET CICALL		L			
Tot	Total No. Of Students in this Subject > Present : Absent:  Total No. Of Answer Sheets Packed >  Name and Signature Of Incharge						
have	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.						
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l ha fill	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	-	n and found that particulars have been			
Name	e of the Superintenden	t	Si gnati	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 examination	n and found that particulars have been			
Name	e of the Deputy Contro	ller	Si gnati	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			

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course : 114 / PLUMBER Class: Second 99935 / TRADE PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209160117021 | RAJAN VERMA 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 March' 2020 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course : 114 / PLUMBER Class: Second 99977 / EMPLOYABILITY SKILLS Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209160117021 | RAJAN VERMA 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 March' 2020 EXAMS -SCVT

PAGE: 1 of 1 Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 114 / PLUMBER Class: First

Subject: 44413 / ENGINEERING DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209160118006	BHAVDEEP SINGH JASSAL		<u> </u>
2	88209160118017	LOVEPREET SINGH	L	<u></u>
3	88209160118019	MANJINDER SINGH	L	L
4	88209160118020	RAHUL	L	L
5	88209160118021	RAVINDER KUMAR	L	L
6	88209160118022	SAHIBPREET SINGH	<u> </u>	<u> </u>
7	88209160118023	VIJAY KUMAR	<u> </u>	<u>L</u>
8	88209160118024	CHANPREET SINGH	<u> </u>	<u>L</u>
9	88209160118025	PARVINDER SINGH		I
Tot	al No. Of Students in al No. Of Answer She me and Signature Of		ent:	
			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	ked and ensured that been filled and shannot 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
	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
	ve conducted 10% rand ed correctly as per i		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	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

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 115 / MECH. TRACTOR Class: Second

Subject: 99933 / ENGINEERING DRAWING

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88202160117030 | DHARMINDER KUMAR 88202160117036 JAGSIR RAM 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 March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 115 / MECH. TRACTOR Class: First

Subject: 44413 / ENGINEERING DRAWING

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88202160918027 | HARVINDER SINGH 88202160918036 | SURINDER 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course : 128 / FITTER Class: Fourth 99971 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227261116006 | MEHAKDEEP 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 March' 2020 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course : 128 / FITTER Class: Fourth 99972 / WORKSHOP CAL. & SCIENCE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227261116006 | MEHAKDEEP 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 March' 2020 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 130 / MACHINIST ( COMPOSITE) Class: First 99911 / Trade Theory Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88222260117060 | NARJIT ALI 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 March' 2020 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 130 / MACHINIST ( COMPOSITE) Class: First 99966 / EMPLOYABILITY SKILLS Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88222260117060 | NARJIT ALI 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 March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 130 / MACHINIST ( COMPOSITE)

Class: Second

Subject: 99931 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88222260117048	<sub> </sub> AKASH KUMAR MISHRA		
2	88222260117057			
3	88222260117058	MANISH KUMAR	L	
4	88222260117060	NARJIT ALI	L	
5		DALLIL KUNAA D		
I (N	me and Signature Of  Name)  Ve examination as Invite appeared under my signature.	(Designation)	Undertaking    ked and ensured that heen filled and sh	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also
have here	e appeared under my su eby undertake that if	pervision in today's exam, have any mistakes are found, I will	been filled and sha not be entitled for	aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture 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 gna	ture 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 gna	ture of the Deputy Controller
l h fill	nave 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	e of the Controller		Si gna	ture of the Controller

Class: Third

Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course : 130 / MACHINIST ( COMPOSITE)

99951 / TRADE THEORY Subject:

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No.  $88222260117048_{\mid}$ AKASH KUMAR MISHRA 88222260117061 | RAHUL KUMAR 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 March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 130 / MACHINIST ( COMPOSITE) Class: Fourth

Subject: 99972 / WORKSHOP CAL. & SCIENCE

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88222260117048 | AKASH KUMAR MISHRA 88222260117053 | GURBAKSH 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 March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course : 130 / MACHINIST ( COMPOSITE)

Class: Fourth

99973 / ENGINEERING DRAWING Subject:

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88222260117048 | AKASH KUMAR MISHRA 88222260117057 | MANI KUMAR 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 March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 132 / ELECTRICIAN Class: Second

Subject: 99931 / TRADE THEORY

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231260117068 | HARDEEP SINGH 88231260117079 | TEJINDER 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course : 132 / ELECTRICIAN Class: Second 99933 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231260117079 | TEJINDER 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 March' 2020 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course : 132 / ELECTRICIAN Class: Third 99953 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231260117079 | TEJINDER 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 March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99972 / WORKSHOP CAL. & SCIENCE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231260117066	DEEPAK KUMAR	<u> </u>	<u></u>
2	88231260117067	GURPREET SINGH	<u> </u>	<u> </u>
3	88231260117068	HARDEEP SINGH	L	L
4	88231260117069	HARMAN SINGH	<u> </u>	L
5	88231260117070	JAGRAJ SINGH	<u> </u>	L
6	88231260117071	JATINDERPAL SINGH	<u> </u>	<u></u>
7	88231260117072	JODHVEER SINGH	<u> </u>	L
8	88231260117073	JATINDERPAL SINGH	<u> </u>	L
9	88231260117074	KRISHAN KUMAR	L	L
10 	88231260117075	KRISHNA	<u> </u>	L
11 	88231260117077	RAJAT SINGH	<u> </u>	L
12	88231260117079	TEJINDER SINGH	<u> </u>	<u> </u>
13	88231260117081	VICKRAMJEET SINGH	<u> </u>	<u> </u>
14	88231260117083	NITIN KUMAR	<u> </u>	<u> </u>
15 	88231260117084	VALIV	<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 March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99972 / WORKSHOP CAL. & SCIENCE

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 March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231260117066	DEEPAK KUMAR	<u> </u>	<u> </u>
2	88231260117067	GURPREET SINGH	L	L
3	88231260117068	HARDEEP SINGH	L	L
4	88231260117069	<sub>J</sub> HARMAN SINGH	L	L
5	88231260117070	JAGRAJ SINGH	L	L
6	88231260117071	JATINDERPAL SINGH	L	L
7	88231260117072	JODHVEER SINGH	<u> </u>	L
8	88231260117073	JATINDERPAL SINGH	<u> </u>	<u> </u>
9	88231260117074	KRISHAN KUMAR	<u> </u>	<u> </u>
10	88231260117075	<sub> </sub> KRISHNA	<u> </u>	<u> </u>
11	88231260117077	<sub> </sub> RAJAT SINGH	<u> </u>	<u> </u>
12	88231260117079	TEJINDER SINGH	<u> </u>	<u> </u>
13	88231260117081	JVICKRAMJEET SINGH	<u> </u>	L
14	88231260117082	YOGESH KUMAR PRAJAPA	<u> </u>	L
15	88231260117083	NITIN KUMAR	<u> </u>	<u> </u>
16	88231260117084	VIJAY	<u> </u>	<u> </u>
17	88231261116023	HARINDER SINGH	<u> </u>	<u> </u>
18	88231261116025	JAGRAJ SINGH	<u> </u>	<u> </u>
19	88231261116026	MOHAMMAD SARFUDDIN	<u> </u>	<u> </u>
20	88231261116027	<sub>J</sub> MANJOT SINGH	<u> </u>	
21	88231261116032	RAHUL KUMAR		<u> </u>
	<b></b> -			<del></del>

2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

Name of the Controller

PAGE: 2 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231261116035 | SUKHPREET SINGH 88231261116036 | SUKHWINDER SINGH 23 88231261116037 | SUNNY 25 88231261116040 | RAMANDEEP 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 134 / ELECTRO PLATOR Class: Second 99931 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88233360115091 | PRINCE KUMAR 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 March' 2020 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 202 / FASHION TECHNOLOGY Class: Second 99977 / EMPLOYABILITY SKILLS Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88246161017016 | RITIKA GOYAL 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 March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 210 / ARCHITECTURAL ASSISTANTSHIP

Class: First

Subject: 44411 / TRADE THEORY

Name of the Controller

S.I	No Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88210161018024 <sub>J</sub> A	MANDEEP KUMAR	<u> </u>	<u> </u>
2	88210161018027 <sub>JD</sub>	NIANIT KUMAD		L
	Total No. Of Students in th Total No. Of Answer Shee Name and Signature Of Inc.	ts Packed >	sent:	
			Undertaki ng	
	have appeared under my supe	(Designation)_ lator. I have personally chec ervision in today's exam, have ny 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
	I have conducted 20% random filled correctly as per ins	n checking of the OMR sheet of structions.	the said examination	n and found that particulars have been
	Name of the Superintendent		Si gnat	ure of the Superintendent
	I have conducted 10% random filled correctly as per ins	n checking of the OMR sheet of structions.	the said examination	n and found that particulars have been
	Name of the Deputy Controll	er	Si gnat	ure of the Deputy Controller
	I have conducted 5% random filled correctly as per ins	n checking of the OMR sheet of structions.	the said examination	n and found that particulars have been

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 210 / ARCHITECTURAL ASSISTANTSHIP

Class: First

Name Of the Student

Subject: 44413 / ENGINEERING DRAWING

Regd. No.

S.No

	-	
1	88210161018022 <sub> </sub> AANCHAL	
2	88210161018023   ADARSHPREET SINGH	
3	88210161018024 <sub> </sub> AMANDEEP KUMAR	
4	88210161018025   BALDEEP SINGH	
5	88210161018026 CHARANPREET SINGH	
6	88210161018027   DHANIT KUMAR	
7	88210161018028   GURPREET BHATIA	
8	88210161018030   HARPREET SINGH	
9	88210161018031 <sub> </sub> HARPREET SINGH	
10	88210161018038   PAYAL KUMARI	
11	88210161018043   ROHIT KUMAR	
12	88210161018044   SAHIL SHARMA	
13	88210161018046   TANPREET KAUR	
14	88210161018047 <sub> </sub> VIPAN KUMAR	 

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 210 / ARCHITECTURAL ASSISTANTSHIP Class: First

Subject: 44413 / ENGINEERING DRAWING

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 March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: Second

Subject: 99941 / TRADE THEORY

Name of the Controller

S	.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1			88242160917025	HARSHDEEP SINGH		
2			88242161117050	OUDDDEET WALLD		
	Tot	tal N	lo. Of Students in lo. Of Answer She and Signature Of	this Subject > Present : Absects Packed >		
					Undertaki ng	
	I (N abov have here	Name) ve ex e app eby u	)_ kamination as Invi beared under my su undertake that if	(Designation) gilator. I have personally check 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
			conducted 20% rand correctly as per i		the said examinatio	n and found that particulars have been
	Name	e of	the Superintenden	t	Si gnat	ure of the Superintendent
	l ha fill	ave o	conducted 10% rand 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	ller	Si gnat	ure of the Deputy Controller
			conducted 5% rand correctly as per i		the said examinatio	n and found that particulars have been

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

Course : 222 / COMP. OP. PROGRAM. ASSISTANT

Class: Second

99977 / EMPLOYABILITY SKILLS Subject:

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88242160917018 CHARANPREET SINGH 88242160917060 TARANJEET 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT
Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA
Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First
Subject: 44411 / TRADE THEORY

S.No | Regd. No. | Name Of the Student | Answer Sheet No | Student's Sign.

.110	Regu. No.		Answer Sheet No.	Student's Sign.
	88242161018051	CHANDAN SINGH		
_				
To	tal No. Of Students in tal No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (Nabov have here	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	ked and ensured that be 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 gna	ture of the Invigilator
	ave conducted 20% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	e of the Superintenden	nt	Si gna	ture of the Superintendent
	ave conducted 10% rand ed correctly as per i		f the said examination	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
	nave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	e of the Controller		Si gna <sup>-</sup>	ture of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

264 / Computer Hardware and Network Maintenance

Course : Class: Second

99931 / TRADE THEORY Subject:

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88264261016053  $_{\mid}$  MOHD QASIM 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

Name of the Controller

filled correctly as per instructions.

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

PAGE: 1 Center Name:

Subject:

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 275 / AUTOMOTIVE BODY REPAIR

44413 / ENGINEERING DRAWING

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88266160118028 | ANMOL SHARMA 88266160118031 I DIVESH 3 88266160118034 | INDERJEET SINGH 88266160118037 | JASPREET SINGH 5 88266160118039 | MANISH SINGH 88266160118041 | NISHANT KUMAR 88266160118043 | SANDEEP KUMAR 88266160118044 <sub>I</sub> SONU TIWARI 88266160118047 | YUDHVIR 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 March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 276 / AUTOMOTIVE PAINT TECHNICIAN

Class: Second

Subject: 99933 / ENGINEERING DRAWING

Name of the Controller

S 	.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1		88267160117127	JAGPREET SINGH	<u> </u>	L	
2					<u> </u>	
	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 su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	e 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	
	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 Superintender	nt	Si gnat	ure of the Superintendent	
	l hav	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	oller	Si gnat	ure of the Deputy Controller	
	l ha	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	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course: 276 / AUTOMOTIVE PAINT TECHNICIAN Class: First 44411 / TRADE THEORY Subject: S.No Name Of the Student | Answer Sheet No. | Student's Sign. Regd. No. 88267160118062 | SIMERDEEP SINGH BANWA 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 March' 2020 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 276 / AUTOMOTIVE PAINT TECHNICIAN Class: First 44412 / WORKSHOP CALCULATIONS AND SCIENCE Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88267160118050 | AMRITPAL 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

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 276 / AUTOMOTIVE PAINT TECHNICIAN Class: First

Subject: 44413 / ENGINEERING DRAWING

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88267160118049	JAMIT SINGH	<u> </u>	<u></u>
2	88267160118050	JAMRITPAL SINGH	<u> </u>	L
3	88267160118051	JBALWANT SINGH	L	L
4	88267160118053	HARJOT SINGH	L	L
5	88267160118054	HARSIMRANJIT SINGH THI	L	L
6	88267160118055	JASDEEP SINGH	L	L
7	88267160118062	SIMERDEEP SINGH BANW	<u> </u>	L
8	88267160118064	SHUBHKARMANDEEP SINC	L	L
9	88267160118065	SIMRANJEET SINGH	<u> </u>	L
10	88267160118068	JGAURAV SHARMA	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: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

Course: 276 / AUTOMOTIVE PAINT TECHNICIAN Class: First

Subject: 44413 / ENGINEERING DRAWING

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 March' 2020 EXAMS -SCVT Center Name: 2116 / INDUSTRIAL TRAINING INSTITUTE, MANUKE Course : 119 / CARPENTER Class: Second 99931 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88206160617047 | GURDEEP 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

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2116 / INDUSTRIAL TRAINING INSTITUTE, MANUKE

Course: 126 / MECH. MOTOR VEHICLE Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88215260617070 | AMRITPAL SINGH 88215260617077 | HARPREET SINGH 3 88215260617128 | NARINDER 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 March' 2020 EXAMS -SCVT

Center Name: 2116 / INDUSTRIAL TRAINING INSTITUTE, MANUKE

Course: 143 / DRAUGHTSMAN ( CIVIL) Class: Third

Subject: 99951 / TRADE THEORY

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88217260617092 | ARSHDIP SINGH 88217260617112 | SIMRANJIT 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.

2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 111 / WELDER (GAS AND ELECTRIC) Class: First

Subject: 44413 / ENGINEERING DRAWING

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8821216051800	<sup>2</sup> JAMRINDER SINGH	<u> </u>	<u> </u>
2	8821216051800	<sup>8</sup> GURDEEP SINGH		L
3	8821216051802	9 <sub>J</sub> MANVEER SINGH		L
4	8821216051804	1 <sub>J</sub> VEER PARTAP SINGH	<u></u>	L
5 	8821216071800	2 <sub>]</sub> BALPREET SINGH	<u> </u>	<u> </u>
6 <u> </u>	8821216071800	3 <sub>J</sub> DILVER KHAN		<u> </u>
7	8821216071800	<sup>4</sup> <sub>J</sub> HARINDER SINGH		<u> </u>
8	8821216071800	5 <sub>]</sub> HARMANJOT SINGH		<u> </u>
9	8821216071800	7 <sub>J</sub> JASWINDERPREET SINGH	<u> </u>	<u> </u>
10	8821216071801	2 <sub>J</sub> MANJEET SINGH GREWAL		<u></u>

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

88212160718018 | SUKHWINDER SINGH

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 March' 2020 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 111 / WELDER (GAS AND ELECTRIC) Class: First

Subject: 44413 / ENGINEERING DRAWING

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 March' 2020 EXAMS -SCVT 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name: Course : 114 / PLUMBER Class: Second 99931 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209160517033 | GURDEEP 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 March' 2020 EXAMS -SCVT 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name: Course : 125 / WIREMAN Class: Fourth 99971 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88232260517091 | SURINDER 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 March' 2020 EXAMS -SCVT 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name: Course : 125 / WIREMAN Class: Fourth 99973 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88232260517091 | SURINDER 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 March' 2020 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231260717038	ANKIT SINGH		
2	88231260717039		<u> </u>	
3	88231260717041	GURWINDER SINGH	<u> </u>	
4	88231260717045	INDERPAL SINGH	<u> </u>	
5 	88231260717046	JASKARAN SINGH	<u> </u>	
6	88231260717047	JATIN SHAHI	<u> </u>	<u> </u>
7	88231260717050	MANJOT SINGH	<u> </u>	
8	88231360715019	GAGANDEEP SINGH		I
Tota	Il No. Of Students in Il 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	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
l hav fille	re 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	nt	Si gnat	cure of the Superintendent
I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have filled correctly as per instructions.				on and found that particulars have been
Name of the Deputy Controller Signature of the Deputy Controller				
	ve conducted 5% rand d correctly as per i		the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	cure of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Course : 192 / CONSUMER ELECTRONICS Class: Second 99931 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88273260516116 | SUKHWINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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.

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.

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 March' 2020 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 192 / CONSUMER ELECTRONICS

Class: First

Subject: 44411 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88273260518045	ARBAAZ KHAN	<u> </u>	
2	88273260518055	MANPREET SINGH	<u> </u>	
3	88273260518058	PARAMJIT SINGH	<u> </u>	
4	88273260518061	PRABHJOT SINGH	<u> </u>	
5	88273260518062	PUNEET SINGH	<u> </u>	
6		DAMANDEED CINICII		
7	88273260518064	SUKHDEV SINGH		
To	tal No. Of Answer She me and Signature Of	eets Packed >	sent:	
			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
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 Superintenden	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 filled correctly as per instructions.			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 of nstructions.	the said examination	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

PAGE: 1 of 1

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

192 / CONSUMER ELECTRONICS

Course: Class: First

Subject: 44413 / ENGINEERING DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88273260518054	KULJEET SINGH	<u> </u>	L		
2				L		
3	88273260518063	RAMANDEEP SINGH		L		
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	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	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 gnat	ure 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	Name of the Deputy Controller Signature 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	ure of the Controller		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Course : 222 / COMP. OP. PROGRAM. ASSISTANT Class: Second 99941 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88242160517113 | IQBAL SINGH

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

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.

Undertaki ng

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 March' 2020 EXAMS -SCVT

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

268 / WELDER (GMAW AND GTAW)

Course: Class: First

Subject: 44413 / ENGINEERING DRAWING

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88268160718023	DAVINDER SINGH				
2	88268160718042	VIRDAVINDER SINGH		<u></u>		
To	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	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	cure of the Invigilator		
l ha fill	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examinatio	on and found that particulars have been		
Name	e of the Superintenden	t	Si gnat	cure of the Superintendent		
	ave conducted 10% rand ed correctly as per i		f the said examinatio	on and found that particulars have been		
Name	e of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller		
l h fill	nave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examinatio	on and found that particulars have been		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

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

Course : 111 / WELDER (GAS AND ELECTRIC) Class: First

44413 / ENGINEERING DRAWING Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212170318002 | BALDEV SINGH 88212170318006 JAIDEEP 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.

2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR Center Name: Course : 128 / FITTER Class: Fourth 99973 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227270317008 | INDERJEET 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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

PAGE: 1

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

filled correctly as per instructions.

Name of the Controller

1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

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

Course: 128 / FITTER Class: First

Subject: 44413 / ENGINEERING DRAWING

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227270318021 | HARMESH SINGH 88227270318022 JASPREET SINGH 3 88227270318023 | SATNAM 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR Course : 370 / ART & CRAFTS Class: First 17055 / CRAFT( T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370173118001 | ARSHPREET KAUR  $88370173118003_{\mathrm{I}}\mathrm{DILSHAD}$  AKHTAR 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

2

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

2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR Center Name: Course : 370 / ART & CRAFTS Class: Second 70055 / CRAFT( T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370173316004 | ANUJ AGGARWAL 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

PAGE: 1

Signature of the Controller

filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR Course : 370 / ART & CRAFTS Class: Second 70070 / EDUCATIONAL PSYCHOLOGY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370173316004 <sub>|</sub> ANUJ AGGARWAL  $88370173317013\,{}_{\rm I}{\rm PRABJOT}$  KAUR 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 March' 2020 EXAMS -SCVT

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

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370173117005	RAMANDEEP KAUR				
2	88370173117006	SHILPA		<u> </u>		
3	88370173317005	KIRANDEEP KAUR				
4	88370173317013	<sub> </sub> PRABJOT KAUR				
5	88370173317015	RAMAN				
6	88370173317019			<u> </u>		
N:	Total No. Of Answer Sheets Packed >  Name and Signature Of Incharge  Undertaking  L (Name) hereby certify that I have conducted the					
l (	(Name)	(Designation)	h	ereby certify that I have conducted the particulars of all the students who		
haν	e appeared under my su	pervision in today's exam, have any mistakes are found, I will	been filled and sha	ded correctly in the OMR sheets. I also		
			Si gnat	ure of the Invigilator		
l h fil	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.					
Nan	ne of the Superintenden	t	Si gnat	ure of the Superintendent		
l h fil	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.					
Nan	ne of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l fi l	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		
Nan	ne of the Controller		Si gnat	ure of the Controller		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2311 / INDUSTRIAL TRAINING INSTITUTE , NAWANSHEHAR Course : 111 / WELDER (GAS AND ELECTRIC) Class: Second 99932 / WORKSHOP CAL. & SCIENCE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212171417008  $_{\parallel}$ MANDEEP 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 March' 2020 EXAMS -SCVT Center Name: 2311 / INDUSTRIAL TRAINING INSTITUTE , NAWANSHEHAR Course : 111 / WELDER (GAS AND ELECTRIC) Class: Second 99933 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212171417055 | RAVI KUMAR 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 March' 2020 EXAMS -SCVT Center Name: 2311 / INDUSTRIAL TRAINING INSTITUTE , NAWANSHEHAR Course : 111 / WELDER (GAS AND ELECTRIC) Class: Second 99977 / EMPLOYABILITY SKILLS Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212171417008  $_{\parallel}$ MANDEEP 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

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

PAGE: 1 of 1 2311 / INDUSTRIAL TRAINING INSTITUTE ,NAWANSHEHAR Center Name:

Course: 132 / ELECTRICIAN Class: Second

Subject: 99933 / ENGINEERING DRAWING

S.	.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1		88231271417018	HOSHIAR SINGH			
2		88231271417019				
3		88231271417024				
4						
5						
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
	IVal	ne and Signature Or	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.					
				Si gnati	ure of the Invigilator	
	I ha fill	ve conducted 20% 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	of the Superintenden	t	Si gnati	ure 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	n and found that particulars have been	
	Name	of the Deputy Contro	ller	Si gnati	ure 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	n and found that particulars have been	
	Name	of the Controller		Si gnatı	ure of the Controller	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 2311 / INDUSTRIAL TRAINING INSTITUTE , NAWANSHEHAR Center Name: Course : 132 / ELECTRICIAN Class: Third 99951 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231271417018 | HOSHIAR 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 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2311 / INDUSTRIAL TRAINING INSTITUTE ,NAWANSHEHAR

Course: 132 / ELECTRICIAN Class: Third

Subject: 99953 / ENGINEERING DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88231271417016	HARSHJOT SINGH SHERGI				
2	88231271417017	HARVIR SINGH				
3	88231271417018	HOSHIAR SINGH				
4	88231271417019	HARMANJEET SINGH				
5	88231271417021	JONY RAM				
6	88231271417029	SHAMEER KUMAR				
7	88231271417030	SIMRANJIT SINGH				
	al No. Of Answer Sheme and Signature Of					
			Undertaki ng			
abòv have	appeared under my su	(Designation) gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	cked and ensured tha e been filled and sh	hereby certify that I have conducted the lat particulars of all the students who laded correctly in the OMR sheets. I also any remuneration.		
			Si gna	nture of the Invigilator		
l ha fill	ve conducted 20% 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 Superintender	nt	Si gna	iture 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.					
Name of the Deputy Controller Signature of the Deputy Controller						
l h 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		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2311 / INDUSTRIAL TRAINING INSTITUTE ,NAWANSHEHAR

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99971 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88231271417016	HARSHJOT SINGH SHERGI				
2	88231271417018	HOSHIAR SINGH	<u> </u>	<u> </u>		
3	88231271417019	HARMANJEET SINGH	<u> </u>	<u> </u>		
4	88231271417021	JONY RAM	<u> </u>	<u> </u>		
5	88231271417023	MANINDER SINGH	<u> </u>			
6	88231271417029	SHAMEER KUMAR		1		
Na	me and Signature Of	Incharge	Undertaki ng			
	<b>C</b>	ŭ	G			
abò\ have	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	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		
	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have bee filled correctly as per instructions.					
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 filled correctly as per instructions.						
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		

1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2311 / INDUSTRIAL TRAINING INSTITUTE, NAWANSHEHAR

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99972 / WORKSHOP CAL. & SCIENCE

PAGE: 1 of

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

2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2311 / INDUSTRIAL TRAINING INSTITUTE ,NAWANSHEHAR

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231271417016	HARSHJOT SINGH SHERGI	 	
2	88231271417017	HARVIR SINGH	<u> </u>	
3	88231271417018	HOSHIAR SINGH	<u> </u>	L
4	88231271417019	HARMANJEET SINGH	<u> </u>	L
5	88231271417021	JONY RAM	<u> </u>	<u></u>
6 	88231271417023	MANINDER SINGH	<u> </u>	<u></u>
7	88231271417024	MANPREET SINGH	<u> </u>	L
8	88231271417027	<sub> </sub> RAHUL	L	L
9	88231271417028	SATVIR	<u> </u>	L
10	88231271417029	SHAMEER KUMAR	<u> </u>	L
11	88231271417030	SIMRANJIT SINGH	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: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2311 / INDUSTRIAL TRAINING INSTITUTE , NAWANSHEHAR

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

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 March' 2020 EXAMS -SCVT

Center Name: 2311 / INDUSTRIAL TRAINING INSTITUTE ,NAWANSHEHAR

Course: 268 / WELDER (GMAW AND GTAW)

Class: Second

Subject: 99933 / ENGINEERING DRAWING

S.No		Regd. No.	Name Of the Student	Ans	swer Sheet No.	Student's Sign.
1		88268171417042	SUKHPREET			
2						L
3			TABLINI OINIOII			L
Т	otal	No. Of Students ir No. Of Answer Sh and Signature Of		Absent:	ertaki ng	
na	ve ap	opeared under my si	(Designation) igilator. I have personally upervision in today's exam, any mistakes are found, l	/ checked a	 and ensured than n filled and sl	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also r any remuneration.
					Si gna	ature of the Invigilator
l fi	have I I ed	conducted 20% rand correctly as per	dom checking of the OMR she instructions.	eet of the	said examinati	ion and found that particulars have been
Na	me of	f the Superintende	nt		Si gna	ature of the Superintendent
l fi	have I I ed	conducted 10% rand correctly as per	dom checking of the OMR she instructions.	eet of the	said examinati	ion and found that particulars have been
Na	me of	f the Deputy Contr	oller		Si gna	ature of the Deputy Controller
l fi	have Hed	e conducted 5% rand correctly as per	dom checking of the OMR she instructions.	et of the	said examinati	ion and found that particulars have been
Na	me of	f the Controller			Si gna	ature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 2311 / INDUSTRIAL TRAINING INSTITUTE , NAWANSHEHAR Center Name: Course : 370 / ART & CRAFTS Class: First 17073 / GEOMETRICAL DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370128117008 | MANDEEP KAUR 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 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2311 / INDUSTRIAL TRAINING INSTITUTE, NAWANSHEHAR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370128117001 | AKSHAY THAKUR  $88370128117008_{\mathsf{I}}\mathsf{MANDEEP}\;\mathsf{KAUR}$ 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.

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 March' 2020 EXAMS -SCVT

Center Name: 2311 / INDUSTRIAL TRAINING INSTITUTE, NAWANSHEHAR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370128117001 | AKSHAY THAKUR  $88370128117008_{\mathsf{I}}\mathsf{MANDEEP}\;\mathsf{KAUR}$ 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 March' 2020 EXAMS -SCVT 2311 / INDUSTRIAL TRAINING INSTITUTE , NAWANSHEHAR Center Name: Course : 370 / ART & CRAFTS Class: Second 70072 / COMMERCIAL ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370128117009 | MANISHA 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 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2311 / INDUSTRIAL TRAINING INSTITUTE ,NAWANSHEHAR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370128117006 | JASVIR SINGH  $88370128117010_{\mathsf{I}}\mathsf{MONIKA}$  RANI 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 March' 2020 EXAMS -SCVT 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA Center Name: Course : 128 / FITTER Class: Third 99953 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227271516137 | GAGANDEEP 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 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 128 / FITTER Class: Fourth

Subject: 99971 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88227271516137	GAGANDEEP SINGH	<u> </u>				
2	88227271516138	GURPREET SINGH					
3	88227271516141	JMANDEEP KUMAR					
4	88227271516143	MANDEEP SINGH					
5	88227271516145	<sub>J</sub> MANISH KUMAR					
6	88227271516146	PARKASH SINGH					
7	88227271516149	RAVIDEEP SINGH					
8	88227271516152	SANDEEP HEER		_L			
9	88227271516153	VED PARKASH	I	1			
Tot	al No. Of Students in al No. Of Answer Sho me and Signature Of	eets Packed >	sent:				
			Undertaki ng				
I (N abov have here	I (Name) hereby certify that I have conducted to 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 all hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
			Signature of the Invigilator				
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of instructions.	the said examinati	on and found that particulars have been			
Name	of the Superintender	nt	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	of the Deputy Contro	ol I er	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 examinati	on and found that particulars have been			
Name	of the Controller		Si ana	ture of the Controller			

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99971 / TRADE THEORY

Name of the Controller

PAGE: 1 of

Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88231271516031 <sub>|</sub>JOTI SAROOP 88231271516039<sub>|</sub>SAHIL 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 March' 2020 EXAMS -SCVT

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231271516036 | RAJAN KUMAR 88231271516037 | RAJEEV KUMAR 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 March' 2020 EXAMS -SCVT Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA Course: 139 / MECH. REF. & AIR CONDITIONING Class: Second 99933 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88218271517009 | ATISH

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 March' 2020 EXAMS -SCVT Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA Course : 139 / MECH. REF. & AIR CONDITIONING Class: Third 99951 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88218271517001 | ABHISHEK THAKUR 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 March' 2020 EXAMS -SCVT

Center Name:

2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 139 / MECH. REF. & AIR CONDITIONING

Subject: 99971 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218271517028	NEERAJ CHOUDHARY	<u> </u>	<u> </u>
2	88218271517029	PANKAJ CHOUDHARY		L
3	88218271517035	RAHUL		L
4	88218271517036	RAHUL KUMAR		
5	88218271517038	RAMAN CHAUDHARY	<u> </u>	<u>L</u>
6	88218271517041	<sub>]</sub> RAVI KUMAR		L
7	88218271517046	SOHIL BARI		L
8	88218271517047	SUBHASH CHAND		L
9	88218271517051	UNEESH	<u></u>	
10	88218271517052	YOGESH RAJU		L

Class: Fourth

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 March' 2020 EXAMS -SCVT

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 139 / MECH. REF. & AIR CONDITIONING Class: Fourth

Subject: 99971 / 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA Course: 139 / MECH. REF. & AIR CONDITIONING Class: Fourth 99973 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No.  $88218371515058_{\mathsf{I}}\mathsf{ROHIT}\;\mathsf{KUMAR}$ Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed >

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

Name and Signature Of Incharge

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 March' 2020 EXAMS -SCVT

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 370 / ART & CRAFTS Class: First

Subject: 17072 / COMP. AWARENESS & GRAPHICS (T)

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370176017055 | RISHA KUMARI 88370176017057 | SAPNA 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.

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

S.Nc	)	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
l 	L	88370176017048	MEENA KUMARI	<u> </u>	<u> </u>
<u> </u>	L	88370176017053	PAYAL	<u> </u>	<u> </u>
3		88370176017057	SAPNA	<u> </u>	L
Т	otal No	o. Of Students in o. Of Answer She and Signature Of I	eets Packed >	sent:	
				Undertaki ng	
ab ha	ive app	amination as Invi eared under mv 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	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
				Si gnati	ure of the Invigilator
l fi	have co	onducted 20% rand orrectly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Na	me of	the Superintenden	t	Si gnati	ure of the Superintendent
l fi	have co	onducted 10% rand orrectly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Na	me of	the Deputy Contro	ller	Si gnati	ure of the Deputy Controller
l fi	have o	conducted 5% rand orrectly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Na	me of	the Controller		Si gnati	ure of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370176017047 | MANDEEP LAL 88370176017053 | PAYAL 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.

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.No	Regd. No. 	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370176017047	MANDEEP LAL	<u> </u>	L
2				<u>L</u>
3	88370176017053	PAYAL	<u> </u>	<u>L</u>
4	88370176017055	RISHA KUMARI	<u> </u>	<u>L</u>
To	tal No. Of Students in tal No. Of Answer She me and Signature Of		Undertaki ng	
abò\ have	e appeared under my su	pervision in today's exam, have	h 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	not be entitled for	any remuneration.
1 5		lan abaddan af the OND abaat af	9	ure of the Invigilator
i na fill	ed correctly as per i	nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Superintenden	t	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	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 examinatio	n and found that particulars have been

Signature of the Controller

Name of the Controller

1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70072 / COMMERCIAL ART

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370176017043 | DIVYA BABBAR 88370176017048 | MEENA KUMARI 3 88370176017055 | RISHA KUMARI 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 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370176017040	JAMANDEEP KAUR	<u> </u>	<u> </u>
2	88370176017041	AARTI DEVI		L
3	88370176017042	BALJIT KAUR		<u>L</u>
4	88370176017047	MANDEEP LAL	<u> </u>	<u>L</u>
5	88370176017048	JMEENA KUMARI		L
6	88370176017051	NINDIKA KUMARI		L
7	88370176017053	PAYAL	<u> </u>	<u>L</u>
8	88370176017055	RISHA KUMARI		L
9	88370176017056	SANJAL SADYAL		L
10	88370176017057	SAPNA		
11	88370176017058	SATISH KUMAR		

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 March' 2020 EXAMS -SCVT 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA Center Name:

Course: 370 / ART & CRAFTS Class: Second

70073 / SCALE & PERSPECTIVE DRAWING 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

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA Course : 370 / ART & CRAFTS Class: Second 70082 / COMPUTER AWARENESS & GRAPHICS (P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370176017043 | DIVYA BABBAR 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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

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filled correctly as per instructions.

Name of the Controller

Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course : 111 / WELDER (GAS AND ELECTRIC) Class: First 44415 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212171618029 | RAMAN CHAUDHARY 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

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Name of the Controller Signature of the Controller

2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Center Name: Course : 125 / WIREMAN Class: First 99912 / WORKSHOP CAL. & SCIENCE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88232271117017 | PARDEEP 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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

filled correctly as per instructions.

Name of the Controller

2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Center Name: Course : 125 / WIREMAN Class: First 99913 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88232271117017 | PARDEEP 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

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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

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2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Center Name: Course : 125 / WIREMAN Class: Second 99933 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88232271117016 | NAMPAL 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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

filled correctly as per instructions.

Name of the Controller

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Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 125 / WIREMAN Class: Fourth

Subject: 99971 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88232271117002	AMANPREET SINGH		1
2	88232271117009	HARPINDER KUMAR		1
3	88232271117011	KAPAL DEV		1
4	88232271117012	LAKHWINDER SINGH		1
5	88232271117014	MEHUL		1
6	88232271117015	MOHIT KUMAR		1
7	88232271117016	NAMPAL SINGH		1
8	88232271117017	PARDEEP SINGH		1
9	88232271117021	SUKHDEV PAWAR		1
То	tal No. Of Students in tal No. Of Answer She ime and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (I abov have here	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	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 ha fill	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
Name	e of the Superintenden	nt	Si gnat	ture of the Superintendent
l ha fill	ave conducted 10% 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
Name	e of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
l l fill	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinatio	on and found that particulars have been
Name	e of the Controller		Si gnat	ture of the Controller

2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Center Name: Course : 128 / FITTER Class: First 44415 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227271118004 | DILWINDER 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

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Name of the Controller Signature of the Controller

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Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 129 / TURNER Class: Fourth

Subject: 99971 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88221271117026	BALJINDER SINGH	<u> </u>	
2	88221271117027	CHHOTU KUMAR DEV	<u> </u>	1
3	88221271117028	GURSHARANJIT SINGH	<u> </u>	1
4	88221271117029	HARSIMRAN SINGH	<u> </u>	1
5	88221271117032	PARVEEN KUMAR	<u> </u>	1
6	88221271117035	SUKHWINDER RAI		1
7	88221271117037	SAJAN KUMAR		1
	al No. Of Answer Sheme and Signature Of			
			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	h ked 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 ha fill	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	nt	Si gnat	ture 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	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 gnat	ture of the Controller

2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Center Name: Course : **129 / TURNER** Class: Fourth 99972 / WORKSHOP CAL. & SCIENCE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88221371115007 | ANIL KUMAR 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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

filled correctly as per instructions.

Name of the Controller

2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Center Name: Course : **129 / TURNER** Class: Fourth 99975 / TRADE PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88221271117032 | PARVEEN KUMAR 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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Name of the Controller

Name of the Deputy Controller

PAGE: 1

Signature of the Controller

Signature of the Deputy Controller

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2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99971 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231271317030	DAVINDER SINGH	<u> </u>	L
2	88231271317031	GURWINDER SINGH	<u> </u>	L
3	88231271317032	HARPREET SINGH	<u> </u>	L
4	88231271317033	HIMMAT CHAND	<u> </u>	L
5 	88231271317042	SUKHWINDER SINGH	<u> </u>	L
6	88231271317044	JVINAY KUMAR		L
7	88231271317045	VINIT KUMAR		L
8	88231271317047	LOVEDEEP SINGH	<u> </u>	L
9	88231271617093	AMANDEEP SINGH		
10 <sub> </sub>	88231271617094	AMANVIR SINGH	<u> </u>	L
11	88231271617095	AMANPREET SINGH	<u> </u>	L
12 <sub> </sub>	88231271617096	JANKIT KUMAR	<u> </u>	L
13	88231271617097	DEEPAK KUMAR	<u> </u>	L
14	88231271617099	<sub> </sub> HARJIT SINGH	<u> </u>	L
15	88231271617102	JATINPREET SINGH	<u> </u>	L
16	88231271617103	JAGDEEP SINGH	<u> </u>	L
17 	88231271617104	JASWINDER SINGH	<u> </u>	L
18	88231271617105	MANPREET SINGH	<u> </u>	L
19	88231271617107	<sub> </sub> RAHUL KUMAR		
20	88231271617108	SUKHDEV SINGH		<u> </u>
21	88231271617109	SURJIT KUMAR		

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Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course : 132 / ELECTRICIAN Class: Fourth

99971 / TRADE THEORY Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231271617111 | CHANPREET SINGH 23 88231271617112 <sub>I</sub>RAJU 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

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2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99972 / WORKSHOP CAL. & SCIENCE

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231271317030	DAVINDER SINGH	<u> </u>	L
2	88231271317031	JGURWINDER SINGH	<u> </u>	L
3	88231271317032	JHARPREET SINGH	<u> </u>	L
4	88231271317033	JHIMMAT CHAND	<u> </u>	L
5	88231271317034	JORA SINGH	<u> </u>	L
6	88231271317044	JVINAY KUMAR	<u></u>	L
7	88231271317045	JVINIT KUMAR	<u></u>	L
8 	88231271317047	LOVEDEEP SINGH	<u> </u>	L
9	88231271617092	JAKASH	<u> </u>	L
10 	88231271617093	JAMANDEEP SINGH	<u> </u>	L
11 <u> </u>	88231271617094	JAMANVIR SINGH	<u> </u>	L
12	88231271617095	JAMANPREET SINGH	<u> </u>	L
13	88231271617096	JANKIT KUMAR	<u></u>	L
14	88231271617099	<sub>J</sub> HARJIT SINGH	<u></u>	L
15 	88231271617102	JATINPREET SINGH	<u></u>	L
16	88231271617103	JAGDEEP SINGH	<u> </u>	L
17	88231271617104	JASWINDER SINGH	<u></u>	L
18	88231271617105	JHANPREET SINGH	L	<u> </u>
19	88231271617108	JSUKHDEV SINGH	L	<u> </u>
20	88231271617109	JSURJIT KUMAR	L	<u> </u>
21	88231271617111	CHANPREET SINGH	<u> </u>	L

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Center Name: Course : 132 / ELECTRICIAN Class: Fourth 99972 / WORKSHOP CAL. & SCIENCE Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88231271617112 <sub>I RAJU</sub> 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

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Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231271317044	JVINAY KUMAR	1	
2				
3				
4	88231271617109	SURJIT KUMAR		
5	88231271617112	DAIII		
I (N abov	me and Signature Of  ame) e examination as Invi	(Designation)	Undertaking	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also
have	appeared under my su	upervision in today's exam, have 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	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	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 of 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 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	of the Controller		Si gna	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 143 / DRAUGHTSMAN ( CIVIL) Class: Fourth

Name Of the Student

Subject: 99971 / TRADE THEORY

Regd. No.

S.No

0.110		, .tae ee e.aae	Answer Sheet No.	
1	88217271117039	ARASHPREET KAUR	<u> </u>	<u> </u>
2	88217271117042	HARPREET KAUR	<u> </u>	L
3	88217271117044	INDERPREET	L	L
4	88217271117050	MANGESHWAR SINGH	L	L
5	88217271117051	NAVDEEP KAUR	L	L
6	88217271117053	PARDEEP SINGH	L	L
7	88217271117055	PRABHJOT SINGH	<u> </u>	L
8	88217271117057	SAHIL DROCH	L	L
9	88217271117059	SANDIP KAUR	L	L
10	88217271117060	SANJEET KUMAR	L	L
11	88217271117062	SAJAN BADHAN	L	L
12	88217271117063	VIJAY	L	L
4				

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Center Name: Course: 143 / DRAUGHTSMAN ( CIVIL) Class: Fourth Subject: 99971 / 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

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

Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course : 143 / DRAUGHTSMAN ( CIVIL) Class: Fourth 99972 / WORKSHOP CAL. & SCIENCE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88217271117055 | PRABHJOT 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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

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filled correctly as per instructions.

Name of the Controller

Name Of Invigilator

Signature Of Invigilator

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 145 / ELECTRONICS MECHANIC Class: Fourth

Subject: 99971 / TRADE THEORY

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S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88219271617115	JAMARJIT SINGH	<u> </u>	<u></u>
2	88219271617116	<sub>]</sub> ANKUSH	<u> </u>	L
3	88219271617117	BALWINDER SINGH	<u> </u>	L
4	88219271617119	J DINESH SHARMA	<u> </u>	L
5 	88219271617122	HARPREET SINGH	<u> </u>	L
6	88219271617128	KARANJEET SINGH	<u> </u>	L
7	88219271617134	SHARANJIT SINGH	<u> </u>	L
8	88219271617135	JVIJAY KUMAR	<u> </u>	L
9	88219271617136	JVIJAYDEEP SINGH	<u> </u>	L
10	88219371615022	GURSHARANPREET SINGH	<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 March' 2020 EXAMS -SCVT Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course: 145 / ELECTRONICS MECHANIC Class: Fourth Subject: 99971 / 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17511 / PRINCIPLE OF EDUCATION Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175175918008 | HARPREET 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 March' 2020 EXAMS -SCVT

Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 189 / INFORMATION TECH.& ELECT.SYS.MTN. Class: First

Subject: 44413 / ENGINEERING DRAWING

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88220271218184 <sub>|</sub> YOGITA 88220271218185 | KAJAL 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.

PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course : 192 / CONSUMER ELECTRONICS Class: Fourth 99971 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88273271117072 | HARMANDEEP 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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 March' 2020 EXAMS -SCVT Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course : 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First 44413 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88203171118031 | DEEPAK 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 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

264 / Computer Hardware and Network Maintenance

Course: Class: First

Subject: 44413 / ENGINEERING DRAWING

Name of the Controller

S.N	o   Regd. No.   Name Of the Student   Answer Sheet No.   Student's Sign.
1	88264171118086   SIMRAN SAINI
2	88264171118087 VIJAY KUMAR
•	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge
	Undertaki ng
n	(Name) hereby certify that I have conducted the bove examination as Invigilator. I have personally checked and ensured that particulars of all the students who ave appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also ereby undertake that if any mistakes are found, I will not be entitled for any remuneration.
	Signature of the Invigilator
l f	have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been illed correctly as per instructions.
N	ame 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 illed correctly as per instructions.
N	ame 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 illed correctly as per instructions.

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course : 268 / WELDER (GMAW AND GTAW) Class: First 44411 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88268171118121 | RAJNESH KUMAR 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course : 268 / WELDER (GMAW AND GTAW) Class: First 44413 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88268171118121 | RAJNESH KUMAR 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 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course : 275 / AUTOMOTIVE BODY REPAIR Class: First 44411 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88266171118133 | BALJIT 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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 March' 2020 EXAMS -SCVT Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course : 275 / AUTOMOTIVE BODY REPAIR Class: First 44413 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88266171118133 | BALJIT 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 March' 2020 EXAMS -SCVT Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA Course : 165 / HAIR & SKIN CARE Class: Second 99941 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88239141317006 | SAVITA RANI 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 March' 2020 EXAMS -SCVT Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA Course : 165 / HAIR & SKIN CARE Class: Second 99977 / EMPLOYABILITY SKILLS Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88239141317006 | SAVITA RANI 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 March' 2020 EXAMS -SCVT Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17512 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175167418023 | KULWANT KAUR 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 March' 2020 EXAMS -SCVT Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17528 / SCHEME WORK Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No.  $88175167418029_{\mathsf{I}}$ PAWANPREET KAUR 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

1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course: 370 / ART & CRAFTS Class: First

Subject: 17055 / CRAFT(T)

Name of the Controller

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370167817024  $_{\rm I}$ RANJIT SINGH 88370167817027 <sub>I</sub> SHAM SINGH 2 3 88370167818001 | HARMANVIR 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.

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course: 370 / ART & CRAFTS

Class: First

Subject: 17060 / STILL LIFE

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370167818001	JHARMANVIR SINGH			
2	88370167818002	JYOTI			
Tot Tot		this Subject > Present : Aleets Packed >	osent:		
			Undertaki ng		
have	I (Name) hereby certify that I have conducted to 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 all hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.				
			Si gna	ture of the Invigilator	
	ive conducted 20% randed correctly as per		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% randed correctly as per	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	oller	Si gna	ture of the Deputy Controller	
	nave conducted 5% randed correctly as per		of the said examinati	on and found that particulars have been	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA Course : 370 / ART & CRAFTS Class: First 17070 / PRINCIPLES OF EDUCATION Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370167818001 | HARMANVIR 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

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

PAGE: 1 of 1 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA Center Name:

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370167317008	HARMANJIT KAUR		
2	88370167318001	HARJIT KAUR		
3	88370167318005	NAVDEEP KAUR		
4	88370167817002	AMANDEEP KAUR		
5	88370167817008	GURPREET SINGH		
6	88370167817024	RANJIT SINGH		
7	88370167817027	SHAM SINGH		
8	88370167818001	HARMANVIR SINGH		
9	88370167818002	ITOYL		
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 che pervision in today's exam, hav any mistakes are found, I will	cked and ensured tha e been filled and sh not be entitled for	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		f 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 o nstructions.	f 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 o nstructions.	f the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS - SCVT

Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70055 / CRAFT(T)

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370167817024 | RANJIT SINGH 88370167817027 | SHAM 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.

1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370167817014 | KULJIT KAUR 88370167817027 | SHAM 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: Second

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

PAGE: 1 of 1

2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA Center Name:

Course: 370 / ART & CRAFTS

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370167817014	KULJIT KAUR	<u> </u>			
2	88370167817023	RAJDEEP KAUR	<u></u>			
3	88370167817024	RANJIT SINGH	<u></u>	L		
4	88370167817027	SHAM SINGH		L		
5	88370167817028	SUKHPAL SINGH	<u> </u>			
6	88370167817030	JASMEEN SEHGAL		Ĭ.		
I (N	me and Signature Of  lame) ve examination as Invi	(Designation)	Undertaking  ——— kked and ensured that	nereby certify that I have conducted the t particulars of all the students who		
abov have here	ve examination as Invi e appeared under my su eby undertake that if	gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	cked and ensured that been filled and sha not be entitled for	t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.		
		•		ture 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	ture 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	ture 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	Name of the Controller Signature of the Controller					

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70072 / COMMERCIAL ART

S.No	)	Regd. No.		Name Of the Student	Answer Sheet No.	Student's Sign.
1		88370167817005	<sub>J</sub> BOO <sup>-</sup>	ΓA SINGH		
2		88370167817018	JMANI	NDER KAUR	L	<u> </u>
3		88370167817023	RAJD	EEP KAUR	L	<u> </u>
4		88370167817024	RANJ	IT SINGH		
5	L_	88370167817027	SHAN	/I SINGH		<u> </u>
I ab ha	(Nam ove	oppeared under my su	igilato upervis	(Designation)_ r. I have personally ch ion in today's exam. ha	ve 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
ha	ve a	oppeared under my su	upervi s	ion in today's exam, ha stakes are found, I will	ve been filled and sha	aded correctly in the OMR sheets. I also
					Si gna	ture of the Invigilator
l fi	have Hed	conducted 20% rand correctly as per i	dom che instruc	cking of the OMR sheet of tions.	of the said examination	on and found that particulars have been
Na	me c	of the Superintender	nt		Si gna	ture of the Superintendent
l fi	have Hed	e conducted 10% rand I correctly as per i	dom che instruc	cking of the OMR sheet of tions.	of the said examination	on and found that particulars have been
Na	me c	of the Deputy Contro	oller		Si gna	ture of the Deputy Controller
l fi	hav II ed	ve conducted 5% rand I correctly as per i	dom che instruc	cking of the OMR sheet ( tions.	of the said examinatio	on and found that particulars have been
Na	me c	of the Controller			Si gna	ture of the Controller

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Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370167317001	BHUPINDER KAUR	<u> </u>	<u> </u>
2	88370167317008	HARMANJIT KAUR	<u> </u>	<u> </u>
3	88370167317014	<sub> </sub> POOJA SHARMA	<u> </u>	<u> </u>
4	88370167317018	SURJEET KAUR	<u> </u>	<u> </u>
5 	88370167817002	JAMANDEEP KAUR	<u> </u>	<u> </u>
6	88370167817003	AMARJEET KAUR	<u> </u>	<u> </u>
7	88370167817005	BOOTA SINGH	<u> </u>	<u> </u>
8	88370167817010	HEMANT AGGARWAL	<u> </u>	<u> </u>
9	88370167817013	KULJEET KAUR	<u> </u>	<u> </u>
10	88370167817014	KULJIT KAUR	<u> </u>	<u> </u>
11	88370167817018	MANINDER KAUR	<u> </u>	<u> </u>
12	88370167817023	RAJDEEP KAUR		L
13	88370167817027	SHAM SINGH		L
14	88370167817030	JASMEEN SEHGAL		L
15 <u> </u>	88370967315008	GURSHARAN SINGH	<u> </u>	<u></u>
16	88370967315013	JASBIR 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 March' 2020 EXAMS -SCVT
Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA
Course: 370 / ART & CRAFTS Class: Second
Subject: 70073 / SCALE & PERSPECTIVE DRAWING

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

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 March' 2020 EXAMS -SCVT Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA Course : 370 / ART & CRAFTS Class: Second 70075 / PROJECT Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370167817027 | SHAM 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