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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 125 / WIREMAN Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88232290723001	JAKASHDEEP SINGH	<u> </u>	
2	88232290723003	JANIKET THAKUR	L	L
3	88232290723004	DHARMINDER SINGH	<u></u>	L
4	88232290723006	GURDEEP SINGH	<u> </u>	L
5 	88232290723009	GURPREET SINGH	<u> </u>	L
6	88232290723011	JASHANDEEP SINGH	<u> </u>	L
7	88232290723012	JASHANDEEP SINGH	<u></u>	L
8	88232290723013	KARAMPREET SINGH	<u> </u>	L
9	88232290723014	<sub>]</sub> KRISH	<u> </u>	L
10	88232290723015	LOVEPREET SINGH	<u> </u>	L
11	88232290723016	PARAMPREET SINGH	<u> </u>	L
12	88232290723017	PRINCEPAL SINGH	<u> </u>	L
13	88232290723018	<sub>]</sub> RAM	<u></u>	L
14	88232290723020	VISHALDEEP SINGH	<u></u>	L
15 	88232291023002	<sub> </sub> ANGREJ SINGH	<u> </u>	L
16	88232291023003	JARUN KUMAR	<u> </u>	<u> </u>
17	88232291023004	<sub> </sub> AZIZ SINGH	<u> </u>	<u> </u>
18	88232291023005	DAVINDER SINGH	<u> </u>	<u> </u>
19	88232291023007	GURWINDER SINGH	<u> </u>	
20	88232291023009	KARAN KUMAR		
21	88232291023011	<sub> </sub> MALKIT SINGH	<u></u>	<u> </u>
	<del></del> -			

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 125 / WIREMAN Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88232291023012	<sub> </sub> MANBIR SINGH GILL				
23		MANUT CINCU				
24	88232291023017	SALID SINCH	L	L		
25 	88232291023018	SUKHDEV SINGH	<u> </u>	<u> </u>		
26	88232291023019			L		
27 <sub>I</sub>	88232291023020	.\/ Ç∐				
Naı	me and Signature Of	Incharge	Undertaki ng			
Tot	al No. Of Answer She					
I (N abov	lame) re examination as Invi	(Designation) gilator. I have personally check	ked and ensured that	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also		
here	e appeared under my st by undertake that if	any mistakes are found, I will i	not be entitled for	any remuneration.		
			Si gnat	ure of the Invigilator		
I ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	Name of the Superintendent Signature of the Superintendent					
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	of the Controller		Si anat	ure of the Controller		

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 125 / WIREMAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88232290723001	AKASHDEEP SINGH	<u> </u>	
2	88232290723003	ANIKET THAKUR	<u> </u>	
3	88232290723004	DHARMINDER SINGH	<u> </u>	
4	88232290723006	GURDEEP SINGH	<u> </u>	
5	88232290723009	GURPREET SINGH	<u> </u>	
6	88232290723011	JASHANDEEP SINGH	<u> </u>	
7	88232290723012	JASHANDEEP SINGH	<u> </u>	
8	88232290723013	KARAMPREET SINGH	<u> </u>	
9	88232290723014	<sub> </sub> KRISH	<u> </u>	
10	88232290723015	LOVEPREET SINGH	<u> </u>	
11	88232290723016	PARAMPREET SINGH	<u> </u>	
12	88232290723017	PRINCEPAL SINGH	<u> </u>	
13	88232290723018	RAM	<u> </u>	
14	88232290723020	VISHALDEEP SINGH	<u> </u>	
15 	88232291023002	ANGREJ SINGH	<u> </u>	
16	88232291023003	JARUN KUMAR	<u> </u>	
17 	88232291023004	AZIZ SINGH	<u> </u>	
18	88232291023005	DAVINDER SINGH	<u> </u>	
19	88232291023007	GURWINDER SINGH	<u> </u>	
20	88232291023009	KARAN KUMAR	<u> </u>	
21	88232291023011	<sub> </sub> MALKIT SINGH	<u> </u>	

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

PAGE: 2 of 2 Center Name:

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 125 / WIREMAN

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88232291023012	MANBIR SINGH GILL		
23				
24				
25		CHKIDEA CINCH		
26				
27				
		J	Undertaki ng	horoby cortify that I have conducted the
	al No. Of Answer She me and Signature Of			
abòv have	e appeared under my si	upervision in todav's exam, ha	necked and ensured tha ave been filled and sh	hereby certify that I have conducted the of particulars of all the students who haded correctly in the OMR sheets. I also
here	by undertake that if	any mistakes are found, I wil		any remuneration. Siture of the Invigilator
l ha fill	ve conducted 20% randed correctly as per i	dom checking of the OMR sheet nstructions.	g .	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ature of the Superintendent
l ha fill	ive conducted 10% rand ed correctly as per i	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Name	of the Deputy Contro	ol I er	Si gna	ature of the Deputy Controller
l h fill	ave conducted 5% randed correctly as per i	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	ature of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 125 / WIREMAN Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88232290723001	AKASHDEEP SINGH	<u> </u>	L
2	88232290723003	JANIKET THAKUR	L	L
3	88232290723004	DHARMINDER SINGH	L	L
4	88232290723006	GURDEEP SINGH	L	L
5	88232290723009	GURPREET SINGH	L	L
6	88232290723011	JASHANDEEP SINGH	L	L
7	88232290723012	JASHANDEEP SINGH	L	L
8	88232290723013	KARAMPREET SINGH	L	L
9	88232290723014	<sub>]</sub> KRISH	L	L
10	88232290723015	LOVEPREET SINGH	L	L
11	88232290723016	PARAMPREET SINGH	<u> </u>	L
12	88232290723017	PRINCEPAL SINGH	<u> </u>	L
13	88232290723018	<sub>]</sub> RAM	<u> </u>	L
14	88232290723020	JVISHALDEEP SINGH	<u> </u>	L
15 	88232291023002	<sub> </sub> ANGREJ SINGH	L	L
16	88232291023003	JARUN KUMAR	L	L
17 	88232291023004	<sub> </sub> AZIZ SINGH	<u> </u>	L
18	88232291023005	DAVINDER SINGH	<u> </u>	L
19	88232291023007	GURWINDER SINGH	<u> </u>	
20	88232291023009	KARAN KUMAR	<u> </u>	
21	88232291023011	<sub>J</sub> MALKIT SINGH	<u> </u>	

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

PAGE: 2 of 2 Center Name:

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 125 / WIREMAN Class: Second

44445 / PRACTICAL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
22	88232291023012	MANBIR SINGH GILL			
23					
24	88232291023017	SAHIB SINGH			
25	88232291023018	SUKHDEV SINGH			
26	88232291023019				
27	88232291023020	MCHAI			
Na	me and Signature Of	Incharge	Undertaki ng		
Na	Ü	Incharge	g .		
abov have here	Name) Ve examination as Invi e appeared under my su eby undertake that if	gilator. I have personally checupervision in today's exam, have any mistakes are found, I will	cked and ensured that 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	
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been	
Name	e of the Superintender	nt	Si gna	ture of the Superintendent	
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller	
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been	
Name	e of the Controller		Si gna	ture of the Controller	

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227298024004	HARWINDER SINGH		
2	88227298024005	JASKARN SINGH	<u> </u>	L
3	88227298024006	JATIN SHARMA	<u> </u>	L
4	88227298024007	<sub> </sub> KUSH BAWA	<u> </u>	L
5	88227298024009	MANPREET SINGH	<u> </u>	L
6	88227298024010	ONKAR SINGH		L
7	88227298024011	PARDEEP SINGH	<u> </u>	L
8	88227298024013	RAMANDEEP SINGH	<u> </u>	L
9	88227298024014	<sub> </sub> SAHIL	<u> </u>	L
10	88227298024015	SAMEER	<u> </u>	L

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

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

88227298024016 | SHUBHAM

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

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227298024004	HARWINDER SINGH	<u> </u>	<u></u>
2	88227298024005	JASKARN SINGH	<u> </u>	L
3	88227298024006	JATIN SHARMA	L	L
4	88227298024007	<sub> </sub> KUSH BAWA	L	L
5 <sub> </sub>	88227298024009	MANPREET SINGH	L	L
6	88227298024010	ONKAR SINGH	L	L
7	88227298024011	PARDEEP SINGH	<u> </u>	L
8	88227298024013	RAMANDEEP SINGH	L	L
9	88227298024014	<sub>]</sub> SAHIL	L	L
10	88227298024015	SAMEER	L	L
11	88227298024016	SHUBHAM	L	L

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

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

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

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227298024004	HARWINDER SINGH	<u> </u>	<u> </u>
2	88227298024005	JASKARN SINGH	<u> </u>	L
3	88227298024006	JATIN SHARMA	<u> </u>	L
4	88227298024007	<sub> </sub> KUSH BAWA	<u> </u>	L
5	88227298024009	MANPREET SINGH	<u> </u>	L
6	88227298024010	ONKAR SINGH	<u> </u>	L
7	88227298024011	PARDEEP SINGH	<u> </u>	L
8	88227298024013	RAMANDEEP SINGH	L	L
9	88227298024014	<sub>]</sub> SAHIL	L	L
10	88227298024015	JSAMEER	L	L
11	88227298024016	SHUBHAM		<u> </u>

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

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

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

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

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

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 August' 2025 EXAMS -SCVT

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 128 / FITTER Class: Second

Subject: 44441 / TRADE THEORY

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227298023005 | PARMINDER SINGH 88227298023006 | 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 filled correctly as per instructions.

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 128 / FITTER Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88227298023005	PARMINDER SINGH				
2	88227298023006	PRABHJOT SINGH				
To	tal No. Of Students in tal No. Of Answer She me and Signature Of	eets Packed >	bsent:			
			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 gna	ture of the Invigilator		
	ave conducted 20% rand ed correctly as per i		of the said examinati	on and found that particulars have been		
Name	e of the Superintender	t	Si gna	ture of the Superintendent		
	ave conducted 10% rand ed correctly as per i		of the said examinati	on and found that particulars have been		
Name	e of the Deputy Contro	ller	Si gna	ture of the Deputy Controller		
	nave conducted 5% rand		of the said examinati	on and found that particulars have been		

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 128 / FITTER Class: Second

Subject: 44445 / PRACTICAL

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227298023005 | PARMINDER SINGH 88227298023006 | 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 filled correctly as per instructions.

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231298024018	JABHIJEET SINGH	L	<u></u>
2	88231298024019	JAJAY KUMAR	<u> </u>	<u> </u>
3	88231298024020	JAMRITPAL SINGH	<u> </u>	<u> </u>
4	88231298024022	ARMAANDEEP SINGH	<u> </u>	<u> </u>
5	88231298024023	JARUN	<u> </u>	<u> </u>
6	88231298024024	DILBERJEET SINGH	<u> </u>	<u> </u>
7	88231298024025	GURPREET SINGH	<u> </u>	<u> </u>
8	88231298024026	JATINDER SINGH	<u> </u>	<u> </u>
9	88231298024027	KARANBIR SINGH	<u> </u>	<u> </u>
10	88231298024028	KARANDEEP SINGH	<u> </u>	<u> </u>
11	88231298024029	KARANDEEP SINGH	<u> </u>	<u> </u>
12	88231298024030	MALKEET SINGH	L	<u> </u>
13	88231298024031	<sub>J</sub> MALKIT SINGH	<u> </u>	L
14	88231298024033	PRABHDAYAL SINGH	<u> </u>	L
15 <sub> </sub>	88231298024035	SAJAN SINGH	L	L
16	88231298024036	SANJOGDEEP SINGH	 	<u> </u>
17	88231298024037	YUVRAJ SINGH		<u> </u>

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

Name and Signature Of Incharge

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

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231298024018	ABHIJEET SINGH	<u> </u>	L
2	88231298024019	JAJAY KUMAR	<u> </u>	L
3	88231298024020	JAMRITPAL SINGH	<u> </u>	L
4	88231298024022	ARMAANDEEP SINGH	<u> </u>	L
5 	88231298024023	<sub>]</sub> ARUN	<u> </u>	L
6 <u> </u>	88231298024024	DILBERJEET SINGH	<u> </u>	L
7	88231298024025	GURPREET SINGH	<u> </u>	L
8	88231298024026	JATINDER SINGH	<u> </u>	L
9	88231298024027	KARANBIR SINGH	<u> </u>	L
10	88231298024028	KARANDEEP SINGH	<u> </u>	L
11	88231298024029	KARANDEEP SINGH	<u> </u>	L
12 	88231298024030	MALKEET SINGH		L
13	88231298024031	MALKIT SINGH		L
14	88231298024033	PRABHDAYAL SINGH		L
15 <sub> </sub>	88231298024035	SAJAN SINGH		L
16	88231298024036	SANJOGDEEP SINGH		L
17	88231298024037	YUVRAJ SINGH		
,				

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231298024018	JABHIJEET SINGH	<u> </u>	<u> </u>
2	88231298024019	JAJAY KUMAR	<u> </u>	L
3	88231298024020	JAMRITPAL SINGH	L	L
4	88231298024022	JARMAANDEEP SINGH	L	L
5	88231298024023	<sub>J</sub> ARUN	L	L
6	88231298024024	DILBERJEET SINGH	<u> </u>	L
7	88231298024025	GURPREET SINGH	<u> </u>	L
8	88231298024026	JATINDER SINGH	<u> </u>	L
9	88231298024027	KARANBIR SINGH	<u> </u>	L
10	88231298024028	KARANDEEP SINGH	<u> </u>	L
11	88231298024029	KARANDEEP SINGH	<u> </u>	L
12	88231298024030	MALKEET SINGH	<u> </u>	L
13	88231298024031	<sub>J</sub> MALKIT SINGH	<u> </u>	L
14	88231298024033	PRABHDAYAL SINGH	<u> </u>	L
15	88231298024035	SAJAN SINGH	<u> </u>	L
16	88231298024036	SANJOGDEEP SINGH	<u> </u>	L
17	88231298024037	<sub> </sub> YUVRAJ SINGH	 	L
			<b></b>	·

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 20 Center Name : 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 143 / DRAUGHTSMAN ( CIVIL) Class: Second

Subject: 44441 / TRADE THEORY

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88217298023009 | ANCHAL RANI 2 88217298023010 | ARSHDEEP SINGH 3 88217298023018 | KHUSHBOO 88217298023020 | NAVDEEP 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 August' 2025 EXAMS -SCVT

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 143 / DRAUGHTSMAN ( CIVIL)

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88217298023009	JANCHAL RANI	<u> </u>	
2		ADOLIDEED CINIOLI		L
3	88217298023018	<sub> </sub> KHUSHBOO	<u> </u>	L
4	88217298023020			L
	al No. Of Answer Shene and Signature Of		Undertaki ng	
Tota	al No. Of Answer She			
I (Na	ame)	(Designation)	h	ereby certify that I have conducted the
have herek	appeared under my substitution as invi- appeared under my substitution as invi-	upervision in today's exam, have any mistakes are found. I will	been filled and shanot be entitled for	particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
	.,			ure of the Invigilator
l hav	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 ha∖ fill∈	ve conducted 10% randed 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 fille	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

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

Center Name : 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 143 / DRAUGHTSMAN ( CIVIL) Class: Second

Subject: 44445 / PRACTICAL

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88217298023009	ANCHAL RANI	<u> </u>	
2	88217298023010	ARSHDEEP SINGH	<u> </u>	
3	88217298023018	KHUSHBOO	<u> </u>	
4	88217298023020	NAVDEEP SINGH	<u> </u>	
To	otal No. Of Students in otal No. Of Answer Sheame and Signature Of		ent: Undertaki ng	
na۱	/e appeared under my su	(Designation)_ gilator. I have personally check pervision in today's exam, have any mistakes are found, I will m	he ked and ensured that been filled and shad	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnatı	ure of the Invigilator
l h fil	nave conducted 20% rand led correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Nan	ne of the Superintenden	t	Si gnatı	ure of the Superintendent
l h fil	nave conducted 10% rand led correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Nan	ne of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller
l fi l	have conducted 5% rand led correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

 $88175193122005_{\mathsf{I}}\mathsf{NAVPREET}\mathsf{KAUR}$ 

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First

Subject: 17512 / TRADE THEORY

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

1 | 88175193122001 | JASHANPREET 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

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Course:

Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88203198024038	ABHIJEET SINGH		L
2	88203198024040	AKASHDEEP SINGH	<u> </u>	L
3	88203198024041	AMARJEET SINGH	<u> </u>	L
4	88203198024042	ARSHDEEP SINGH	<u> </u>	L
5	88203198024043	BIKRAM SINGH	<u> </u>	L
6	88203198024044	CHINTAN SHARMA	<u> </u>	L
7	88203198024048	JASHANPREET SINGH	<u> </u>	L
8	88203198024049	KANWARBIR SINGH	<u> </u>	L
9	88203198024050	LOVEDEEP SINGH	<u> </u>	L
10	88203198024051	MANJINDER SINGH	<u> </u>	L
11	88203198024052	MEHAKDEEP SINGH	<u> </u>	L
12	88203198024053	ONKAR SINGH	<u> </u>	L
13	88203198024054	SAHIL SINGH	<u> </u>	L
14	88203198024055	SARBUL SINGH	<u> </u>	L
15 	88203198024056	SATINDER SINGH	<u> </u>	L
16	88203198024057	SIMARJEET SINGH		L
17	88203198024058	SIMRANJIT SINGH	<u> </u>	 
18	88203198024059	TUSHAR SINGH	<u> </u>	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Center Name: Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. 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

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS

Class: First

44434 / EMPLOYBILITY SKILL Subject :

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88203198024038	JABHIJEET SINGH	<u> </u>	
2	88203198024040	AKASHDEEP SINGH	<u> </u>	L
3	88203198024041	JAMARJEET SINGH	<u> </u>	L
4	88203198024042	ARSHDEEP SINGH	<u> </u>	L
5	88203198024043	JBIKRAM SINGH	<u> </u>	L
6	88203198024044	CHINTAN SHARMA	<u> </u>	<u></u>
7	88203198024048	JASHANPREET SINGH	<u> </u>	<u></u>
8	88203198024049	KANWARBIR SINGH	<u> </u>	<u></u>
9	88203198024050	LOVEDEEP SINGH	<u> </u>	<u></u>
10	88203198024051	MANJINDER SINGH	<u> </u>	<u></u>
11	88203198024052	MEHAKDEEP SINGH	<u> </u>	<u></u>
12	88203198024053	ONKAR SINGH		<u></u>
13	88203198024054	SAHIL SINGH	<u> </u>	<u> </u>
14	88203198024055	SARBUL SINGH		
15	88203198024056	SATINDER SINGH	<u> </u>	<u> </u>
16 <sub> </sub>	88203198024057	SIMARJEET SINGH		
17	88203198024058	SIMRANJIT SINGH	<u></u>	 
18	88203198024059	TUSHAR SINGH		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Center Name: Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88203198024038	<sub> </sub> ABHIJEET SINGH	<u> </u>	<u></u>
2	88203198024040	AKASHDEEP SINGH	<u> </u>	L
3	88203198024041	AMARJEET SINGH	<u> </u>	L
4	88203198024042	ARSHDEEP SINGH	<u> </u>	L
5 	88203198024043	BIKRAM SINGH	<u> </u>	L
6	88203198024044	CHINTAN SHARMA	<u> </u>	L
7	88203198024048	JASHANPREET SINGH	<u> </u>	L
8	88203198024049	KANWARBIR SINGH	<u> </u>	L
9	88203198024050	LOVEDEEP SINGH	<u> </u>	L
10	88203198024051	MANJINDER SINGH	<u> </u>	L
11	88203198024052	MEHAKDEEP SINGH	<u> </u>	L
12	88203198024053	ONKAR SINGH	<u> </u>	L
13	88203198024054	SAHIL SINGH	<u> </u>	L
14	88203198024055	SARBUL SINGH	<u> </u>	L
15 	88203198024056	SATINDER SINGH	<u> </u>	L
16	88203198024057	SIMARJEET SINGH	<u> </u>	L
17 	88203198024058	SIMRANJIT SINGH	<u> </u>	L
18	88203198024059	<sub> </sub> TUSHAR SINGH	<u> </u>	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

244 / MULTIMEDIA, ANIMATION AND SPECIAL EFFECTS

Course: Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88244198024060	ARSHPREET SINGH	<u> </u>	
2	88244198024061	HUSANPREET SINGH		
3	88244198024062	JOBANJEET SINGH	<u></u>	
4	88244198024064	OMKAR SINGH	<u></u>	
5 	88244198024065			
6 <sub>I</sub>	88244198024066	DANIOT OINOU		
Nai	me and Signature Of	Incharge	Undertaki ng	
Tot	al No. Of Answer She	eets Packed >	sent:	
I (N abov	lame) re examination as Invi	(Designation) gilator. I have personally checupervision in today's exam have	ked and ensured that	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
here	by undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
			g	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 gna	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said 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	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 244 / MULTIMEDIA, ANIMATION AND SPECIAL EFFECTS

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No		Name Of the Student	Answer Sheet No.	Student's Sign.
1	88244198024060	ARSHPREET SINGH	<u> </u>	<u> </u>
2	88244198024061	HUSANPREET SINGH	<u> </u>	<u> </u>
3	88244198024062	JOBANJEET SINGH	<u> </u>	<u> </u>
4	88244198024064	OMKAR SINGH	<u> </u>	<u> </u>
5	88244198024065	RAGHUVEER SHARMA	<u> </u>	<u> </u>
6	88244198024066	RANJOT SINGH	[	I
Na I (I abov	tal No. Of Answer She me and Signature Of Name) ve examination as Invi	Incharge (Designation) gilator. I have personally checompervision in today's exam, have	ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who nded correctly in the OMR sheets. I also
here	eby undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
l ha fill	ave conducted 20% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	G	on and found that particulars have been
Name	e of the Superintenden	t	Si gnat	ture of the Superintendent
l ha fill	ave conducted 10% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Deputy Contro	ller	Si gnat	ture of the Deputy Controller
l l fill	nave conducted 5% rand led correctly as per i	lom 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

Class: First

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

PAGE: 1 Center Name:

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 244 / MULTIMEDIA, ANIMATION AND SPECIAL EFFECTS

44435 / PRACTICAL Subject:

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88244198024060 | ARSHPREET SINGH 2 88244198024061 HUSANPREET SINGH 3 88244198024062 | JOBANJEET SINGH 88244198024064 <sub>I</sub>OMKAR SINGH 5 88244198024065 | RAGHUVEER SHARMA 6 88244198024066 | RANJOT SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 251 / BAKER AND CONFECTIONER Class: First

Subject: 44431 / TRADE THEORY

S.No		Regd. No.	Name Of the Studer	nt   Ans	swer Sheet No.	Student's Sign.
1		88251194222015	JOM RISHI			
2						
3		88251194223012	1/01/11			
Т	otal	No. Of Students ir No. Of Answer Sh e and Signature Of			ertaki ng	
na	ve a	ippeared under my s	(Designation) igilator. I have personal upervision in today's exa any mistakes are found,	ly checked a	 and ensured than 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 any remuneration.
					Si gna	ture of the Invigilator
l fi	have Hec	conducted 20% rand correctly as per	dom checking of the OMR s instructions.	sheet of the	said examinati	on and found that particulars have been
Na	me c	of the Superintende	nt		Si gna	ture of the Superintendent
l fi	have He	conducted 10% rand correctly as per	dom checking of the OMR s instructions.	sheet of the	said examinati	on and found that particulars have been
Na	me c	of the Deputy Contr	oller		Si gna	ture of the Deputy Controller
l fi	hav H ec	ve conducted 5% ran I correctly as per	dom checking of the OMR sinstructions.	sheet of the	said examinati	on and found that particulars have been
Na	me c	of the Controller			Si gna	ture of the Controller

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

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218294221045	JVISHAL SINGH	<u> </u>	<u> </u>
2	88218298024068	JANMOL		<u> </u>
3	88218298024069	ANMOLPREET SINGH	<u> </u>	<u> </u>
4	88218298024070	JARJUN TIWARI	<u> </u>	<u>L</u>
5	88218298024071	JBIKRAM SINGH	<u> </u>	<u>L</u>
6	88218298024072	DALJIT SINGH	<u> </u>	<u> </u>
7	88218298024073	GURINDERJIT SINGH PUJJ	<u> </u>	<u>L</u>
8	88218298024074	GURNOOR SINGH	<u> </u>	<u>L</u>
9	88218298024075	HARMANDEEP SINGH	<u> </u>	<u>L</u>
10	88218298024076	HARSH DUGGAL	<u> </u>	<u>L</u>
11	88218298024077	INDERJEET SINGH	<u> </u>	<u> </u>
12	88218298024079	KRISHANT SHARMA	<u> </u>	<u> </u>
13	88218298024080	LOV PREET SINGH	<u> </u>	<u>L</u>
14	88218298024081	LOVEPREET SINGH	<u> </u>	<u> </u>
15 	88218298024082	JPUNEET KUMAR	<u> </u>	<u> </u>
16	88218298024083	ROHAN KUMAR	<u> </u>	<u> </u>
17 	88218298024084	SUKHDEV SINGH		<u> </u>
18	88218298024086	JVISHALDEEP SINGH	<u></u>	
19	88218298024087	YUVRAJ SINGH		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218298024068	ANMOL	<u> </u>	<u> </u>
2	88218298024069	ANMOLPREET SINGH	<u> </u>	L
3	88218298024070	JARJUN TIWARI	<u> </u>	L
4	88218298024071	BIKRAM SINGH	<u> </u>	L
5	88218298024072	DALJIT SINGH	<u> </u>	L
6	88218298024073	GURINDERJIT SINGH PUJJ	<u> </u>	L
7	88218298024074	GURNOOR SINGH	<u> </u>	L
8	88218298024075	HARMANDEEP SINGH	<u> </u>	L
9	88218298024076	HARSH DUGGAL	<u> </u>	L
10	88218298024077	INDERJEET SINGH	<u> </u>	L
11	88218298024079	KRISHANT SHARMA	<u> </u>	L
12	88218298024080	LOV PREET SINGH	<u> </u>	L
13	88218298024081	LOVEPREET SINGH	<u> </u>	L
14	88218298024082	PUNEET KUMAR	<u> </u>	L
15	88218298024083	ROHAN KUMAR	<u> </u>	L
16	88218298024084	SUKHDEV SINGH	<u> </u>	L
17	88218298024086	VISHALDEEP SINGH	<u> </u>	L
18	88218298024087	YUVRAJ SINGH	<u></u>	 

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

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

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

44435 / PRACTICAL Subject:

PAGE: 1

Center Name:

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88218298024068	ANMOL	<u> </u>	L
88218298024069	ANMOLPREET SINGH	<u> </u>	L
88218298024070	ARJUN TIWARI	<u> </u>	L
88218298024071	BIKRAM SINGH	<u> </u>	L
88218298024072	DALJIT SINGH	<u> </u>	L
88218298024073	GURINDERJIT SINGH PUJJ	<u> </u>	L
88218298024074	GURNOOR SINGH	<u> </u>	L
88218298024075	HARMANDEEP SINGH	<u> </u>	L
88218298024076	HARSH DUGGAL	<u> </u>	L
88218298024077	INDERJEET SINGH	<u> </u>	L
88218298024079	KRISHANT SHARMA	<u> </u>	L
88218298024080	LOV PREET SINGH	<u> </u>	L
88218298024081	LOVEPREET SINGH	<u> </u>	L
88218298024082	PUNEET KUMAR	<u> </u>	L
88218298024083	ROHAN KUMAR	<u> </u>	L
88218298024084	SUKHDEV SINGH		L
88218298024086	VISHALDEEP SINGH	<u></u>	L
88218298024087	YUVRAJ SINGH	<u> </u>	
	88218298024069 88218298024070 88218298024071 88218298024072 88218298024073 88218298024074 88218298024075 88218298024076 88218298024077 88218298024079 88218298024080 88218298024081 88218298024083 88218298024084 88218298024084	Name Of the Student	88218298024068   ANMOL  88218298024069   ANMOLPREET SINGH  88218298024070   ARJUN TIWARI  88218298024071   BIKRAM SINGH  88218298024072   DALJIT SINGH  88218298024073   GURINDERJIT SINGH PUJJ    88218298024074   GURNOOR SINGH  88218298024075   HARMANDEEP SINGH  88218298024076   HARSH DUGGAL  88218298024077   INDERJEET SINGH  88218298024079   KRISHANT SHARMA  88218298024080   LOV PREET SINGH  88218298024081   LOVEPREET SINGH  88218298024082   PUNEET KUMAR  88218298024083   ROHAN KUMAR  88218298024084   SUKHDEV SINGH  88218298024086   VISHALDEEP SINGH

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218294221039	HARSHDEEP SINGH		
2	88218298023095	DILPREET SINGH	<u></u>	L
3	88218298023096	GAGANPREET SINGH	<u></u>	<u> </u>
4	88218298023097	JASHANPREET SINGH	<u> </u>	L
5	88218298023098	LOVEPREET SINGH	<u></u>	<u> </u>
6 I	88218298023099	PARTAP SINGH		<u> </u>
I (N abov have	me and Signature Of  lame) re examination as Invi	(Designation) gilator. I have personally checupervision in today's exam. have	Undertaking  r ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who ided correctly in the OMR sheets. I also
have here	e appeared under my su by undertake that if	pervision in today's exam, have any mistakes are found, I will	been filled and sha not be entitled for	nded 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	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	cure 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 be 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	e of the Controller		Si gnat	rure of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218298023095	DILPREET SINGH		
2	88218298023096	GAGANPREET SINGH		
3				L
4	88218298023098			
5				
I ( abo hav	ve appeared under mv su	(Designation) gilator. I have personally checl pervision in today's exam, have	been filled and shad	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also
l ( abo hav	(Name)ove examination as Invio	(Designation) gilator. I have personally checl pervision in today's exam. have	h ked and ensured that been filled and shad	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also
her	reby undertake that if a	any mistakes are found, I will m		any remuneration. ure of the Invigilator
l h fil	have conducted 20% rand lled correctly as per i	om checking of the OMR sheet of nstructions.	G	n and found that particulars have been
Nar	me of the Superintenden	t	Si gnati	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.			
Nar	me of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller
l fil	have conducted 5% rando	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Nar	me of the Controller		Si gnati	ure of the Controller

Class: Second

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

PAGE: 1 of 1 Center Name:

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218298023095	DILPREET SINGH		
2	88218298023096	GAGANPREET SINGH		
3				L
4	88218298023098			
5				
I ( abo hav	ve appeared under mv su	(Designation) gilator. I have personally checl pervision in today's exam, have	been filled and shad	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also
l ( abo hav	(Name)ove examination as Invio	(Designation) gilator. I have personally checl pervision in today's exam. have	h ked and ensured that been filled and shad	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also
her	reby undertake that if a	any mistakes are found, I will m		any remuneration. ure of the Invigilator
l h fil	have conducted 20% rand lled correctly as per i	om checking of the OMR sheet of nstructions.	G	n and found that particulars have been
Nar	me of the Superintenden	t	Si gnati	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.			
Nar	me of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller
l fil	have conducted 5% rando	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Nar	me of the Controller		Si gnati	ure of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17411 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174190224001	JANU	<u> </u>	
2	88174190224002	BHUPINDER KAUR	L	
3	88174190224003	<sub>]</sub> DIKSHA	L	
4	88174190224004	DIYA CHUHAN	<u> </u>	<u> </u>
5 	88174190224005	JASKARANDEEP KAUR	L	
6	88174190224006	JASWINDER KAUR	<u> </u>	
7	88174190224007	KARANBIR KAUR	<u> </u>	
8	88174190224008	KOMALPREET KAUR	<u> </u>	<u> </u>
9	88174190224010	LOVEPREET KAUR	<u> </u>	<u> </u>
10	88174190224011	MANDEEP KAUR	<u> </u>	<u> </u>
11	88174190224012	JMUSKAN	<u> </u>	
12	88174190224013	NITIKA BHAGAT	<u> </u>	
13	88174190224014	<sub>]</sub> PAYAL	<u> </u>	
14	88174190224016	POOJA RANI	<u> </u>	
15	88174190224017	PUNIT	<u> </u>	
16	88174190224019	SIMRANJIT KAUR	<u> </u>	
17	88174190224020	SUMANDEEP KAUR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17411 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Center Name:

Course: 664 / PUNJABI STENOGRAPHY

Class: First

17414 / SOCIAL STUDIES Subject:

PAGE: 1

S.No Name Of the Student Regd. No. Answer Sheet No. 88174190224001 <sub>|</sub> ANU 3 88174190224003 <sub>|</sub> DIKSHA 88174190224004 <sub>|</sub> DIYA CHUHAN 5 88174190224005 JASKARANDEEP KAUR 88174190224007 | KARANBIR KAUR 88174190224010 <sub>|</sub> LOVEPREET KAUR 88174190224011 <sub>|</sub> MANDEEP KAUR 88174190224012 <sub>I</sub>MUSKAN 12 88174190224013 <sub>I</sub> NITIKA BHAGAT 88174190224014 <sub>I</sub>PAYAL 13 14 88174190224016 | POOJA RANI 15 88174190224017 <sub>I</sub>PUNIT 16 88174190224019 | SIMRANJIT KAUR

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

88174190224020 | SUMANDEEP KAUR

Name and Signature Of Incharge

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

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17414 / SOCIAL STUDIES

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17415 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174190224001	JANU		
2	88174190224002	BHUPINDER KAUR	<u> </u>	<u> </u>
3	88174190224003	<sub>]</sub> DIKSHA	<u> </u>	<u> </u>
4	88174190224004	JDIYA CHUHAN	<u> </u>	<u> </u>
5 	88174190224005	JASKARANDEEP KAUR	<u> </u>	<u> </u>
6	88174190224006	JASWINDER KAUR	<u> </u>	<u> </u>
7	88174190224007	KARANBIR KAUR	<u> </u>	<u> </u>
8	88174190224008	KOMALPREET KAUR	<u> </u>	<u> </u>
9	88174190224010	LOVEPREET KAUR	<u> </u>	<u>L</u>
10	88174190224011	MANDEEP KAUR	<u> </u>	<u>L</u>
11	88174190224012	<sub>]</sub> MUSKAN	<u> </u>	<u> </u>
12	88174190224013	<sub>J</sub> NITIKA BHAGAT	<u> </u>	<u> </u>
13	88174190224014	PAYAL	<u> </u>	<u>L</u>
14	88174190224016	POOJA RANI	<u> </u>	<u>L</u>
15	88174190224017	<sub>]</sub> PUNIT	<u> </u>	<u> </u>
16	88174190224019	SIMRANJIT KAUR	<u> </u>	<u> </u>
17	88174190224020	SUMANDEEP KAUR	<u> </u>	L

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

Name and Signature Of Incharge

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

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17415 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17416 / COGNATE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174190224001	JANU	<u> </u>	<u> </u>
2	88174190224002	BHUPINDER KAUR	<u> </u>	L
3	88174190224003	<sub>]</sub> DIKSHA	<u> </u>	L
4	88174190224004	JDIYA CHUHAN	<u> </u>	L
5	88174190224005	JASKARANDEEP KAUR	<u> </u>	L
6	88174190224006	JASWINDER KAUR	<u> </u>	L
7	88174190224007	KARANBIR KAUR	<u> </u>	L
8	88174190224008	KOMALPREET KAUR	<u> </u>	L
9	88174190224010	LOVEPREET KAUR	<u> </u>	L
10	88174190224011	MANDEEP KAUR	<u> </u>	L
11	88174190224012	<sub>]</sub> MUSKAN	<u> </u>	L
12	88174190224013	<sub>J</sub> NITIKA BHAGAT	<u> </u>	L
13	88174190224014	<sub>]</sub> PAYAL	<u> </u>	L
14	88174190224016	<sub> </sub> POOJA RANI	<u> </u>	L
15 	88174190224017	<sub>J</sub> PUNIT	<u> </u>	L
16	88174190224019	SIMRANJIT KAUR	<u> </u>	L
17	88174190224020	SUMANDEEP KAUR	<u> </u>	<u> </u>
			· <b></b>	·

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

Name and Signature Of Incharge

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17416 / COGNATE

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17055 / CRAFT( T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370290322031 | RENU BALA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller Signature of the Controller

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

Center Name : 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

S.	.No   Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370290321006	HARPREET SINGH		<u> </u>		
2	88370290322010			L		
3		55444544				
4	88370293721004			L		
	Total No. Of Students in Total No. Of Answer Shame and Signature Of		ent:			
			Undertaki ng			
	have appeared under my si	(Designation) igilator. I have personally checl upervision in today's exam, have any mistakes are found, I will n	been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
			Si gnat	ure of the Invigilator		
	I have conducted 20% rand filled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Superintender	nt	Si gnat	ure of the Superintendent		
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
	Name of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
	I have conducted 5% randfilled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Controller		Si gnat	ure of the Controller		

Class: First

Signature of the Controller

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

Center Name:

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

17073 / GEOMETRICAL DRAWING Subject:

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370290322010 | GAGANPREET SINGH 88370293721001 | AMANDEEP 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.

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

Center Name:

Name of the Controller

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

70070 / EDUCATIONAL PSYCHOLOGY Subject:

S	.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88370290321006	HARPREET SINGH		L
2	<u>'</u>				L
	Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
				Undertaki ng	
	I (N abov have here	ame)_ e examination as Invi appeared under my su by undertake that if	(Designation)_ gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	h cked and ensured that e been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
				Si gnat	ure of the Invigilator
	l ha	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	f the said examinatio	n and found that particulars have been
	Name	of the Superintenden	t	Si gnat	ure of the Superintendent
	l ha	ve conducted 10% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	f 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	ave conducted 5% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	f the said examinatio	n and found that particulars have been

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

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.N	0		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		<u> </u>	88370290321006	HARPREET SINGH		<u> </u>
2		<u> </u>	88370290321036	SATWINDER SINGH		
3		<u> </u>	88370290321040	YOGESH KUMAR SOOD		L
4		<u> </u>	88370290322010	GAGANPREET SINGH		L
5		<u> </u>	88370293721004	MANROOP SINGH GILL		L
I a h	Total No. Of Answer Sheets Packed >  Name and Signature Of Incharge  Undertaking  I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also					
h	ere	eby	undertake that if	any mistakes are found, I will m		any remuneration. ure of the Invigilator
l f	ha i I I	ave ed	conducted 20% rand correctly as per i	lom checking of the OMR sheet of nstructions.	G	n and found that particulars have been
N	ame	e of	f the Superintender	t	Si gnat	ure of the Superintendent
l f	ha i I I	ave ed	conducted 10% rand correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
N	ame	e of	the Deputy Contro	oller	Si gnati	ure of the Deputy Controller
f	l h	nave ed	e conducted 5% rand correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
N	ame	e of	the Controller		Si gnati	ure of the Controller

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227222524001  $_{\rm I}$ AMARBIR SINGH 88227222524006 | BIKRAMJIT SINGH 88227222524013 SAHILDEEP SINGH 3 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

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227222524001  $_{
m I}$ AMARBIR SINGH 88227222524006 | BIKRAMJIT SINGH 88227222524013 SAHILDEEP SINGH 3 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227222524001  $_{\rm I}$ AMARBIR SINGH 88227222524006 | BIKRAMJIT SINGH 88227222524013 SAHILDEEP SINGH 3 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 August' 2025 EXAMS -SCVT

3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231222522004	GURMAAN SINGH	<u> </u>	L
2	88231222522012	KARANVEER SINGH	<u> </u>	L
3	88231222522015	PARGAT SINGH	<u> </u>	L
4	88231222522019	VINAY	<u> </u>	L
5	88231222523004	GULRAJ SINGH	<u> </u>	L
6	88231222523006	HARINDER SINGH	<u> </u>	L
7	88231222523010	KARAN		L
8	88231222523016	ROBINDEEP SINGH	<u> </u>	L
9	88231222524017	AKASHBIR SINGH	<u> </u>	L
10 <u> </u>	88231222524018	ARSHDEEP SINGH	<u> </u>	L
11	88231222524020	DAMANPREET SINGH	<u> </u>	L
12	88231222524021	DILPREET SINGH	<u> </u>	L
13	88231222524022	DILSHER SINGH	<u> </u>	L
14	88231222524023	GURJIT SINGH	<u> </u>	L
15 	88231222524025	GURWINDER SINGH	L	L
16 	88231222524026	HARJINDER SINGH	L	L
17 	88231222524028	JASHANPREET SINGH	L	L
18	88231222524029	JODHBIR SINGH	<u> </u>	L
19	88231222524030	KHUSHDYAL SINGH	<u> </u>	
20	88231222524031	LOVEPREET SINGH	L	<u></u>
21	88231222524032	NISHAN SINGH	<u> </u>	<u> </u>

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231222524033 | ROHANDEEP SINGH 88231222524034 | SAGAR KUMAR 23 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 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231222524017	<sub> </sub> AKASHBIR SINGH	<u> </u>	<u> </u>
2	88231222524018	ARSHDEEP SINGH	L	L
3	88231222524020	DAMANPREET SINGH	<u> </u>	<u> </u>
4	88231222524021	DILPREET SINGH	<u> </u>	<u> </u>
5 	88231222524022	DILSHER SINGH	<u> </u>	<u> </u>
6	88231222524023	GURJIT SINGH	<u> </u>	<u> </u>
7	88231222524025	GURWINDER SINGH	<u> </u>	<u> </u>
8	88231222524026	HARJINDER SINGH	<u> </u>	<u> </u>
9	88231222524028	JASHANPREET SINGH	<u> </u>	<u> </u>
10	88231222524029	JODHBIR SINGH	<u> </u>	<u> </u>
11	88231222524030	KHUSHDYAL SINGH	<u> </u>	<u> </u>
12	88231222524031	LOVEPREET SINGH	<u> </u>	<u> </u>
13	88231222524032	<sub>J</sub> NISHAN SINGH	<u> </u>	<u> </u>
14	88231222524033	ROHANDEEP SINGH	<u> </u>	<u> </u>
15	88231222524034	SAGAR KUMAR	 	 

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

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

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PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN
Course: 132 / ELECTRICIAN Class: First
Subject: 44434 / EMPLOYBILITY SKILL

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

Undertaking

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231222522012	KARANVEER SINGH	<u> </u>	<u></u>
2	88231222524017	AKASHBIR SINGH	<u> </u>	L
3	88231222524018	ARSHDEEP SINGH	<u> </u>	L
4	88231222524020	DAMANPREET SINGH	<u> </u>	L
5 	88231222524021	DILPREET SINGH	<u> </u>	L
6	88231222524022	DILSHER SINGH	<u> </u>	L
7	88231222524023	GURJIT SINGH	<u> </u>	L
8	88231222524025	GURWINDER SINGH	<u> </u>	L
9	88231222524026	HARJINDER SINGH	<u> </u>	L
10	88231222524028	JASHANPREET SINGH	<u> </u>	L
11	88231222524029	JODHBIR SINGH	<u> </u>	L
12	88231222524030	KHUSHDYAL SINGH		L
13	88231222524031	LOVEPREET SINGH	<u> </u>	L
14	88231222524032	<sub> </sub> NISHAN SINGH	<u> </u>	L
15	88231222524033	ROHANDEEP SINGH	<u> </u>	L
16	88231222524034	SAGAR KUMAR		
<del></del> -				

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

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

\_\_\_\_

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, ( W) TARAN TARAN
Course: 132 / ELECTRICIAN Class: First
Subject: 44435 / PRACTICAL

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 132 / ELECTRICIAN Class: Second

44441 / TRADE THEORY Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231222523001	<sub> </sub> ARJAN SINGH		
2	88231222523002	ARSHDEEP SINGH		L
3	88231222523004	GULRAJ SINGH	1	L
4	88231222523005	GURJANT SINGH	1	L
5	88231222523006	HARINDER SINGH	1	L
6	88231222523008	JOBANDEEP SINGH		L
7	88231222523010	KARAN	<u> </u>	L
8	88231222523011	KARANBIR SINGH	<u> </u>	L
9	88231222523015	RAMANPREET KAUR	<u> </u>	L
10	88231222523016	ROBINDEEP SINGH	<u> </u>	L
11	88231222523018	<sub>]</sub> SAHIL	<u> </u>	L
12	88231222523019	SUKHMAN SINGH	1	1

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 132 / ELECTRICIAN Class: Second Subject: 44441 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231222523001	<sub>J</sub> ARJAN SINGH	<u> </u>	
2	88231222523002	ARSHDEEP SINGH	<u> </u>	
3	88231222523004	GULRAJ SINGH		
4	88231222523005	GURJANT SINGH		
5	88231222523006	HARINDER SINGH		
6	88231222523008	JOBANDEEP SINGH		
7	88231222523010	KARAN		
8	88231222523011	KARANBIR SINGH	<u> </u>	<u> </u>
9	88231222523015	RAMANPREET KAUR	<u> </u>	<u> </u>
10 	88231222523016	ROBINDEEP SINGH	<u> </u>	<u> </u>
11	88231222523018	SAHIL		
12	88231222523019	  SUKHMAN SINGH	 	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN
Course: 132 / ELECTRICIAN Class: Second
Subject: 44444 / EMPLOYBILITY SKILL

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231222523001	<sub> </sub> ARJAN SINGH	<u> </u>	
2	88231222523002	ARSHDEEP SINGH		
3	88231222523004	GULRAJ SINGH	1	
4	88231222523005	GURJANT SINGH	1	
5 _	88231222523006	HARINDER SINGH		
6	88231222523008	JOBANDEEP SINGH		
7	88231222523010	KARAN	1	<u> </u>
8	88231222523011	KARANBIR SINGH	1	<u> </u>
9	88231222523015	RAMANPREET KAUR	1	<u> </u>
10	88231222523016	ROBINDEEP SINGH	1	
11	88231222523018	SAHIL	1	
12 <sub>I</sub>	88231222523019	SUKHMAN SINGH	1	1

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 132 / ELECTRICIAN Class: Second Subject: 44445 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Course : 222 / COMP. OP. PROGRAM. ASSISTANT Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88242122523030 JUJHAR 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 660 / WELDER Class: First

44431 / TRADE THEORY

Center Name:

Subject: S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212122524037 | AKASHDEEP SINGH 88212122524039 | AMANDEEP SINGH 3 88212122524042 | ARMANDEEP SINGH 88212122524043 | ARPANDEEP SINGH 5 88212122524044 | ARSHDEEP SINGH 88212122524049 <sub>|</sub> GURDIT SINGH. 88212122524050 | HARNOOR SINGH 88212122524052  $_{\mid}$  JAGMEET SINGH 88212122524053 <sub>|</sub>JAPROOP SINGH 88212122524054  $_{
m |}$  JASHANDEEP SINGH 10 88212122524057 <sub>I</sub>JASKARANPREET SINGH 12 88212122524059 | JOBANPREET SINGH 13 88212122524061 JOBANPREET SINGH 14 88212122524065 | NIHAL SINGH 15 88212122524066 | SAHILPREET SINGH 88212122524068 | SHUBNOOR SINGH 16 17 88212122524069 | SIMRANPREET SINGH 18 88212122524070 | SNAWERJEET SINGH 88212122524071 | SUKHMANBIR SINGH 20 88212122524073 | SUKHMANPREET SINGH 88212122524074 | SURJIT SINGH

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course : 660 / WELDER Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212122524076 | VISHAL 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 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 660 / WELDER

Center Name:

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212122524037	AKASHDEEP SINGH	<u> </u>	
2	88212122524039	AMANDEEP SINGH	L	L
3	88212122524042	ARMANDEEP SINGH	<u> </u>	L
4	88212122524043	ARPANDEEP SINGH	<u> </u>	L
5 	88212122524044	ARSHDEEP SINGH	<u> </u>	L
6	88212122524049	GURDIT SINGH.	<u> </u>	L
7	88212122524050	HARNOOR SINGH	<u> </u>	L
8	88212122524052	JAGMEET SINGH	<u> </u>	L
9	88212122524053	JAPROOP SINGH	<u> </u>	<u> </u>
10	88212122524054	JASHANDEEP SINGH	<u> </u>	L
11 	88212122524057	JASKARANPREET SINGH	<u> </u>	L
12	88212122524059	JOBANPREET SINGH	<u> </u>	L
13	88212122524061	JOBANPREET SINGH	<u></u>	L
14	88212122524065	NIHAL SINGH	<u></u>	L
15	88212122524066	SAHILPREET SINGH	<u></u>	L
16 	88212122524068	SHUBNOOR SINGH	<u> </u>	L
17 	88212122524069	SIMRANPREET SINGH	<u> </u>	<u> </u>
18	88212122524070	SNAWERJEET SINGH	<u> </u>	<u> </u>
19	88212122524071	SUKHMANBIR SINGH	<u> </u>	<u></u>
20	88212122524073	SUKHMANPREET SINGH	<u></u>	
21	88212122524074	SURJIT SINGH		<u> </u>
<b>-</b>	<b></b>			<del></del>

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course : 660 / WELDER Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212122524076 | VISHAL 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 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 660 / WELDER Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212122524037	JAKASHDEEP SINGH	<u> </u>	<u></u>
2	88212122524039	AMANDEEP SINGH	<u> </u>	L
3	88212122524042	ARMANDEEP SINGH	L	L
4	88212122524043	JARPANDEEP SINGH	L	L
5	88212122524044	ARSHDEEP SINGH	L	L
6	88212122524049	GURDIT SINGH.	L	L
7	88212122524050	HARNOOR SINGH	<u> </u>	L
8	88212122524052	JAGMEET SINGH	<u> </u>	L
9	88212122524053	JAPROOP SINGH	<u> </u>	L
10	88212122524054	JASHANDEEP SINGH	<u> </u>	L
11	88212122524057	JASKARANPREET SINGH	<u> </u>	L
12	88212122524059	JOBANPREET SINGH	<u> </u>	L
13	88212122524061	JOBANPREET SINGH	<u> </u>	L
14	88212122524065	<sub>J</sub> NIHAL SINGH	<u> </u>	L
15 	88212122524066	SAHILPREET SINGH	L	L
16	88212122524068	SHUBNOOR SINGH	L	L
17 	88212122524069	SIMRANPREET SINGH	L	L
18	88212122524070	SNAWERJEET SINGH	L	
19	88212122524071	SUKHMANBIR SINGH	<u> </u>	
20	88212122524073	SUKHMANPREET SINGH	<u> </u>	<u></u>
21	88212122524074	SURJIT SINGH	<u> </u>	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course : 660 / WELDER Class: First 44435 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212122524076 | VISHAL 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

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218222524079	JANWARPREET SINGH	<u> </u>	L
2	88218222524080	ARASHDEEP SINGH	<u> </u>	L
3	88218222524083	JDAMAN		L
4	88218222524086	GURMANDEEP SINGH		<u> </u>
5	88218222524089	KANWARDEEP SINGH		 
6	88218222524093	PRINCEDEEP SINGH		 
7	88218222524094	RAMANDEEP SINGH		L
8	88218222524095	RANJEET SINGH		I
9	88218222524096	SAHEJPREET SINGH		I
10	88218222524097	SAHIL HANS		
11	88218222524098	SURAJ		 
12	88218222524099	TARNPREET SINGH	 	

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

88218222524100 | YUVRAJ SINGH

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: First

44434 / EMPLOYBILITY SKILL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8821822252407	9 <sub>J</sub> ANWARPREET SINGH		
2	8821822252408	O <sub>J</sub> ARASHDEEP SINGH		
3	8821822252408	<sup>3</sup> JDAMAN		
4	8821822252408	6 <sub>J</sub> GURMANDEEP SINGH		
5 <u> </u>	8821822252408	9 <sub>J</sub> KANWARDEEP SINGH		
6	8821822252409	3 <sub> </sub> PRINCEDEEP SINGH		
7	8821822252409	<sup>4</sup> RAMANDEEP SINGH	1	
8	8821822252409	<sup>5</sup> RANJEET SINGH		
9	8821822252409	6 <sub>J</sub> SAHEJPREET SINGH		
10	8821822252409	7 <sub>]</sub> SAHIL HANS		
11	8821822252409	8 <sub> </sub> SURAJ	1	1
12	8821822252409	9 <sub> </sub> TARNPREET SINGH		
13	8821822252410	<sup>0</sup> YUVRAJ SINGH		

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Subject: 44435 / PRACTICAL

PAGE: 1

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218222524079	ANWARPREET SINGH	<u></u>	<u> </u>
2	88218222524080	ARASHDEEP SINGH	<u> </u>	<u> </u>
3	88218222524083	DAMAN	<u> </u>	<u> </u>
4	88218222524086	GURMANDEEP SINGH	<u> </u>	<u> </u>
5	88218222524089	KANWARDEEP SINGH	<u> </u>	<u> </u>
6	88218222524093	PRINCEDEEP SINGH	<u> </u>	<u> </u>
7	88218222524094	RAMANDEEP SINGH	<u> </u>	<u> </u>
8	88218222524095	RANJEET SINGH	<u> </u>	<u> </u>
9	88218222524096	SAHEJPREET SINGH	<u> </u>	<u> </u>
10	88218222524097	SAHIL HANS		L
11	88218222524098	SURAJ		L
12	88218222524099	TARNPREET SINGH		 

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

88218222524100 | YUVRAJ 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 August' 2025 EXAMS -SCVT Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218222523082	GURJAIDEEP SINGH		
2	88218222523086	HIMATPAL SINGH	<u> </u>	L
3	88218222523087	JAIDEEP SINGH		L
4	88218222523088	JODHA SINGH	L	L
5 <sub> </sub>	88218222523089	JORAWAR SINGH	L	L
6	88218222523090	MANDEEP SINGH	<u> </u>	L
7	88218222523091	MANJINDER SINGH	<u> </u>	L
8	88218222523092	MANPREET SINGH	L	L
9	88218222523094	PRABHJOT SINGH	L	L
10	88218222523095	SUKHPAL SINGH	<u> </u>	L
11	88218222523096	SUKHRAJ SINGH	L	 L
12	88218222523097	YUVRAJ SINGH	L	L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: Second Subject: 44441 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: Second

44444 / EMPLOYBILITY SKILL Subject:

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218222523082	GURJAIDEEP SINGH		
2	88218222523086	HIMATPAL SINGH	<u> </u>	
3	88218222523087	JAIDEEP SINGH	<u> </u>	L
4	88218222523088	JODHA SINGH	<u> </u>	L
5	88218222523089	JORAWAR SINGH	<u> </u>	L
6	88218222523090	MANDEEP SINGH	<u> </u>	L
7	88218222523091	MANJINDER SINGH		L
8	88218222523092	MANPREET SINGH		L
9	88218222523094	PRABHJOT SINGH	<u> </u>	L
10	88218222523095	SUKHPAL SINGH	<u> </u>	L
11	88218222523096	SUKHRAJ SINGH	<u> </u>	L
12	88218222523097	YUVRAJ 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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: Second Subject: 44444 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Name of the Superintendent

Signature of the Deputy Controller

Signature of the Superintendent

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

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

Name of the Controller

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: Second

44445 / PRACTICAL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218222523082	GURJAIDEEP SINGH	<u> </u>	L
2	88218222523086	HIMATPAL SINGH		L
3	88218222523087	JAIDEEP SINGH		L
4	88218222523088	JODHA SINGH		L
5	88218222523089	JORAWAR SINGH		I
6	88218222523090	MANDEEP SINGH		
7	88218222523091	MANJINDER SINGH		L
8	88218222523092	MANPREET SINGH		L
9	88218222523094	PRABHJOT SINGH		I
10	88218222523095	SUKHPAL SINGH		I
11	88218222523096	SUKHRAJ SINGH		L
12	88218222523097	YUVRAJ SINGH		<u> </u>

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: Second Subject: 44445 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17055 / CRAFT( T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370297822020 | PRABHNOOR 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

Name of the Controller

PAGE: 1

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17070 / PRINCIPLES OF EDUCATION Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370297822020 | PRABHNOOR SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70070 / EDUCATIONAL PSYCHOLOGY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370297822020 | PRABHNOOR 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 August' 2025 EXAMS -SCVT

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

Name of the Controller

S.No	 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1		88370297821032	SANDEEP KAUR				
2		88370297822020	PRABHNOOR SINGH	1	_L		
T	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
				Undertaki ng			
hav	ve a	appeared under my si	(Designation) gilator. I have personally checupervision in today's exam, have any mistakes are found, I will	e been filled and sha	nereby certify that I have conducted the particulars of all the students who uded correctly in the OMR sheets. I also any remuneration.		
	Signature of the Invigilator						
l l 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.						
Nar	ne o	of the Superintender	nt	Si gnat	cure of the Superintendent		
l l fil	nave Lec	e conducted 10% rand d correctly as per i	dom checking of the OMR sheet of instructions.	f the said examination	on and found that particulars have been		
Nar	ne d	of the Deputy Contro	ol I er	Si gnat	cure of the Deputy Controller		
		ve conducted 5% rand d correctly as per i		f the said examination	on and found that particulars have been		

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Course : 675 / SOLAR TECHNICIAN ( ELECTRICAL) Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88288122523104 | GURSAAB 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

Name of the Controller

PAGE: 1 of

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course : 686 / Mechanic Electric Vehicle Class: First

Subject: 44431 / TRADE THEORY

S.	.No   Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88295122524104	ARMANDEEP SINGH	<u> </u>	L		
2	88295122524111	GURSAAB SINGH	<u> </u>	L		
3	88295122524115	JASKARAN KUMAR	<u> </u>	<u></u>		
4	88295122524116	JODHBIR SINGH	<u> </u>			
	Total No. Of Students in this Subject > Present: Absent:  Total No. Of Answer Sheets Packed >  Name and Signature Of Incharge  Undertaking  I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also					
	hereby undertake that in	any mistakes are found, I will		ure of the Invigilator		
	I have conducted 20% rand filled correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Superintendent Signature of the Superintendent					
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
	Name of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller		
	I have conducted 5% rand filled correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Controller		Si gnati	ure of the Controller		

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course : 686 / Mechanic Electric Vehicle Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Name of the Controller

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88295122524104 | ARMANDEEP SINGH 2 88295122524111 | GURSAAB SINGH 88295122524115 JASKARAN KUMAR 3 88295122524116 | JODHBIR SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course : 686 / Mechanic Electric Vehicle Class: First

Subject: 44435 / PRACTICAL

Name of the Controller

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88295122524104 | ARMANDEEP SINGH 2 88295122524111 | GURSAAB SINGH 88295122524115 JASKARAN KUMAR 3 88295122524116  $_{
m I}$ JODHBIR SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 114 / PLUMBER Class: First

44431 / TRADE THEORY Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209184523020	PRABHDEEP SINGH		<u> </u>
2	88209184524004	DILAWARPREET SINGH GF		L
3	88209184524006	JDILSHER SINGH		<u></u>
4	88209184524007	GURPREET SINGH		L
5	88209184524010	GURWINDER SINGH		L
6	88209184524011	GURWINDER SINGH		<u> </u>
7	88209184524012	HARBEER SINGH		<u> </u>
8	88209184524014	JAGMEET SINGH		<u> </u>
9	88209184524016	JASKARAN SINGH		<u> </u>
10	88209184524017	KOMAL SINGH		<u> </u>
11	88209184524018	LOVEPREET SINGH		<u> </u>
12	88209184524019	<sub>J</sub> MANJOT SINGH		
13	88209184524020	NAVJOT SINGH		
14	88209184524021	PRABHJOT SINGH		<u> </u>
15	88209184524023	SAHIBPREET SINGH		<u> </u>
16	88209184524026	VISHALDEEP SINGH		 [

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

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

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

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name:

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209184524004	DILAWARPREET SINGH GF		
2	88209184524006	DILSHER SINGH	L	
3	88209184524007	GURPREET SINGH		L
4	88209184524010	GURWINDER SINGH	<u> </u>	L
5	88209184524011	GURWINDER SINGH	<u> </u>	L
6	88209184524012	HARBEER SINGH	<u>[</u>	L
7	88209184524014	JAGMEET SINGH	<u> </u>	L
8	88209184524016	JASKARAN SINGH	<u>[</u>	L
9	88209184524017	KOMAL SINGH	<u>[</u>	L
10	88209184524018	LOVEPREET SINGH	<u>[</u>	L
11 	88209184524019	<sub> </sub> MANJOT SINGH	<u>[</u>	L
12	88209184524020	NAVJOT SINGH	<u> </u>	L
13	88209184524021	PRABHJOT SINGH	<u> </u>	L
14	88209184524023	SAHIBPREET SINGH		L
15 	88209184524026	VISHALDEEP SINGH		 
	·			·

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

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

\_\_\_\_

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name:

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209184524004	DILAWARPREET SINGH GF	<u> </u>	<u></u>
2	88209184524006	DILSHER SINGH	<u></u>	L
3	88209184524007	JGURPREET SINGH	<u></u>	L
4	88209184524010	GURWINDER SINGH	<u></u>	L
5 	88209184524011	JGURWINDER SINGH	<u></u>	L
6	88209184524012	HARBEER SINGH	<u></u>	L
7	88209184524014	JAGMEET SINGH	<u></u>	L
8 	88209184524016	JASKARAN SINGH	<u></u>	L
9	88209184524017	KOMAL SINGH	<u></u>	L
10 	88209184524018	LOVEPREET SINGH	<u></u>	L
11 <u> </u>	88209184524019	<sub>J</sub> MANJOT SINGH	<u></u>	L
12	88209184524020	NAVJOT SINGH	<u></u>	L
13	88209184524021	PRABHJOT SINGH	<u></u>	L
14	88209184524023	SAHIBPREET SINGH	<u></u>	L
15 	88209184524026	JVISHALDEEP SINGH	L	<u></u>

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

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

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231284524027	JARSHDEEP SINGH		<u> </u>
2	88231284524028	ARSHPREET SINGH	<u> </u>	<u> </u>
3	88231284524030	GURSEWAK SINGH	<u> </u>	<u> </u>
4	88231284524031	GURTEJ SINGH	<u> </u>	<u> </u>
5 	88231284524032	GURTEJ SINGH	<u> </u>	<u> </u>
6	88231284524034	JASKARANPREET SINGH	<u> </u>	<u> </u>
7	88231284524035	KARANPREET SINGH	<u> </u>	<u> </u>
8	88231284524036	KULWINDERPAL SINGH	<u> </u>	<u> </u>
9	88231284524037	MANAKVEER SINGH	<u> </u>	<u>L</u>
10	88231284524039	MEHAKPREET SINGH	<u> </u>	<u>L</u>
11	88231284524040	<sub> </sub> NAVJOT SINGH	<u> </u>	<u>L</u>
12	88231284524041	NAVTEJ SINGH		L
13	88231284524043	RANJIT SINGH RANA		
14	88231284524044	RANJODH SINGH		<u> </u>
15	88231284524045	ROBANDEEP SINGH		
16	88231284524046	  VARUN		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231284524027	ARSHDEEP SINGH	<u> </u>	L
2	88231284524028	ARSHPREET SINGH	<u> </u>	
3	88231284524030	GURSEWAK SINGH	<u> </u>	
4	88231284524031	GURTEJ SINGH	<u> </u>	
5	88231284524032	GURTEJ SINGH	<u> </u>	
6	88231284524034	JASKARANPREET SINGH	<u> </u>	
7	88231284524035	KARANPREET SINGH	<u> </u>	
8	88231284524036	KULWINDERPAL SINGH	<u> </u>	
9	88231284524037	MANAKVEER SINGH	<u> </u>	<u> </u>
10 <u> </u>	88231284524039	MEHAKPREET SINGH		<u></u>
11	88231284524040	<sub> </sub> NAVJOT SINGH	<u> </u>	
12	88231284524041	<sub>J</sub> NAVTEJ SINGH	<u>[</u>	
13	88231284524043	RANJIT SINGH RANA		
14	88231284524044	RANJODH SINGH	<u> </u>	
15	88231284524045	ROBANDEEP SINGH		 
16	88231284524046	VARUN		

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

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

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231284524027	JARSHDEEP SINGH		<u> </u>
2	88231284524028	ARSHPREET SINGH	<u> </u>	<u> </u>
3	88231284524030	GURSEWAK SINGH	<u> </u>	<u> </u>
4	88231284524031	GURTEJ SINGH	<u> </u>	<u> </u>
5 	88231284524032	GURTEJ SINGH	<u> </u>	<u> </u>
6	88231284524034	JASKARANPREET SINGH	<u> </u>	<u> </u>
7	88231284524035	KARANPREET SINGH	<u> </u>	<u> </u>
8	88231284524036	KULWINDERPAL SINGH	<u> </u>	<u> </u>
9	88231284524037	MANAKVEER SINGH	<u> </u>	<u>L</u>
10	88231284524039	MEHAKPREET SINGH	<u> </u>	<u>L</u>
11	88231284524040	<sub> </sub> NAVJOT SINGH	<u> </u>	<u>L</u>
12	88231284524041	NAVTEJ SINGH		L
13	88231284524043	RANJIT SINGH RANA		
14	88231284524044	RANJODH SINGH		<u> </u>
15	88231284524045	ROBANDEEP SINGH		
16	88231284524046	  VARUN		

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

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

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

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

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

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name : 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 660 / WELDER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212184524047	JAMANDEEP KUMAR	<u> </u>	
2	88212184524048	JAMRINDER SINGH	L	<u></u>
3	88212184524049	JAMRITPAL SINGH	L	L
4	88212184524050	JANMOLPREET SINGH	L	L
5 	88212184524052	BALKRANJEET SINGH	L	L
6	88212184524054	GURBIR SINGH	L	L
7	88212184524055	GURPINDERJIT SINGH	L	L
8	88212184524056	JGURSEWAK SINGH	L	L
9	88212184524057	JGURUNOOR SINGH	L	L
10	88212184524059	<sub>J</sub> HARJOT SINGH	L	L
11	88212184524060	HARSHBIR SINGH	L	L
12 	88212184524061	HARSIMRANJIT SINGH	L	L
13	88212184524062	JHONEY	L	L
14	88212184524064	JARMAN SINGH	L	L
15 	88212184524065	JASKARANDEEP SINGH	L	L
16 	88212184524066	JASPINDER SINGH	L	L
17 	88212184524068	JUGRAJ SINGH	L	L
18	88212184524069	KARANJIT SINGH	L	L
19	88212184524070	KARANPREET SINGH	L	
20	88212184524071	JKISHAN SINGH	L	<u></u>
21	88212184524073	LOVEROSEPAL SINGH	<u> </u>	<u> </u>
	<b></b>	<b></b>		<del></del>

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

Center Name : 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 660 / WELDER Class: First

Subject: 44431 / TRADE THEORY

5.NO	Rega. No.		Answer Sheet No.	Student's Sign.
22	88212184524075	PRABHJOT SINGH		
23				
24	88212184524077	SAHIBBIR SINGH		L
25 				
26				L
	ne and Signature Of  ame) e examination as Invi	J.	Undertaking	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also
above have	e examination as Invi appeared under my su	gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	ecked and ensured that we been filled and shaped to the control of	at particulars of all the students who naded correctly in the OMR sheets. I also
TICI CL	by ander take that Tr	any mi stakes are round, i will		ature of the Invigilator
l ha∖ fill∈	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet c nstructions.	f the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ature of the Superintendent
l ha∖ fill∈	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet c nstructions.	of the said examinati	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ature of the Deputy Controller
l ha fill∈	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet c nstructions.	of the said examinati	on and found that particulars have been
Name	of the Controller		Si ana	ature of the Controller

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

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212184523034	JASKIRAT SINGH	<u> </u>	L
2	88212184524047	JAMANDEEP KUMAR	L	L
3	88212184524048	JAMRINDER SINGH	L	L
4	88212184524049	JAMRITPAL SINGH	L	L
5 	88212184524050	JANMOLPREET SINGH	L	L
6	88212184524052	BALKRANJEET SINGH	<u> </u>	L
7	88212184524054	GURBIR SINGH	L	L
8	88212184524055	GURPINDERJIT SINGH	L	L
9	88212184524056	GURSEWAK SINGH	L	L
10	88212184524057	GURUNOOR SINGH	L	L
11 l	88212184524059	HARJOT SINGH	L	L
12 	88212184524060	HARSHBIR SINGH	L	L
13	88212184524061	HARSIMRANJIT SINGH	L	L
14	88212184524062	JHONEY	<u> </u>	L
15 	88212184524064	JARMAN SINGH	L	L
16	88212184524065	JASKARANDEEP SINGH	L	L
17 	88212184524066	JASPINDER SINGH	<u> </u>	L
18	88212184524068	JUGRAJ SINGH	<u> </u>	L
19	88212184524069	KARANJIT SINGH	<u> </u>	
20	88212184524070	KARANPREET SINGH	<u> </u>	<u> </u>
21	88212184524071	<sub> </sub> KISHAN SINGH	<u> </u>	
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2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

PAGE: 2 of 2 ATTENDAN Center Name: 3212 / INDUSTRIA

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22		88212184524073	LOVEROSEPAL SINGH		
23		88212184524075	DDADLIOT SINCH		
24		88212184524076			
25		88212184524077	SAHIBBIR SINGH		
26		88212184524078	SATNAM SINGH		
27	ĺ	88212184524079			
		No. Of Answer Shee and Signature Of		Undertaki ng	
		Ü	g	Undertaki ng	hereby certify that I have conducted the it particulars of all the students who haded correctly in the OMR sheets. I also
ha hei	ze a <sub>l</sub> ≏eby	ppeared under my su undertake that if	ipervision in today's exam, hav any mistakes are found, I will	e been filled and sh not be entitled for	aded correctly in the UMR sheets. I also any remuneration.
				Si gna	ture of the Invigilator
l l	nave I ed	conducted 20% rand correctly as per i	lom checking of the OMR sheet onstructions.	f the said examinati	on and found that particulars have been
Nar	ne o	f the Superintender	t	Si gna	ture of the Superintendent
l l fil	nave I ed	conducted 10% rand correctly as per i	lom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Nar	ne of	f the Deputy Contro	ller	Si gna	ture of the Deputy Controller
l fi l	have I ed	e conducted 5% rand correctly as per i	lom checking of the OMR sheet o nstructions.	f the said examinati	on and found that particulars have been
Mar	me of	f the Controller		Si ana	iture of the Controller

Class: First

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

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 660 / WELDER

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212184524047	JAMANDEEP KUMAR	<u> </u>	L
2	88212184524048	JAMRINDER SINGH	<u> </u>	L
3	88212184524049	JAMRITPAL SINGH	<u> </u>	L
4	88212184524050	JANMOLPREET SINGH	<u> </u>	L
5	88212184524052	BALKRANJEET SINGH	<u> </u>	L
6	88212184524054	GURBIR SINGH	<u> </u>	L
7	88212184524055	GURPINDERJIT SINGH	<u> </u>	L
8	88212184524056	JGURSEWAK SINGH	<u> </u>	L
9	88212184524057	GURUNOOR SINGH	<u> </u>	L
10	88212184524059	HARJOT SINGH	<u> </u>	L
11	88212184524060	HARSHBIR SINGH	<u> </u>	L
12	88212184524061	HARSIMRANJIT SINGH	<u> </u>	L
13	88212184524062	JHONEY	<u> </u>	L
14	88212184524064	JARMAN SINGH	<u> </u>	L
15 	88212184524065	JASKARANDEEP SINGH	<u> </u>	L
16	88212184524066	JASPINDER SINGH	<u> </u>	L
17	88212184524068	JUGRAJ SINGH	<u> </u>	L
18	88212184524069	KARANJIT SINGH	<u> </u>	L
19	88212184524070	KARANPREET SINGH	<u> </u>	L
20	88212184524071	JKISHAN SINGH	<u> </u>	<u></u>
21	88212184524073	LOVEROSEPAL SINGH	<u> </u>	<u> </u>

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

PAGE: 2 of 2 Center Name:

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 660 / WELDER

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88212184524075	JPRABHJOT SINGH	<u> </u>	<u> </u>
23		DA IDEED CINCII		L
24	88212184524077	SAHIBBIR SINGH	<u></u>	<u> </u>
25 	88212184524078	0.71.4.4.0.1.0.1		L
26	88212184524079	JSOHAN LAL	<u> </u>	<u>L</u>
Nan	ne and Signature Of	Incharge	Undertaki ng	archy cortify that I have conducted the
	al No. Of Answer Sho ne and Signature Of			
I (Na above	ame)e examination as Invi	(Designation) gilator. I have personally chec	ked and ensured that	ereby certify that I have conducted the particulars of all the students who
nave	appeared under my st	upervision in today's exam, have any mistakes are found, I will	- been iiiied and sna	ded correctly in the lowk sheets. I also
			Si gnat	ure of the Invigilator
l ha∖ fill∈	ve conducted 20% randed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Superintender	nt	Si gnat	ure of the Superintendent
l hav fill∈	ve conducted 10% randed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l ha fille	ave conducted 5% randed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

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

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name:

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Name Of the Student

Subject: 17411 / TRADE THEORY

Regd. No.

PAGE: 1

S.No

l'	- 9	'	,	
1	88174180824001	  ABHIKARAN		
2	88174180824002	ANMOL		
3	88174180824003	ARPANDEEP KAUR		
4	88174180824004	BALJIT SINGH		
5	88174180824006	BONNY		
6	88174180824007	FATEH CHAND SINGH		
7	88174180824009	GURPREET KAUR		
8	88174180824010	JAIDEEP SINGH		
9	88174180824011	LOVEPREET SINGH		
10	88174180824013	  MEENA		
11	88174180824014	ONKAR SINGH		
12	88174180824016	<sub> </sub> RAHUL KUMAR		
13	88174180824017			
14	88174180824020	<sub> </sub> VISHAL		

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 August' 2025 EXAMS -SCVT

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17411 / TRADE THEORY

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

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Name Of the Student

Subject: 17414 / SOCIAL STUDIES

Regd. No.

S.No

		'		
1	88174180824001	ABHIKARAN	<u> </u>	L
2	88174180824002	ANMOL		L
3	88174180824003	ARPANDEEP KAUR	<u> </u>	L
4	88174180824004	BALJIT SINGH	<u> </u>	L
5	88174180824006	BONNY		L
6	88174180824007	FATEH CHAND SINGH		
7	88174180824009	GURPREET KAUR		L
8	88174180824010	JAIDEEP SINGH		L
9	88174180824011	LOVEPREET SINGH		L
10	88174180824013	MEENA		
11	88174180824014	ONKAR SINGH		 
12	88174180824016	RAHUL KUMAR		 
13	88174180824017	ROHIT		
14	88174180824020	<sub> </sub> VISHAL		 

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 August' 2025 EXAMS -SCVT

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17414 / SOCIAL STUDIES

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

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

Undertaki ng

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

PAGE: 1 of Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Name Of the Student

Subject: 17415 / PRACTICAL

Regd. No.

S.No

3.110			Allswei Sheet No. 1	Stadent's Sign.
1	88174180824001	<sub> </sub> ABHIKARAN	<u> </u>	<u></u>
2	88174180824002	JANMOL	L	
3	88174180824003	ARPANDEEP KAUR	L	L
4	88174180824004	BALJIT SINGH	<u> </u>	L
5	88174180824006	BONNY	<u> </u>	L
6	88174180824007	FATEH CHAND SINGH	<u> </u>	L
7	88174180824009	GURPREET KAUR	<u> </u>	L
8	88174180824010	JAIDEEP SINGH	<u> </u>	L
9	88174180824011	LOVEPREET SINGH	<u> </u>	L
10	88174180824013	<sub>J</sub> MEENA	<u> </u>	L
11	88174180824014	ONKAR SINGH	L	L
12	88174180824016	RAHUL KUMAR	L	L
13	88174180824017	<sub> </sub> ROHIT	 	 
14	88174180824020	<sub> </sub> VISHAL		
<b></b>				

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 August' 2025 EXAMS -SCVT

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17415 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17416 / COGNATE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174180824001	JABHIKARAN	<u> </u>	<u> </u>
2	88174180824002	JANMOL	<u> </u>	<u> </u>
3	88174180824003	JARPANDEEP KAUR	<u> </u>	L
4	88174180824004	<sub>J</sub> BALJIT SINGH	<u> </u>	L
5	88174180824006	BONNY	<u>[</u>	<u></u>
6	88174180824007	FATEH CHAND SINGH		
7	88174180824009	GURPREET KAUR	<u> </u>	<u> </u>
8	88174180824010	JAIDEEP SINGH	<u>[</u>	<u> </u>
9	88174180824011	LOVEPREET SINGH	<u>[</u>	<u> </u>
10	88174180824013	JMEENA		
11	88174180824014	ONKAR SINGH	<u> </u>	L
12	88174180824016	RAHUL KUMAR		
13	88174180824017	ROHIT		
14	88174180824020	VISHAL	<u> </u>	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17416 / COGNATE

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 August' 2025 EXAMS -SCVT
Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA
Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First
Subject: 17051 / PAINTING

.INO	Rega. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
	88370282921025	HARJIT SINGH					
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng				
have	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
			Si gnati	ure of the Invigilator			
	ve conducted 20% rand ed correctly as per i		the said examination	n and found that particulars have been			
Name	of the Superintender	nt	Si gnati	ure of the Superintendent			
	ve conducted 10% rand ed correctly as per i		the said examination	n and found that particulars have been			
Name	of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller			
	ave conducted 5% rand ed correctly as per i		the said examination	n and found that particulars have been			

Signature of the Controller

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17055 / CRAFT( T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282921025 | HARJIT SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17059 / DESIGN Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282921025 | HARJIT SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17060 / STILL LIFE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282921025 | HARJIT SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17065 / CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282921025 | HARJIT 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 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282921025 | HARJIT SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17072 / COMP. AWARENESS & GRAPHICS (T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282921025 | HARJIT SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First

17073 / GEOMETRICAL DRAWING Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282921025 | HARJIT SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70055 / CRAFT( T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282922027 | MANJINDER 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 August' 2025 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70070 / EDUCATIONAL PSYCHOLOGY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282922019 | AKSHAY 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 August' 2025 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282922027 | MANJINDER 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 Signature of the Controller

Class: First

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

PAGE: 1 of 1 Center Name:

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 684 / Additive Manufacturing ( 3D Printing)

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88293180524001	ANMOLAKJIT SINGH		1		
2	88293180524002	CHARAN MASIH	<u> </u>	1		
3	88293180524004	GURJOT SINGH	<u> </u>	1		
4	88293180524006	GURSEWAK SINGH	<u> </u>	1		
5	88293180524016	SIMRANPREET KAUR	<u> </u>			
6	88293180524017	SUKHBIR SINGH	<u> </u>	<u> </u>		
7	88293180524020	TRIPTA		1		
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 gnature			cure of the Invigilator			
l ha fill	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 Superintender	t	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 been filled correctly as per instructions.						
Name	of the Deputy Contro	ller	Si gnat	cure 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	cure of the Controller		

Class: First

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 684 / Additive Manufacturing ( 3D Printing)

Subject: 44434 / EMPLOYBILITY SKILL

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88293180524001	ANMOLAKJIT SINGH	<u> </u>	<u> </u>
2		88293180524002	CHARAN MASIH	<u></u>	L
3		88293180524004	GURJOT SINGH	<u> </u>	L
4		88293180524006	GURSEWAK SINGH	<u> </u>	L
5		88293180524016	SIMRANPREET KAUR	<u> </u>	L
6		88293180524017	SUKHBIR SINGH		L
7	ı	88293180524020	TRIPTA		
T	ota	No. Of Students in No. Of Answer She and Signature Of		Crit.	
				Undertaki ng	
abo hav	òve ve a	appeared under my su	(Designation)_ gilator. I have personally check upervision in today's exam, have any mistakes are found, I will u	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
				Si gnat	ure of the Invigilator
l l	nave Le	e conducted 20% rand d correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Nai	ne o	of the Superintender	nt	Si gnat	ure of the Superintendent
l l fi	nave Lee	e conducted 10% rand d correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Nai	ne o	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l fi	hav Led	ve conducted 5% rand d correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Nai	ne (	of the Controller		Si gnat	ure of the Controller

Class: First

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

PAGE: 1 Center Name:

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 684 / Additive Manufacturing (3D Printing)

44435 / PRACTICAL Subject:

S.No Regd. No. Name Of the Student | Student's Sign. Answer Sheet No. 88293180524001 | ANMOLAKJIT SINGH 88293180524002 <sub>|</sub> CHARAN MASIH 2 3 88293180524006 | GURSEWAK SINGH 5 88293180524017 | SUKHBIR SINGH 88293180524020 <sub>I</sub>TRIPTA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng (Designation)\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227284724001	<sub> </sub> ABHI		
2				
3				1
4				
5				
6	88227284724018	COUDAN		1
Nai	me and Signature Of	Incharge	Undertaki ng	
Tot	cal No. Of Students in cal No. Of Answer She me and Signature Of	eets Packed >	sent:	
I (N	lame) ye examination as Invi	(Designation) gilator. I have personally chec	ked and ensured that	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also
here	eby undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ive 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	ive 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% 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	ture of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88227284724001	АВНІ		
2		88227284724002			_L
3					
4		88227284724004	A N I N A C I		
5		88227284724008	GOVERDHAN SINGH		
6	ı				
N	ame	e and Signature Of	Incharge	Undertaki ng	
		No. Of Answer Shee and Signature Of		Undertaki ng	
hav	ve a	ppeared under my su	gilator. I have personally che pervision in today's exam, hav any mistakes are found, I will	e been filled and sh	hereby certify that I have conducted the transfer to particulars of all the students who haded correctly in the OMR sheets. I also any remuneration.
				Si gna	ture of the Invigilator
l l fil	have I I ed	conducted 20% rand correctly as per i	lom checking of the OMR sheet o nstructions.	f the said examinati	on and found that particulars have been
Nar	me of	f the Superintenden	t	Si gna	ture of the Superintendent
l l fil	have I I ed	conducted 10% rand correctly as per i	om checking of the OMR sheet onstructions.	f the said examinati	on and found that particulars have been
Nar	me of	f the Deputy Contro	ller	Si gna	ture of the Deputy Controller
l fil	have Hed	e conducted 5% rand correctly as per i	om checking of the OMR sheet onstructions.	f the said examinati	on and found that particulars have been
Nar	ne of	f the Controller		Si gna	ture of the Controller

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

PAGE: 1 of 1 Center Name: 3214

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227284724001	<sub> </sub> ABHI		
2	88227284724002			
3		ARCHIT CHADMA		
4	88227284724004	ANMOL	<u> </u>	_L
5				
6 <sub>I</sub>	88227284724018			
	Ü	<u> </u>	Undertaki ng	
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
I (N abov have	ame)e examination as Invi	(Designation) gilator. I have personally chec	ked and ensured tha	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets I also
here	by undertake that if	any mistakes are found, I will	not be entitled for	aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Name	of the Superintender	it	Si gna	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231284724021	<sub> </sub> ABHINASH		
2	88231284724022	ABNISH KUMAR	<u> </u>	
3	88231284724024	AMANDEEP	<u> </u>	
4	88231284724025	<sub> </sub> ASHUTOSH	<u> </u>	
5 	88231284724026	BARUN KUMAR	<u> </u>	
6	88231284724029	HONEY SAINI	<u> </u>	
7	88231284724030	INDERJIT BAINS	<u> </u>	
8	88231284724031	JATIN SAINI	<u> </u>	
9	88231284724032	<sub> </sub> MANI SAINI	<u> </u>	
10	88231284724033	MANPREET SINGH	<u> </u>	
11	88231284724034	MANPREET SINGH	<u> </u>	
12	88231284724036	RAMESH SINGH	<u> </u>	
13	88231284724037	SHUBHOM	<u> </u>	
14	88231284724038	SUKHJINDER SINGH	<u> </u>	
15 	88231284724039	VARUN	<u></u>	
16	88231284724040	<sub> </sub> VISHAL	<u></u>	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231284724021	<sub> </sub> ABHINASH		
2	88231284724022	JABNISH KUMAR	L	L
3	88231284724024	JAMANDEEP	<u> </u>	L
4	88231284724025	<sub> </sub> ASHUTOSH	L	L
5	88231284724026	BARUN KUMAR	L	L
6	88231284724029	JHONEY SAINI	L	L
7 l	88231284724030	INDERJIT BAINS	<u> </u>	L
8	88231284724031	JATIN SAINI	<u> </u>	L
9	88231284724032	<sub>J</sub> MANI SAINI	L	L
10 	88231284724033	MANPREET SINGH	L	L
11	88231284724034	MANPREET SINGH	<u> </u>	L
12	88231284724036	RAMESH SINGH	<u> </u>	L
13	88231284724037	SHUBHOM	<u> </u>	L
14	88231284724038	SUKHJINDER SINGH	<u> </u>	L
15 	88231284724039	<sub> </sub> VARUN	L	L
16 	88231284724040	<sub> </sub> VISHAL	L	
1				

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231284724021	<sub> </sub> ABHINASH	<u> </u>	
2	88231284724022	ABNISH KUMAR	<u> </u>	L
3	88231284724024	JAMANDEEP	<u> </u>	L
4	88231284724025	<sub> </sub> ASHUTOSH	<u> </u>	L
5	88231284724026	BARUN KUMAR	<u> </u>	L
6	88231284724029	HONEY SAINI	<u> </u>	L
7	88231284724030	INDERJIT BAINS	<u> </u>	L
8	88231284724031	JATIN SAINI	<u> </u>	L
9	88231284724032	<sub> </sub> MANI SAINI	<u> </u>	L
10	88231284724033	MANPREET SINGH	<u> </u>	L
11	88231284724034	MANPREET SINGH	<u> </u>	L
12	88231284724036	RAMESH SINGH	<u> </u>	L
13	88231284724037	SHUBHOM	<u> </u>	L
14	88231284724038	SUKHJINDER SINGH	<u> </u>	L
15	88231284724039	<sub> </sub> VARUN	<u> </u>	L
16	88231284724040	<sub> </sub> VISHAL	<u></u>	 
<del></del> -			·	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231284723026	ABHISHEK CHANDLE	<u> </u>	<u></u>
2	88231284723028	AMRIT SHARMA	L	L
3	88231284723029	DANESH KUMAR	<u> </u>	L
4	88231284723030	HARJOT SINGH	<u> </u>	L
5	88231284723031	HARMAN SINGH	<u> </u>	L
6	88231284723032	HARPREET	<u> </u>	L
7	88231284723034	PARVESH SINGH	<u> </u>	L
8	88231284723035	PRATHAM SINGH	L	L
9	88231284723036	PRATHAM SINGH	L	L
10	88231284723037	PRINCE	<u> </u>	L
11 	88231284723038	RAM CHAND	<u> </u>	L
12	88231284723039	SHUBHAM SHARMA	<u> </u>	L
13	88231284723040	SOURAV SINGH	<u> </u>	L
14	88231284723042	<sub> </sub> VANSH	<u> </u>	L
15 	88231284723043	JVANSH MEHRA	<u> </u>	L
16	88231284723044	JVISHAL KUMAR	<u> </u>	
17 	88231284723045	YUVRAJ 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>> Name Of Invigilator Signature O Absent >> Signature Of Invigilator

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name:

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231284723026	ABHISHEK CHANDLE	<u> </u>	
2	88231284723028	JAMRIT SHARMA	<u> </u>	
3	88231284723029	DANESH KUMAR		
4	88231284723030	HARJOT SINGH		
5	88231284723031	HARMAN SINGH	<u> </u>	
6	88231284723032	HARPREET		
7	88231284723034	PARVESH SINGH		
8	88231284723035	PRATHAM SINGH	<u>[</u>	
9	88231284723036	PRATHAM SINGH	<u>[</u>	
10	88231284723037	PRINCE	<u>[</u>	
11	88231284723038	RAM CHAND	<u>[</u>	
12	88231284723039	SHUBHAM SHARMA		
13	88231284723040	SOURAV SINGH		
14	88231284723042	<sub> </sub> VANSH		
15	88231284723043	VANSH MEHRA		
16	88231284723044	VISHAL KUMAR		
17	88231284723045	YUVRAJ SINGH		
·				

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

Name and Signature Of Incharge

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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231284723026	ABHISHEK CHANDLE	<u> </u>	<u> </u>
2	88231284723028	AMRIT SHARMA	<u> </u>	<u> </u>
3	88231284723029	DANESH KUMAR	<u> </u>	<u> </u>
4	88231284723030	HARJOT SINGH	<u> </u>	<u> </u>
5	88231284723031	HARMAN SINGH	<u> </u>	<u>L</u>
6	88231284723032	HARPREET	<u> </u>	<u> </u>
7	88231284723034	PARVESH SINGH	<u> </u>	<u> </u>
8	88231284723035	PRATHAM SINGH	<u> </u>	<u> </u>
9	88231284723036	PRATHAM SINGH	<u> </u>	<u> </u>
10	88231284723037	PRINCE	<u> </u>	<u> </u>
11	88231284723038	RAM CHAND	<u> </u>	<u> </u>
12	88231284723039	SHUBHAM SHARMA	<u> </u>	<u> </u>
13	88231284723040	SOURAV SINGH	<u> </u>	<u> </u>
14	88231284723042	<sub> </sub> VANSH		L
15 <sub> </sub>	88231284723043	JVANSH MEHRA	<u> </u>	L
16	88231284723044	<sub> </sub> VISHAL KUMAR	<u> </u>	
17	88231284723045	YUVRAJ SINGH		
			·	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 144 / SURVEYOR Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88207284724045 | GURMUKH SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 144 / SURVEYOR Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88207284724045 | GURMUKH SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 144 / SURVEYOR Class: First 44435 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88207284724045 | GURMUKH SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

44431 / TRADE THEORY Subject:

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1 	88218284724053	JABHISHEK KUMAR	L	<u></u>
2	88218284724054	AMANDEEP KUMAR	L	L
3	88218284724055	ANMOL SHARMA	<u> </u>	L
4	88218284724058	<sub>J</sub> DEEPAK	<u> </u>	L
5 	88218284724059	DINESH SAINI	<u> </u>	L
6	88218284724060	GURPREET SAINI	<u> </u>	L
7 	88218284724064	JASWINDER SINGH	<u> </u>	L
8	88218284724065	KARAN ATTRI	<u> </u>	L
9	88218284724066	<sub> </sub> KESHAV	<u> </u>	L
10	88218284724067	KULVIR SINGH	<u> </u>	L
11 	88218284724068	MANIR CHARVAITHIA	<u> </u>	L
12 	88218284724069	NAVNEET KUMAR	<u> </u>	L
13 	88218284724070	<sub> </sub> NISHANT SAINI	<u> </u>	L
14	88218284724071	PARVESH KUMAR	<u> </u>	L
15 	88218284724072	SANAM	L	L
16	88218284724073	JSAWAN	L	L
17 	88218284724074	SAWAN KUMAR	L	L
18	88218284724075	SUPANDEEP SINGH		
19	88218284724076	VISHAL SINGH SALARIA		L
		·		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218284724053	JABHISHEK KUMAR	<u> </u>	L
2	88218284724054	AMANDEEP KUMAR		L
3	88218284724055	JANMOL SHARMA		L
4	88218284724058	<sub>]</sub> DEEPAK		L
5 <sub> </sub>	88218284724059	DINESH SAINI		L
6	88218284724060	GURPREET SAINI		L
7	88218284724064	JASWINDER SINGH	<u> </u>	L
8	88218284724065	KARAN ATTRI	<u> </u>	L
9	88218284724066	<sub> </sub> KESHAV	<u> </u>	L
10	88218284724067	KULVIR SINGH	<u> </u>	L
11	88218284724068	<sub>J</sub> MANIR CHARVAITHIA	<u> </u>	L
12	88218284724069	NAVNEET KUMAR		L
13	88218284724070	<sub>J</sub> NISHANT SAINI	<u> </u>	L
14	88218284724071	PARVESH KUMAR	<u> </u>	L
15	88218284724072	JSANAM	<u> </u>	L
16	88218284724073	SAWAN		L
17	88218284724074	SAWAN KUMAR	<u></u>	<u> </u>
18	88218284724075	SUPANDEEP SINGH	<u> </u>	
19	88218284724076	VISHAL SINGH SALARIA	<u></u>	 [

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218284724053	ABHISHEK KUMAR	<u> </u>	L
2	88218284724054	AMANDEEP KUMAR	<u> </u>	L
3	88218284724055	ANMOL SHARMA	<u> </u>	L
4	88218284724058	<sub> </sub> DEEPAK	<u> </u>	L
5	88218284724059	DINESH SAINI	<u> </u>	L
6	88218284724060	GURPREET SAINI	<u> </u>	L
7	88218284724064	JASWINDER SINGH	<u> </u>	L
8	88218284724065	KARAN ATTRI	<u> </u>	L
9	88218284724066	KESHAV	<u> </u>	L
10	88218284724067	KULVIR SINGH	L	L
11	88218284724068	MANIR CHARVAITHIA	<u> </u>	L
12	88218284724069	NAVNEET KUMAR	<u> </u>	L
13	88218284724070	NISHANT SAINI	<u> </u>	L
14	88218284724071	PARVESH KUMAR	<u> </u>	L
15	88218284724072	SANAM	<u> </u>	L
16	88218284724073	SAWAN	<u> </u>	
17	88218284724074	SAWAN KUMAR	<u> </u>	
18	88218284724075	SUPANDEEP SINGH	 	
19	88218284724076	VISHAL SINGH SALARIA		
		:		·

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: Second

Name Of the Student

Subject: 44441 / TRADE THEORY

Regd. No.

PAGE: 1

S.No

		,	7 (113Wei 311eet 146.	
1	88218284723073	DALJIT.		
2	88218284723074	ESHAN	[	
3	88218284723076	KARANDEEP		
4	88218284723077	KARANPREET SINGH	[	
5	88218284723078	KHUSHAL MAJOTRA	[	
6	88218284723079	KRISHAN KUMAR		
7	88218284723080	LAKHBIR		
8	88218284723082	MANPREET		
9	88218284723084	RAJESH KUMAR		
10	88218284723088	SANGRAM SINGH		L
11	88218284723092	SURJIT KUMAR	[	L
12	88218284723093	VANAV SAINI		
13	88218284723094	VINOD 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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: Second Subject: 44441 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

PAGE: 1

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88218284723073	DALJIT.		L
88218284723074	SHAN		L
88218284723076	KARANDEEP		L
88218284723077	KARANPREET SINGH	<u> </u>	L
88218284723078	KHUSHAL MAJOTRA	<u> </u>	L
88218284723079	KRISHAN KUMAR	<u> </u>	L
88218284723080	LAKHBIR	<u> </u>	L
88218284723082	JMANPREET	<u></u>	L
88218284723084	RAJESH KUMAR	<u></u>	L
88218284723088	SANGRAM SINGH	<u> </u>	L
88218284723092	SURJIT KUMAR	<u> </u>	L
88218284723093	JVANAV SAINI	<u></u>	L
88218284723094	JVINOD KUMAR	1	
	88218284723074 88218284723074 88218284723076 88218284723077 88218284723079 88218284723080 88218284723082 88218284723084 88218284723088 88218284723092 88218284723093	Regd. No.   Name Of the Student  88218284723073   DALJIT.  88218284723074   ESHAN  88218284723076   KARANDEEP  88218284723077   KARANPREET SINGH  88218284723078   KHUSHAL MAJOTRA  88218284723079   KRISHAN KUMAR  88218284723080   LAKHBIR  88218284723082   MANPREET  88218284723084   RAJESH KUMAR  88218284723088   SANGRAM SINGH  88218284723092   SURJIT KUMAR  88218284723093   VANAV SAINI  88218284723094   VINOD KUMAR	88218284723073   DALJIT.  88218284723074   ESHAN  88218284723076   KARANDEEP  88218284723077   KARANPREET SINGH  88218284723078   KHUSHAL MAJOTRA  88218284723079   KRISHAN KUMAR  88218284723080   LAKHBIR  88218284723082   MANPREET  88218284723084   RAJESH KUMAR  88218284723088   SANGRAM SINGH  88218284723092   SURJIT KUMAR  88218284723093   VANAV SAINI

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: Second Subject: 44444 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: Second

Subject: 44445 / PRACTICAL

PAGE: 1

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218284723073	DALJIT.	<u> </u>	<u> </u>
2	88218284723074	<sub> </sub> ESHAN	<u> </u>	<u> </u>
3	88218284723076	KARANDEEP	L	L
4	88218284723077	KARANPREET SINGH	L	L
5	88218284723078	KHUSHAL MAJOTRA	<u> </u>	L
6	88218284723079	KRISHAN KUMAR	<u> </u>	L
7	88218284723080	LAKHBIR	<u> </u>	L
8	88218284723082	MANPREET	<u> </u>	L
9	88218284723084	RAJESH KUMAR	<u> </u>	L
10	88218284723088	SANGRAM SINGH	<u> </u>	L
11	88218284723092	SURJIT KUMAR	<u> </u>	L
12	88218284723093	JVANAV SAINI	<u> </u>	L
13	88218284723094	VINOD KUMAR	<u> </u>	L

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

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: Second Subject: 44445 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17411 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174180423015	ROJI	<u> </u>	L
2	88174180424001	ANJALI	<u> </u>	L
3	88174180424002	ANJALI	<u> </u>	L
4	88174180424004	JATINDERPAL KAUR	L	L
5	88174180424005	KAJAL	<u> </u>	L
6	88174180424007	MANISHA KUMARI	<u> </u>	L
7	88174180424008	MANSI DEVI	<u> </u>	L
8	88174180424009	MEENU	L	L
9	88174180424010	MEHAKDEEP KAUR	L	L
10	88174180424011	PALVI	L	L
11	88174180424012	PALWINDER KAUR	<u> </u>	L
12	88174180424013	RITIKA	<u> </u>	L
13	88174180424014	SAKSHI	<u> </u>	L
14	88174180424015	SANIA	<u> </u>	L
15	88174180424016	SHAMA	<u> </u>	L
16	88174180424018	SUNAINA SHARMA	<u> </u>	L
17 	88174180424020	TANIYA	L	L
18	88174181023009	NAVPREET KAUR	L	L
19	88174181023010	PRABHJOT KAUR	<u> </u>	L
20	88174181024003	AMAN	<u> </u>	<u></u>
21	88174181024006	CHARANJIT SINGH	<u> </u>	L
			·	

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

PAGE: 2 of 2

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course:

664 / PUNJABI STENOGRAPHY Class: First

Subject: 17411 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 	
22	88174181024007	DILJIT SINGH	<u> </u>	<u> </u>	
23	88174181024011	MEHAKPREET KAUR		<u> </u>	
24	88174181024012	NANCY		<u> </u>	
25	88174181024014	NAVJOT KAUR		<u> </u>	
26	88174181024016	RAJWINDER KAUR		<u> </u>	
27	88174181024017	SAHIL SINGH			
28	88174181024018	SAJANPREET SINGH		<u> </u>	
29	88174181024019	SHALLU DHIR		<u> </u>	
30	88174181024020	SHALLY		<u> </u>	
To	tal No. Of Students in tal No. Of Answer Sh me and Signature Of	eets Packed >	sent:		
			Undertaki ng		
abò hav	Name) ve examination as Inv e appeared under my si eby undertake that if	(Designation) igilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	pereby 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 h	ave conducted 20% rand led correctly as per	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been	
Nam	Name of the Superintendent Signature of the Superintendent				
l ha 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.				

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.

Signature of the Deputy Controller

Signature of the Controller

Name of the Deputy Controller

Name of the Controller

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name:

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17414 / SOCIAL STUDIES

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174180424001	<sub>]</sub> ANJALI	<u> </u>	L
2	88174180424002	ANJALI	<u> </u>	L
3	88174180424004	JATINDERPAL KAUR	<u> </u>	L
4	88174180424005	<sub>]</sub> KAJAL	<u> </u>	L
5	88174180424007	<sub>J</sub> MANISHA KUMARI	L	L
6	88174180424008	<sub>J</sub> MANSI DEVI	L	L
7	88174180424009	<sub>]</sub> MEENU	<u> </u>	L
8	88174180424010	JMEHAKDEEP KAUR	L	L
9	88174180424011	<sub>J</sub> PALVI	L	L
10	88174180424012	JPALWINDER KAUR	L	L
11	88174180424013	<sub>J</sub> RITIKA	L	L
12	88174180424014	<sub>J</sub> SAKSHI	L	L
13	88174180424015	<sub>J</sub> SANIA	L	L
14	88174180424016	JSHAMA	L	L
15 	88174180424018	JSUNAINA SHARMA	L	L
16	88174180424020	<sub>J</sub> TANIYA	L	L
17 	88174181024003	JAMAN	L	L
18	88174181024006	CHARANJIT SINGH	L	L
19	88174181024007	JDILJIT SINGH	L	
20	88174181024011	JAMEHAKPREET KAUR	L	
21	88174181024012	NANCY	<u> </u>	L

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17414 / SOCIAL STUDIES

PAGE: 2

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88174181024014 | NAVJOT KAUR 23 88174181024016 | RAJWINDER KAUR 24 88174181024017 | SAHIL SINGH 25 26 88174181024019 SHALLU DHIR 27 88174181024020<sub>1</sub>SHALLY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) (Designation) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Signature of the Deputy Controller Name of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17415 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174180424001	ANJALI	<u> </u>	L
2	88174180424002	ANJALI	<u> </u>	L
3	88174180424004	JATINDERPAL KAUR	<u> </u>	L
4	88174180424005	<sub>]</sub> KAJAL	<u> </u>	L
5	88174180424007	<sub>J</sub> MANISHA KUMARI	<u> </u>	L
6	88174180424008	<sub>J</sub> MANSI DEVI	<u> </u>	L
7	88174180424009	<sub>]</sub> MEENU	<u> </u>	L
8	88174180424010	JMEHAKDEEP KAUR	L	L
9	88174180424011	<sub>]</sub> PALVI	L	L
10	88174180424012	JPALWINDER KAUR	L	L
11	88174180424013	<sub>]</sub> RITIKA	L	L
12	88174180424014	JSAKSHI	L	L
13	88174180424015	SANIA	L	L
14	88174180424016	JSHAMA	L	L
15	88174180424018	JSUNAINA SHARMA	L	L
16	88174180424020	JTANIYA	L	L
17	88174181024003	JAMAN	L	L
18	88174181024006	CHARANJIT SINGH	L	L
19	88174181024007	DILJIT SINGH	<u> </u>	
20	88174181024011	JMEHAKPREET KAUR	<u> </u>	
21	88174181024012	NANCY	<u> </u>	L

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

PAGE: 2 of 2 Center Name :

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course:

664 / PUNJABI STENOGRAPHY

Class: First Subject: 17415 / PRACTICAL

S.No	 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22		88174181024014	NAVJOT KAUR		
23		88174181024016	RAJWINDER KAUR		
24		88174181024017			
25			CA LANDDEET CINICII		
26		88174181024019			
27	l				
Na	ame	and Signature Of	Incharge	Undertaki ng	
		No. Of Answer Sheen and Signature Of		Undertaki ng	
hav	∕e ar	opeared under mv su	gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	∕e been filled and sh	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also any remuneration.
				Si gna	ature of the Invigilator
l h fil	nave I ed	conducted 20% rand correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Nam	ne of	f the Superintender	nt	Si gna	ature of the Superintendent
l h fil	nave I ed	conducted 10% rand correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Nam	ne of	f the Deputy Contro	oller	Si gna	ature of the Deputy Controller
l fi l	have I ed	e conducted 5% rand correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Nam	ne of	f the Controller		Si gna	ature of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17416 / COGNATE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174180424001	<sub>]</sub> ANJALI	<u> </u>	L
2	88174180424002	ANJALI	<u> </u>	L
3	88174180424004	JATINDERPAL KAUR	<u> </u>	L
4	88174180424005	<sub>]</sub> KAJAL	L	L
5	88174180424007	<sub>J</sub> MANISHA KUMARI	L	L
6	88174180424008	<sub>J</sub> MANSI DEVI	L	L
7	88174180424009	<sub>]</sub> MEENU	<u> </u>	L
8	88174180424010	MEHAKDEEP KAUR	<u> </u>	L
9	88174180424011	PALVI	<u> </u>	L
10	88174180424012	PALWINDER KAUR	<u> </u>	L
11	88174180424013	<sub>]</sub> RITIKA	<u> </u>	L
12	88174180424014	SAKSHI	<u> </u>	L
13	88174180424015	SANIA	<u> </u>	L
14	88174180424016	JSHAMA	<u> </u>	L
15 	88174180424018	SUNAINA SHARMA	<u> </u>	L
16	88174180424020	<sub>J</sub> TANIYA	L	L
17	88174181023009	NAVPREET KAUR	<u> </u>	L
18	88174181023010	PRABHJOT KAUR	<u> </u>	L
19	88174181024003	JAMAN	<u> </u>	
20	88174181024006	CHARANJIT SINGH	<u> </u>	<u></u>
21	88174181024007	DILJIT SINGH	 	<u></u>
	<b></b>			

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17416 / COGNATE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88174181024011	MEHAKPREET KAUR		
23	88174181024012	NANCY		
24	88174181024014	NAVJOT KAUR	<u> </u>	
25	88174181024016	RAJWINDER KAUR		
26	88174181024017	SAHIL SINGH		
27	88174181024018	SAJANPREET SINGH		
28	88174181024019	SHALLU DHIR		
29	88174181024020	SHALLY		1
Tot	tal No. Of Students ir tal No. Of Answer Sh me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	e appeared under my s	(Designation) igilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	been 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 any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ave conducted 20% ran ed correctly as per	dom checking of the OMR sheet of instructions.	the said examinati	on and found that particulars have been
Name	e of the Superintende	nt	Si gna	ture of the Superintendent
I ha fill	ave conducted 10% ran ed correctly as per	dom checking of the OMR sheet of instructions.	the said examinati	on and found that particulars have been
Name	e of the Deputy Contr	oller	Si gna	ture of the Deputy Controller
l h fill	nave conducted 5% ran ed correctly as per	dom checking of the OMR sheet of instructions.	the said examinati	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17055 / CRAFT( T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370283721003 | SUKHWINDER 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 August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17070 / PRINCIPLES OF EDUCATION Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370283721003 | SUKHWINDER 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 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70051 / PAINTING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370283723002 LAKHBIR CHANDAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70055 / CRAFT( T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370283723002  $_{\mid}$  LAKHBIR CHANDAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70056 / CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370283723002  $_{\mid}$  LAKHBIR CHANDAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88370283721003	SUKHWINDER KAUR					
2	88370283723002	LAKHBIR CHANDAL					
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng				
hav	/e appeared under my su	(Designation)_ gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	e been filled and sh	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.			
			Si gna	ture of the Invigilator			
l h fil	nave conducted 20% rand led correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examinati	on and found that particulars have been			
Nar	ne of the Superintender	nt	Si gna	ture of the Superintendent			
l h fil	nave conducted 10% rand led correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been			
Nar	ne of the Deputy Contro	oller	Si gna	ture of the Deputy Controller			
	have conducted 5% rand led correctly as per i		f 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 August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370283723002 | LAKHBIR CHANDAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70072 / COMMERCIAL ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370283723002 | LAKHBIR CHANDAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

5.No	)   Regd. No. 	Name Of the Student	Answer Sheet No.	Student's Sign.		
l 	88370283721002	<sub>J</sub> PRIYANKA	<u> </u>			
<u></u>	88370283721003	SUKHWINDER KAUR	<u> </u>			
3	88370283723002	LAKHBIR CHANDAL	<u> </u>	<u> </u>		
Т	otal No. Of Students in otal No. Of Answer Sh lame and Signature Of		sent:			
			Undertaki ng			
I ab ha he	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnati	ure of the Invigilator		
l fi	have conducted 20% rand lled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
Na	me of the Superintender	nt	Si gnati	ure of the Superintendent		
l fi	have conducted 10% rand lled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
Na	me of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller		
l fi	have conducted 5% rand lled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
Na	me of the Controller		Si gnati	ure of the Controller		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70074 / TEACHING OF ART & CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370283723002 | LAKHBIR CHANDAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70075 / PROJECT Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370283723002 LAKHBIR CHANDAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70082 / COMPUTER AWARENESS & GRAPHICS (P) Subject: S.No Name Of the Student | Answer Sheet No. Student's Sign. Regd. No. 88370283723002 LAKHBIR CHANDAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 686 / Mechanic Electric Vehicle

Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88295184724078	BALWINDER KUMAR	<u> </u>	<u> </u>
2	88295184724079	DAVINDER SINGH	<u> </u>	<u> </u>
3	88295184724081	DEEPAK SHARMA	<u> </u>	<u> </u>
4	88295184724085	JUGRAJ SINGH	<u> </u>	<u> </u>
5	88295184724087	KARAN KUMAR	<u> </u>	<u> </u>
6	88295184724088	KAVIRAJ MEHRA	<u> </u>	<u> </u>
7	88295184724090	NARESH KUMAR	L	L
8	88295184724093	<sub>]</sub> RAJVEER	L	L
9	88295184724097	SHUBHAM SINGH	L	L
10 	88295184724099	JVARUN	L	L
11 	88295184724100	JVISHAVPREET 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 August' 2025 EXAMS -SCVT

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 686 / Mechanic Electric Vehicle Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course : 686 / Mechanic Electric Vehicle Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88295184724078	BALWINDER KUMAR	<u> </u>	L
88295184724079	DAVINDER SINGH	<u> </u>	L
88295184724081	DEEPAK SHARMA	L	L
88295184724085	JUGRAJ SINGH	L	L
88295184724087	KARAN KUMAR	L	L
88295184724088	KAVIRAJ MEHRA	<u> </u>	<u></u>
88295184724090	NARESH KUMAR	<u> </u>	L
88295184724093	<sub> </sub> RAJVEER	<u> </u>	L
88295184724097	SHUBHAM SINGH	<u> </u>	L
88295184724099	<sub> </sub> VARUN	<u> </u>	L
88295184724100	JVISHAVPREET SINGH	L	L
	88295184724079 88295184724081 88295184724085 88295184724087 88295184724088 88295184724090 88295184724093 88295184724097 88295184724099	Regd. No.   Name Of the Student	88295184724078 BALWINDER KUMAR  88295184724079 DAVINDER SINGH  88295184724081 DEEPAK SHARMA  88295184724085 JUGRAJ SINGH  88295184724087 KARAN KUMAR  88295184724088 KAVIRAJ MEHRA  88295184724090 NARESH KUMAR  88295184724091 SHUBHAM SINGH  88295184724099 VARUN

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

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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 686 / Mechanic Electric Vehicle Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 686 / Mechanic Electric Vehicle

Class: First

Name Of the Student

Subject: 44435 / PRACTICAL

Regd. No.

S.No

0		1	7 Triswer Sheet No.	
1	88295184724078	BALWINDER KUMAR		
2	88295184724079	DAVINDER SINGH	L	<u>L</u>
3	88295184724081	DEEPAK SHARMA	L	L
4	88295184724085	JUGRAJ SINGH	<u> </u>	<u>L</u>
5	88295184724087	KARAN KUMAR	<u> </u>	<u> </u>
6	88295184724088	KAVIRAJ MEHRA		L
7	88295184724090	NARESH KUMAR	<u> </u>	<u> </u>
8	88295184724093	<sub> </sub> RAJVEER	<u> </u>	<u> </u>
9	88295184724097	SHUBHAM SINGH	<u> </u>	L
10	88295184724099	<sub> </sub> VARUN	<u></u>	L
11	88295184724100	VISHAVPREET SINGH	<u></u>	<u></u>

Answer Sheet No.

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Student's Sign.

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

Center Name : 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 686 / Mechanic Electric Vehicle Class: First

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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name:

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209136724001	JAJAY KUMAR	<u> </u>	L
2	88209136724002	AMRISH SINGH	<u> </u>	L
3	88209136724003	<sub> </sub> ANIKET	<u> </u>	L
4	88209136724005	ANURAG SHARMA	<u> </u>	L
5	88209136724006	ARVINDER SINGH	<u> </u>	L
6	88209136724010	J DEEPAK	<u> </u>	L
7	88209136724011	DIMPAL	<u> </u>	L
8	88209136724014	HAPPY	<u> </u>	L
9	88209136724015	JISHAN CHAND	<u> </u>	L
10	88209136724016	JASBIR SINGH	<u> </u>	L
11	88209136724018	KRISH THAKUR	<u> </u>	L
12	88209136724019	<sub> </sub> MALKIT SINGH	<u> </u>	L
13	88209136724020	MANISH KUMAR	<u> </u>	L
14	88209136724022	MOHIT KUMAR	<u> </u>	L
15 	88209136724023	NARINDER KUMAR	<u> </u>	L
16	88209136724025	NISHANT KUMAR	<u> </u>	L
17	88209136724026	PARAS RAM	<u> </u>	L
18	88209136724027	<sub>J</sub> PREM	<u> </u>	L
19	88209136724028	PUSHAP KUMAR		L
20	88209136724029	<sub> </sub> RAJESH KUMAR		
21	88209136724030	RAJNEESH KUMAR	<u> </u>	<u></u>

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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name:

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88209136724031	JRAKESH KUMAR		
23	88209136724032	<sub>J</sub> RAVI KUMAR	<u></u>	L
24	88209136724033	<sub>J</sub> RAVI KUMAR		<u>L</u>
25	88209136724034	RITIK PATHANIA		<u>L</u>
26	88209136724035	ROHIT KUMAR		<u> </u>
27	88209136724037	SAHIL SINGH		<u> </u>
28	88209136724039	SHIV KUMAR		<u>L</u>
29	88209136724040	SOM RAJ		<u> </u>
30	88209136724043	TEK CHAND		<u> </u>
31	88209136724044	JUMESH SINGH		<u> </u>
32	88209136724045	<sub>J</sub> VANSH SINGH		<u> </u>
33	88209136724046	VARINDER SINGH		<u> </u>
34	88209136724047	·VIKAS	1	1

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

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Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209136724001	JAJAY KUMAR	<u> </u>	<u> </u>
2	88209136724002	JAMRISH SINGH	L	L
3	88209136724003	JANIKET	L	L
4	88209136724005	JANURAG SHARMA	L	L
5 	88209136724006	JARVINDER SINGH	L	L
6	88209136724010	J DEEPAK	L	L
7	88209136724011	<sub>]</sub> DIMPAL	<u> </u>	L
8	88209136724014	<sub>]</sub> HAPPY	<u> </u>	<u> </u>
9	88209136724015	JISHAN CHAND	<u> </u>	<u> </u>
10	88209136724016	JASBIR SINGH	<u> </u>	<u> </u>
11	88209136724018	KRISH THAKUR	<u> </u>	<u> </u>
12	88209136724019	<sub>J</sub> MALKIT SINGH	<u> </u>	<u> </u>
13	88209136724020	JMANISH KUMAR	<u> </u>	L
14	88209136724022	JMOHIT KUMAR	<u> </u>	L
15	88209136724023	NARINDER KUMAR	<u> </u>	<u> </u>
16	88209136724025	<sub>J</sub> NISHANT KUMAR	<u> </u>	<u> </u>
17	88209136724026	PARAS RAM	<u> </u>	<u> </u>
18	88209136724027	<sub>]</sub> PREM	<u> </u>	<u> </u>
19	88209136724028	JPUSHAP KUMAR	<u> </u>	
20	88209136724029	JRAJESH KUMAR	<u> </u>	<u></u>
21	88209136724030	RAJNEESH KUMAR		<u> </u>
	<b></b>		·	

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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name:

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88209136724031	RAKESH KUMAR		
23	88209136724032	RAVI KUMAR	<u> </u>	L
24	88209136724033	RAVI KUMAR	<u> </u>	<u> </u>
25 	88209136724034	RITIK PATHANIA	<u> </u>	L
26 	88209136724035	ROHIT KUMAR	<u> </u>	L
27	88209136724037	SAHIL SINGH	<u> </u>	<u> </u>
28	88209136724039	SHIV KUMAR	<u></u>	L
29	88209136724040	SOM RAJ	<u> </u>	L
30	88209136724043	JTEK CHAND	<u> </u>	L
31 	88209136724044	JUMESH SINGH	<u> </u>	L
32	88209136724045	JVANSH SINGH	<u> </u>	<u> </u>
33	88209136724046	VARINDER SINGH	<u> </u>	<u> </u>
34	88209136724047	<sub> </sub> VIKAS	<u></u>	L

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

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

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

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 114 / PLUMBER Class: First

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Name of the Controller

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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name:

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209136724001	JAJAY KUMAR	<u> </u>	<u> </u>
2	88209136724002	JAMRISH SINGH	<u> </u>	<u> </u>
3	88209136724003	<sub>]</sub> ANIKET		<u> </u>
4	88209136724005	JANURAG SHARMA	<u> </u>	<u> </u>
5 	88209136724006	ARVINDER SINGH	<u> </u>	<u> </u>
6	88209136724010	<sub>]</sub> DEEPAK		L
7	88209136724011	DIMPAL		
8	88209136724014	<sub>]</sub> НАРРҮ		L
9	88209136724015	JISHAN CHAND		
10	88209136724016	JASBIR SINGH		L
11	88209136724018	KRISH THAKUR		L
12	88209136724019	MALKIT SINGH		L
13	88209136724020	<sub>J</sub> MANISH KUMAR	<u> </u>	<u> </u>
14	88209136724022	JMOHIT KUMAR		L
15	88209136724023	NARINDER KUMAR	<u> </u>	<u> </u>
16	88209136724025	<sub>J</sub> NISHANT KUMAR	<u> </u>	<u> </u>
17	88209136724026	PARAS RAM	<u> </u>	<u> </u>
18	88209136724027	<sub>]</sub> PREM		L
19	88209136724028	<sub> </sub> PUSHAP KUMAR		
20	88209136724029	<sub>J</sub> RAJESH KUMAR	<u></u>	
21	88209136724030	RAJNEESH KUMAR	<u></u>	

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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name:

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88209136724031	<sub> </sub> RAKESH KUMAR		
23	88209136724032	RAVI KUMAR	<u> </u>	<u> </u>
24	88209136724033	RAVI KUMAR	<u> </u>	L
25 	88209136724034	RITIK PATHANIA	<u> </u>	L
26	88209136724035	ROHIT KUMAR	<u> </u>	L
27 	88209136724037	SAHIL SINGH		L
28	88209136724039	SHIV KUMAR	<u> </u>	L
29	88209136724040	SOM RAJ	<u> </u>	L
30	88209136724043	TEK CHAND		L
31 	88209136724044	JUMESH SINGH		L
32	88209136724045	<sub> </sub> VANSH SINGH		L
33	88209136724046	VARINDER SINGH	<u></u>	L
34	88209136724047	IVIKAS	1	I

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PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name:

Course: 114 / PLUMBER Class: First

44435 / PRACTICAL Subject:

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227236724049	ABHISHEK SHARMA	<u> </u>	
2	88227236724050	ANKUSH SHARMA	<u> </u>	
3	88227236724052	ARYAN SEHLIYA	<u> </u>	
4	88227236724053	CHANDAN KUMAR	<u> </u>	
5	88227236724054	DEEPAK KUMAR		
6	88227236724055	GAURAV SHARMA		
7	88227236724056	KAMALDEEP KUMAR		
8	88227236724057	LAVISH KUMAR		
9	88227236724058	MAHESH		
10	88227236724059	MRIDUL		
11	88227236724060	NAVJOT SINGH	<u> </u>	
12	88227236724062	PALVINDER SINGH	<u> </u>	
13	88227236724064	RISHU KHOKHAR	<u> </u>	
14	88227236724065	SHIVPAL SINGH	<u> </u>	
15	88227236724066	SOURAV	<u> </u>	
16	88227236724067	SUKHVEER SINGH	<u>[</u>	

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

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PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name: Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227236724049	<sub>J</sub> ABHISHEK SHARMA		
2	88227236724050	JANKUSH SHARMA	<u> </u>	<u>L</u>
3	88227236724052	JARYAN SEHLIYA	<u> </u>	L
4	88227236724053	CHANDAN KUMAR	<u> </u>	L
5	88227236724054	DEEPAK KUMAR	<u> </u>	L
6	88227236724055	JGAURAV SHARMA		L
7	88227236724056	KAMALDEEP KUMAR	<u> </u>	<u>L</u>
8	88227236724057	LAVISH KUMAR	<u> </u>	<u>L</u>
9	88227236724058	<sub>]</sub> MAHESH	<u> </u>	<u>L</u>
10	88227236724059	<sub>]</sub> MRIDUL	<u> </u>	<u>L</u>
11	88227236724060	<sub> </sub> NAVJOT SINGH	<u> </u>	<u>L</u>
12	88227236724062	PALVINDER SINGH		<u>L</u>
13	88227236724064	<sub>J</sub> RISHU KHOKHAR	<u> </u>	L
14	88227236724065	SHIVPAL SINGH	<u> </u>	L
15 <sub> </sub>	88227236724066	SOURAV		L
16	88227236724067	SUKHVEER SINGH	<u> </u>	<u></u>

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227236724049	ABHISHEK SHARMA	<u> </u>	<u></u>
2	88227236724050	ANKUSH SHARMA	<u> </u>	L
3	88227236724052	ARYAN SEHLIYA	<u> </u>	L
4	88227236724053	CHANDAN KUMAR	<u> </u>	L
5	88227236724054	DEEPAK KUMAR	<u> </u>	L
6	88227236724055	GAURAV SHARMA	<u> </u>	L
7	88227236724056	KAMALDEEP KUMAR	<u> </u>	L
8	88227236724057	LAVISH KUMAR	<u> </u>	L
9	88227236724058	<sub> </sub> MAHESH	<u> </u>	L
10 	88227236724059	MRIDUL	<u> </u>	L
11	88227236724060	NAVJOT SINGH	<u> </u>	L
12	88227236724062	PALVINDER SINGH	<u> </u>	L
13	88227236724064	RISHU KHOKHAR	<u> </u>	L
14	88227236724065	SHIVPAL SINGH	<u> </u>	L
15	88227236724066	SOURAV	<u> </u>	L
16	88227236724067	SUKHVEER SINGH	<u></u>	

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

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Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231236724069	ARUN KUMAR	<u> </u>	L
2	88231236724070	ARYAN SAINI		
3	88231236724071	DEEPAK KUMAR		
4	88231236724073	<sub> </sub> JEEVAN		
5	88231236724074	  KARTIK		
6	88231236724075	KUSHAL SINGH		
7	88231236724076	MANDEEP VISHAL GILL		
8	88231236724077	MOHIT KUMAR		
9	88231236724078	NARINDER KUMAR		
10	88231236724079	NAVISHEK KUMAR	<u> </u>	
11	88231236724080	NAVJOT SINGH		L
12	88231236724081	NISHANT KUMAR		
13	88231236724082	<sub> </sub> NITIN SINGH		
14	88231236724083	PARAMJEET KUMAR		
15 <sub> </sub>	88231236724084	RAMANJIT SINGH		
16	88231236724085	SANDEEP KUMAR		
17	88231236724086	SUMIT SINGH		
18	88231236724087	VARUN KUMAR		
19	88231236724088	VINOD SINGH		·
<b></b>				:

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT
Course: 132 / ELECTRICIAN Class: First
Subject: 44431 / TRADE THEORY

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

Undertaking

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name : 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231236724069	JARUN KUMAR	<u> </u>	L
2	88231236724070	JARYAN SAINI	<u> </u>	L
3	88231236724071	DEEPAK KUMAR	<u> </u>	L
4	88231236724073	JEEVAN	<u> </u>	L
5	88231236724074	<sub>]</sub> KARTIK	<u> </u>	L
6	88231236724075	KUSHAL SINGH	<u> </u>	L
7 l	88231236724076	MANDEEP VISHAL GILL	<u></u>	L
8	88231236724077	JMOHIT KUMAR	<u> </u>	L
9	88231236724078	NARINDER KUMAR	<u> </u>	L
10	88231236724079	NAVISHEK KUMAR	<u> </u>	L
11	88231236724080	<sub> </sub> NAVJOT SINGH	<u> </u>	L
12	88231236724081	<sub>J</sub> NISHANT KUMAR	<u> </u>	L
13	88231236724082	<sub>J</sub> NITIN SINGH	<u> </u>	L
14	88231236724083	PARAMJEET KUMAR	<u> </u>	L
15 	88231236724084	RAMANJIT SINGH	<u> </u>	L
16	88231236724085	SANDEEP KUMAR	<u> </u>	L
17 	88231236724086	SUMIT SINGH	<u> </u>	L
18	88231236724087	JVARUN KUMAR	<u> </u>	L
19	88231236724088	VINOD SINGH		L
	· <b></b>		·	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT
Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

Absent:

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231236724069	JARUN KUMAR	<u> </u>	L
2	88231236724070	JARYAN SAINI	<u> </u>	L
3	88231236724071	DEEPAK KUMAR	<u> </u>	L
4	88231236724073	JEEVAN	<u> </u>	L
5	88231236724074	<sub>J</sub> KARTIK	<u> </u>	L
6	88231236724075	JKUSHAL SINGH	L	L
7	88231236724076	JMANDEEP VISHAL GILL	<u></u>	L
8	88231236724077	JMOHIT KUMAR	<u> </u>	L
9	88231236724078	NARINDER KUMAR	<u> </u>	L
10	88231236724079	<sub>J</sub> NAVISHEK KUMAR	<u> </u>	L
11	88231236724080	<sub> </sub> NAVJOT SINGH	<u> </u>	L
12	88231236724081	<sub>J</sub> NISHANT KUMAR	<u> </u>	L
13	88231236724082	<sub>J</sub> NITIN SINGH	<u> </u>	L
14	88231236724083	PARAMJEET KUMAR	<u> </u>	L
15	88231236724084	RAMANJIT SINGH	<u> </u>	L
16	88231236724085	SANDEEP KUMAR	<u> </u>	L
17	88231236724086	SUMIT SINGH	<u> </u>	L
18	88231236724087	JVARUN KUMAR	<u> </u>	 
19	88231236724088	VINOD SINGH		L

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT
Course: 132 / ELECTRICIAN Class: First
Subject: 44435 / PRACTICAL

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

Undertaking

(Name)\_\_\_\_\_ hereby certify that I h

I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I 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

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231236723002	ANURAG SHARMA		I
2	88231236723003	ASHISH THAKUR		 [
3	88231236723004	AVINASH		 
4	88231236723005	BHANU PRATAP CHOUDHA		 
5	88231236723006	HARSH KUMAR		 
6	88231236723007	KARANDEEP SINGH		 
7	88231236723008	MANJEET SINGH		L
8	88231236723009	NARINDER KUMAR		 
9	88231236723010	NEERAJ KUMAR		 
10	88231236723011	PRAVEEN		
11	88231236723014	  SOURAV		
12	88231236723015	  SUKHVIR SINGH		
13	88231236723016	SURAJ PARTAP SINGH		
14	88231236723017	  SURAJ THAPA	 	
15	88231236723018	TARUN KUMAR		 
16	88231236723019	<sub> </sub> THAPO RAM	 	

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

 $88231236723020_{\,|\,} \text{VIKAS KUMAR}$ 

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name:

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231236723002	JANURAG SHARMA	<u> </u>	<u> </u>
2	88231236723003	JASHISH THAKUR	L	L
3	88231236723004	JAVINASH	<u> </u>	L
4	88231236723005	BHANU PRATAP CHOUDHA	<u> </u>	L
5 	88231236723006	<sub>J</sub> HARSH KUMAR	<u> </u>	L
6	88231236723007	KARANDEEP SINGH	<u> </u>	L
7	88231236723008	MANJEET SINGH	<u> </u>	L
8	88231236723009	NARINDER KUMAR	<u> </u>	L
9	88231236723010	NEERAJ KUMAR	<u> </u>	L
10	88231236723011	<sub>J</sub> PRAVEEN	<u> </u>	L
11	88231236723014	SOURAV	<u> </u>	L
12	88231236723015	SUKHVIR SINGH	<u> </u>	L
13	88231236723016	SURAJ PARTAP SINGH	<u> </u>	L
14	88231236723017	JSURAJ THAPA	<u> </u>	L
15	88231236723018	TARUN KUMAR	<u> </u>	L
16	88231236723019	<sub>J</sub> THAPO RAM	<u> </u>	L
17 	88231236723020	JVIKAS KUMAR	<u> </u>	L

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

Name and Signature Of Incharge

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

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231236723002	JANURAG SHARMA	<u> </u>	<u> </u>
2	88231236723003	JASHISH THAKUR	<u> </u>	<u>L</u>
3	88231236723004	JAVINASH	<u> </u>	<u> </u>
4	88231236723005	BHANU PRATAP CHOUDHA	<u> </u>	<u> </u>
5	88231236723006	JHARSH KUMAR	L	L
6	88231236723007	KARANDEEP SINGH	<u> </u>	<u> </u>
7 l	88231236723008	<sub> </sub> MANJEET SINGH	<u> </u>	L
8	88231236723009	NARINDER KUMAR	<u> </u>	<u> </u>
9	88231236723010	NEERAJ KUMAR	<u> </u>	<u>L</u>
10	88231236723011	PRAVEEN	<u> </u>	<u>L</u>
11	88231236723014	SOURAV	<u> </u>	<u>L</u>
12	88231236723015	SUKHVIR SINGH	<u> </u>	<u> </u>
13	88231236723016	SURAJ PARTAP SINGH	<u> </u>	<u> </u>
14	88231236723017	JSURAJ THAPA	<u> </u>	<u> </u>
15 	88231236723018	<sub>J</sub> TARUN KUMAR	<u> </u>	<u> </u>
16 	88231236723019	<sub>J</sub> THAPO RAM	<u> </u>	<u>L</u>
17	88231236723020	JVIKAS KUMAR	<u> </u>	<u> </u>

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

Name and Signature Of Incharge

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

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

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

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

Undertaki ng

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Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 660 / WELDER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212136724093	ARUN SAINI		
2	88212136724096	KARTIK SINGH		
3	88212136724100	RAHUL		
4	88212136724103			
5	88212136724105	SHUBHAM KUMAR		
6	88212136724108	VIVEK SHARMA		
	me and Signature Of		Undertaki ng	
Tot	tal No. Of Answer She	eets Packed >	bsent:	
abòv have	e appeared under my su	pervision in today's exam. ha	necked and ensured tha ave been filled and sh	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also
nere	eby undertake that it	any mistakes are found, I wil		any remuneration. Siture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	om checking of the OMR sheet nstructions.	9	on and found that particulars have been
Name	e of the Superintenden	t	Si gna	ture of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Name	e of the Deputy Contro	ller	Si gna	ture of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Name	e of the Controller		Si gna	ature of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88212136724093 | ARUN SAINI 2 88212136724096 | KARTIK SINGH 3 88212136724100 | RAHUL 88212136724103<sub>|</sub>SANJAY 5 88212136724105 <sub>I</sub> SHUBHAM KUMAR 88212136724108 | VIVEK SHARMA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 660 / WELDER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88212136724093	<sub> </sub> ARUN SAINI				
2	88212136724096	WARTH ON OH				
3	88212136724100	<sub> </sub> RAHUL	<u> </u>			
4	88212136724103	SANJAY				
5		0				
6	88212136724108	VIVEK SHARMA	1			
Na	me and Signature Of	Incharge	Undertaki ng			
	tal No. Of Answer She me and Signature Of		Undertaki ng			
I (N 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	not be entitled for	, and the second		
l ha	ave conducted 20% rand	dom checking of the OMR sheet of	9	ture of the Invigilator on and found that particulars have been		
fill	ed correctly as per i	nstructions.	the salu examination	on and round that particulars have been		
Name	Name of the Superintendent Signature of the Superintendent					
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
l h fill	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 August' 2025 EXAMS -SCVT

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name:

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218236724109	<sub>]</sub> ABHISHEK	<u> </u>	L
2	88218236724110	<sub> </sub> ABHISHEK	<u> </u>	<u></u>
3	88218236724111	JANIKET SINGH	L	L
4	88218236724112	JANSHU SINGH	L	L
5	88218236724113	JARJAN SINGH	L	L
6	88218236724114	J	L	L
7	88218236724116	<sub>J</sub> DHRUV	L	L
8	88218236724117	<sub>J</sub> DISHAV	L	L
9	88218236724118	JHARISH KUMAR	L	L
10	88218236724119	JATIN	L	L
11 	88218236724120	<sub>J</sub> KARAN	L	L
12	88218236724121	KARAN CHOUDHARY	L	L
13	88218236724122	JKARAN SINGH	L	L
14	88218236724123	<sub>J</sub> KARTIK	L	L
15	88218236724124	JKATKE SINGH	L	L
16	88218236724125	<sub>J</sub> KAVIL SINGH	L	L
17 	88218236724126	<sub>J</sub> KUNAL	L	L
18	88218236724129	J PRINCE	L	
19	88218236724130	JPUSHPINDER KUMAR	L	
20	88218236724131	<sub>J</sub> TANISH	<u> </u>	<u> </u>

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218236724109	<sub>]</sub> ABHISHEK	<u> </u>	L
2	88218236724110	<sub> </sub> ABHISHEK	<u> </u>	L
3	88218236724111	<sub>J</sub> ANIKET SINGH	<u> </u>	L
4	88218236724112	<sub>J</sub> ANSHU SINGH	<u> </u>	L
5	88218236724113	JARJAN SINGH	L	L
6	88218236724114	<sub>]</sub> BHIKHAM	L	L
7	88218236724116	<sub>J</sub> DHRUV	L	L
8	88218236724117	<sub>J</sub> DISHAV	L	L
9	88218236724118	<sub>J</sub> HARISH KUMAR	L	L
10	88218236724119	JATIN	L	L
11	88218236724120	<sub>J</sub> KARAN	L	L
12	88218236724121	KARAN CHOUDHARY	<u> </u>	L
13	88218236724122	JKARAN SINGH	<u> </u>	L
14	88218236724123	<sub>]</sub> KARTIK	<u> </u>	L
15	88218236724124	KATKE SINGH	<u> </u>	L
16	88218236724125	KAVIL SINGH	<u> </u>	L
17	88218236724126	<sub>]</sub> KUNAL	<u> </u>	L
18	88218236724129	PRINCE	<u> </u>	L
19	88218236724130	PUSHPINDER KUMAR	<u> </u>	
20	88218236724131	<sub> </sub> TANISH	<u> </u>	<u> </u>

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218236724109	<sub> </sub> ABHISHEK		L
2	88218236724110	<sub> </sub> ABHISHEK		L
3	88218236724111	ANIKET SINGH		L
4	88218236724112	<sub> </sub> ANSHU SINGH		
5 	88218236724113	JARJAN SINGH	<u> </u>	<u> </u>
6	88218236724114	<sub>]</sub> ВНІКНАМ	<u> </u>	<u> </u>
7	88218236724116	<sub> </sub> DHRUV	<u> </u>	<u> </u>
8	88218236724117	DISHAV		L
9	88218236724118	HARISH KUMAR		L
10	88218236724119	JATIN		L
11	88218236724120	KARAN		
12	88218236724121	KARAN CHOUDHARY		
13	88218236724122	KARAN SINGH		L
14	88218236724123	KARTIK		L
15 	88218236724124	KATKE SINGH		L
16	88218236724125	KAVIL SINGH		L
17	88218236724126	KUNAL		L
18	88218236724129	PRINCE		
19	88218236724130	PUSHPINDER KUMAR		
20	88218236724131	 <sub> </sub> TANISH		 

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 666 / FOOD PRODUCTION ( GENERAL)

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88253136724134	JAMANDEEP	<u> </u>	<u>L</u>
2	88253136724139	СНАНАТ	<u> </u>	<u>L</u>
3	88253136724140	CHANDAN SHARMA	<u> </u>	L
4	88253136724141	DAVINDER SINGH	<u> </u>	L
5 	88253136724142	DAVINDER SINGH	<u> </u>	L
6	88253136724143	GAGANDEEP SINGH	<u> </u>	L
7	88253136724146	GURINDER SINGH	<u> </u>	L
8	88253136724149	<sub>J</sub> LAVISH	<u> </u>	L
9	88253136724150	JMAHIR BHAMORIA	<u> </u>	L
10	88253136724153	JMOHIT KUMAR	<u> </u>	L
11 l	88253136724156	<sub>J</sub> NITISH PATHANIA	<u> </u>	L
12	88253136724160	PRINCE DADWAL	<u> </u>	<u> </u>
13	88253136724166	ROHIT KUMAR	<u> </u>	<u>L</u>
14	88253136724168	SANDHEER KUMAR	<u> </u>	<u>L</u>
15 	88253136724169	SIMRANJEET SINGH	<u> </u>	<u>L</u>
16	88253136724171	SUJAL TREHAN	<u> </u>	<u> </u>
17 	88253136724172	SUKHBEER KUMAR	<u> </u>	<u>L</u>
18	88253136724173	SUMIT KUMAR	<u> </u>	<u> </u>
19	88253136724175	TARUN CHOUDHARY	<u> </u>	<u>L</u>
20	88253136724176	<sub> </sub> VANSH	<u></u>	<u> </u>

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name: Course: 666 / FOOD PRODUCTION (GENERAL) Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

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Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 666 / FOOD PRODUCTION ( GENERAL)

44434 / EMPLOYBILITY SKILL Subject:

Center Name:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88253136724134 | AMANDEEP 88253136724139 | CHAHAT 2 88253136724140 CHANDAN SHARMA 3  $88253136724141_{\mathsf{I}}\mathsf{DAVINDER}$  SINGH 5 88253136724142 | DAVINDER SINGH 88253136724146 | GURINDER SINGH 88253136724149 <sub>|</sub> LAVISH 88253136724150 <sub>|</sub>MAHIR BHAMORIA  $88253136724153_{\rm I}$  MOHIT KUMAR 10 88253136724156 | NITISH PATHANIA 12 88253136724160 | PRINCE DADWAL 13 88253136724166 | ROHIT KUMAR 14 88253136724168 | SANDHEER KUMAR 15 88253136724169 | SIMRANJEET SINGH 88253136724171 | SUJAL TREHAN 16 17 88253136724172 | SUKHBEER KUMAR 18 88253136724173 | SUMIT KUMAR 88253136724175 <sub>|</sub> TARUN CHOUDHARY 20 88253136724176 | VANSH

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name: Course: 666 / FOOD PRODUCTION (GENERAL) Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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Name of the Controller

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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 666 / FOOD PRODUCTION ( GENERAL)

Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88253136724134	JAMANDEEP	<u> </u>	L
2	88253136724139	СНАНАТ		L
3	88253136724140	CHANDAN SHARMA		
4	88253136724141	DAVINDER SINGH		 
5	88253136724142	DAVINDER SINGH		 
6	88253136724143	GAGANDEEP SINGH		
7	88253136724146	GURINDER SINGH		
8	88253136724149	<sub> </sub> LAVISH		 
9	88253136724150	<sub> </sub> MAHIR BHAMORIA		
10	88253136724153	<sub> </sub> MOHIT KUMAR		
11	88253136724156	<sub> </sub> NITISH PATHANIA		
12	88253136724160	PRINCE DADWAL		
13	88253136724166	<sub> </sub> ROHIT KUMAR		
14	88253136724168	SANDHEER KUMAR		
15	88253136724169	SIMRANJEET SINGH		
16	88253136724171	SUJAL TREHAN		
17	88253136724172	SUKHBEER KUMAR		
18	88253136724173	SUMIT KUMAR		
19	88253136724175	TARUN CHOUDHARY		
20	88253136724176	<sub> </sub> VANSH	 	I

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Course: 666 / FOOD PRODUCTION (GENERAL) Class: First 44435 / PRACTICAL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge 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

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Name of the Controller

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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

686 / Mechanic Electric Vehicle

Course: Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88295136724181	JAKESH KUMAR	<u> </u>	
2	88295136724182	JAMIT	<u> </u>	<u>L</u>
3	88295136724183	JANSH	<u> </u>	<u> </u>
4	88295136724184	BABLOO KUMAR	<u> </u>	<u> </u>
5	88295136724187	HARPREET SINGH	<u> </u>	<u> </u>
6	88295136724188	HARSH CHANOTIA	<u> </u>	<u> </u>
7	88295136724190	JOVANDEEP SINGH	<u> </u>	<u> </u>
8	88295136724191	<sub> </sub> KESHAV	<u> </u>	<u> </u>
9	88295136724192	MANDEEP SINGH SANDHU	<u> </u>	<u> </u>
10	88295136724193	<sub>J</sub> MOHIT SINGH	<u> </u>	<u> </u>
11	88295136724194	<sub>J</sub> MUNISH LALOTRA	<u> </u>	<u> </u>
12	88295136724195	NITIN	<u> </u>	<u> </u>
13	88295136724196	ROHIT KUMAR	<u> </u>	<u> </u>
14	88295136724197	SUKHBIR SINGH	<u> </u>	<u> </u>
15 	88295136724198	SUKHVINDER SINGH		L
16 	88295136724199	SUMIT		L
17	88295136724200	SUMIT KUMAR		L
18	88295136724203	<sub> </sub> VANSHDEEP SINGH	<u></u>	
19	88295136724204	VARUN SINGH		
				·

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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name:

Course: 686 / Mechanic Electric Vehicle Class: First

44431 / TRADE THEORY Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 686 / Mechanic Electric Vehicle Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88295136724181	JAKESH KUMAR	<u> </u>	L
2	88295136724182	<sub>]</sub> AMIT	<u> </u>	L
3	88295136724183	<sub> </sub> ANSH	<u> </u>	L
4	88295136724184	BABLOO KUMAR	<u> </u>	L
5	88295136724187	HARPREET SINGH	<u> </u>	L
6	88295136724188	HARSH CHANOTIA	<u> </u>	L
7	88295136724190	JOVANDEEP SINGH	<u> </u>	L
8	88295136724191	<sub> </sub> KESHAV	<u> </u>	L
9	88295136724192	MANDEEP SINGH SANDHU	<u> </u>	L
10 	88295136724193	<sub>J</sub> MOHIT SINGH	<u> </u>	L
11	88295136724194	JMUNISH LALOTRA	<u> </u>	L
12	88295136724195	<sub>]</sub> NITIN	<u> </u>	L
13	88295136724196	ROHIT KUMAR	<u> </u>	L
14	88295136724197	SUKHBIR SINGH	<u> </u>	L
15 	88295136724198	SUKHVINDER SINGH	<u> </u>	L
16	88295136724199	SUMIT	<u> </u>	L
17 	88295136724200	SUMIT KUMAR	<u> </u>	L
18	88295136724203	JVANSHDEEP SINGH	<u> </u>	
19	88295136724204	VARUN SINGH		L

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Senter Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKO

Course: 686 / Mechanic Electric Vehicle Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 686 / Mechanic Electric Vehicle

Class: First

44435 / PRACTICAL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88295136724181	AKESH KUMAR	<u> </u>	
2	88295136724182	AMIT	L	L
3	88295136724183	ANSH	L	L
4	88295136724184	BABLOO KUMAR	L	L
5 	88295136724187	HARPREET SINGH	L	L
6	88295136724188	HARSH CHANOTIA	L	<u></u>
7	88295136724190	JOVANDEEP SINGH	<u> </u>	L
8	88295136724191	KESHAV	L	L
9	88295136724192	MANDEEP SINGH SANDHU	L	L
10	88295136724193	MOHIT SINGH	<u> </u>	<u> </u>
11	88295136724194	MUNISH LALOTRA	<u> </u>	<u> </u>
12	88295136724195	NITIN	<u> </u>	<u> </u>
13	88295136724196	ROHIT KUMAR	<u> </u>	<u></u>
14	88295136724197	SUKHBIR SINGH	<u> </u>	<u></u>
15	88295136724198	SUKHVINDER SINGH	<u> </u>	<u> </u>
16	88295136724199	SUMIT	<u> </u>	<u> </u>
17	88295136724200	SUMIT KUMAR	<u> </u>	<u> </u>
18	88295136724203	VANSHDEEP SINGH	L	<u> </u>
19	88295136724204	VARUN SINGH	<u> </u>	<u> </u>

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course : 686 / Mechanic Electric Vehicle Class: First

Subject: 44435 / PRACTICAL

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

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

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209170624001	GURCHAIT SINGH	L	<u></u>
2	88209170624002	GURJANT SINGH	<u> </u>	<u> </u>
3	88209170624003	GURJIT SINGH	<u> </u>	<u> </u>
4	88209170624004	GURKIRAT SINGH	<u> </u>	<u> </u>
5 	88209170624005	GURPAL SINGH	<u> </u>	<u> </u>
6	88209170624006	GURPRABH CHARAN PREE	<u> </u>	<u> </u>
7	88209170624007	GURPREET SINGH	<u> </u>	<u> </u>
8	88209170624008	GURWINDER SINGH	<u> </u>	<u> </u>
9	88209170624009	JASPREET SINGH	<u> </u>	<u>L</u>
10	88209170624011	NEERAJ CHOHAN	<u> </u>	<u>L</u>
11	88209170624012	PARKASHDEEP SINGH	<u> </u>	<u>L</u>
12	88209170624013	PRABHPREET SINGH BAL		L
13	88209170624014	PRINCE		
14	88209170624015	SHIV KUMAR		<u> </u>
15		SUKHWINDER SINGH		
16	88209170624017	SUNPREET SINGH		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 3315 / GOVT. I.T.I, KAPURTHALA
Course: 114 / PLUMBER Class: First
Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209170624001	JGURCHAIT SINGH	<u> </u>	
2	88209170624002	GURJANT SINGH	<u> </u>	L
3	88209170624003	GURJIT SINGH	<u> </u>	<u> </u>
4	88209170624004	GURKIRAT SINGH	<u> </u>	<u> </u>
5	88209170624005	JGURPAL SINGH	<u> </u>	L
6	88209170624006	GURPRABH CHARAN PREE	<u> </u>	<u> </u>
7 l	88209170624007	GURPREET SINGH	<u> </u>	L
8	88209170624008	GURWINDER SINGH	<u> </u>	L
9	88209170624009	JASPREET SINGH	<u> </u>	<u> </u>
10 	88209170624011	<sub>J</sub> NEERAJ CHOHAN	<u> </u>	L
11	88209170624012	PARKASHDEEP SINGH	<u> </u>	<u>L</u>
12	88209170624013	PRABHPREET SINGH BAL	<u> </u>	<u> </u>
13	88209170624014	PRINCE	<u> </u>	<u> </u>
14	88209170624015	SHIV KUMAR	<u> </u>	<u> </u>
15 	88209170624016	SUKHWINDER SINGH	<u> </u>	<u> </u>
16	88209170624017	SUNPREET SINGH		<u> </u>
4				

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209170624001	GURCHAIT SINGH		I
2	88209170624002	GURJANT SINGH		 
3	88209170624003	GURJIT SINGH		
4	88209170624004	GURKIRAT SINGH		L
5	88209170624005	GURPAL SINGH		L
6	88209170624006	GURPRABH CHARAN PREE		L
7	88209170624007	GURPREET SINGH		L
8	88209170624008	GURWINDER SINGH		L
9	88209170624009	JASPREET SINGH		L
10	88209170624011	NEERAJ CHOHAN		L
11	88209170624012	PARKASHDEEP SINGH		L
12	88209170624013	PRABHPREET SINGH BAL		L
13	88209170624014	PRINCE		L
14	88209170624015	SHIV KUMAR		L
15	88209170624016	SUKHWINDER SINGH	<u></u>	L
1/	00000170/04017			·

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

88209170624017 | SUNPREET SINGH

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

16

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 3315 / GOVT. I.T.I, KAPURTHALA
Course: 114 / PLUMBER Class: First
Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

3315 / GOVT. I.T.I, KAPURTHALA Center Name:

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227270624018	JAMANJEET SINGH	<u> </u>	
2	88227270624019	AMRINDER PAL SINGH	<u> </u>	
3	88227270624020	JDALJIT SINGH	<u> </u>	
4	88227270624021	GURJESH SINGH	<u> </u>	
5	88227270624022	GURPREET SINGH	<u> </u>	
6	88227270624023	GURPREET SINGH	<u> </u>	
7	88227270624024	SUKHWINDER SINGH		
8	88227270624025	SURINDER KUMAR		1
Tota	al No. Of Students in al No. Of Answer Sh ne and Signature Of		ent.	
			Undertaki ng	
have	appeared under my s	(Designation) igilator. I have personally checupervision in today's exam, have any mistakes are found, I will	been filled and sha	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ve conducted 20% randed correctly as per	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been
Name	of the Superintende	nt	Si gna	ture of the Superintendent
l ha fill	ve conducted 10% randed correctly as per	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contr	oller	Si gna	ture of the Deputy Controller
	ave conducted 5% randed correctly as per		the said examination	on and found that particulars have been
Name of the Controller			Si gna	ture of the Controller

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

3315 / GOVT. I.T.I, KAPURTHALA Center Name:

128 / FITTER

Course: Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227270624018	AMANJEET SINGH		
2	88227270624019	AMRINDER PAL SINGH	<u> </u>	
3	88227270624020	DALJIT SINGH	<u> </u>	
4	88227270624021	GURJESH SINGH	<u> </u>	
5	88227270624022	GURPREET SINGH	<u> </u>	
6	88227270624023	GURPREET SINGH	<u> </u>	
7	88227270624024	SUKHWINDER SINGH	<u> </u>	
8	88227270624025	SURINDER KUMAR		I
Tota	al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	been filled and sha	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha√ fill∈	ve conducted 10% randed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l ha fill∈	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

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

3315 / GOVT. I.T.I, KAPURTHALA Center Name:

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88227270624018	AMANJEET SINGH	<u> </u>		
2	88227270624019	AMRINDER PAL SINGH	<u> </u>		
3	88227270624020	DALJIT SINGH	<u> </u>		
4	88227270624021	GURJESH SINGH	<u> </u>		
5 	88227270624022	GURPREET SINGH	<u> </u>		
6	88227270624023	GURPREET SINGH			
7	88227270624024	SUKHWINDER SINGH			
8	88227270624025	SURINDER KUMAR			
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of				
			Undertaki ng		
nave	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 sn	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.	
			Si gna	ture of the Invigilator	
	ve conducted 20% rand ed correctly as per i		the said examinati	on and found that particulars have been	
Name	of the Superintender	t	Si gna	ture of the Superintendent	
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have beer filled correctly as per instructions.				
Name	Name of the Deputy Controller Signature of the Deputy Controller				
l ha fille	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been	
Name	of the Controller		Si gna	ture of the Controller	

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231270624027	JANMOLPREET SINGH	<u> </u>	L
2	88231270624028	DHANAJAY SAHOTA		L
3	88231270624029	GURMEET SINGH		L
4	88231270624030	GURSHARAN SINGH	<u> </u>	L
5 	88231270624031	HARDEEP SINGH	<u> </u>	<u> </u>
6	88231270624033	HARJOT SINGH	<u> </u>	<u> </u>
7	88231270624034	JAGJEET SINGH	<u> </u>	<u> </u>
8	88231270624035	JASHANPREET SINGH	<u> </u>	<u> </u>
9	88231270624036	JASKARAN SINGH	<u> </u>	<u> </u>
10	88231270624037	JOGINDER SINGH	<u> </u>	<u> </u>
11	88231270624038	LAKHWINDER SINGH	<u> </u>	<u> </u>
12	88231270624039	<sub>J</sub> MANJIT SINGH	<u> </u>	<u> </u>
13	88231270624042	SARBJEET SINGH	<u> </u>	L
14	88231270624043	SUMANDEEP KAUR	<u> </u>	<u> </u>
15 	88231270624044	SURINDER SINGH	<u> </u>	<u> </u>
16	88231272224002	JANU RANI	<u> </u>	<u> </u>
17	88231272224003	BALJIT KAUR	<u> </u>	<u> </u>
18	88231272224004	HARPREET KAUR	<u> </u>	<u> </u>
19	88231272224005	JOTWINDER KAUR	<u> </u>	<u> </u>
20	88231272224007	KIRANDEEP KAUR	<u> </u>	<u></u>
21	88231272224008	KIRANDEEP KAUR	<u> </u>	

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

Center Name :

3315 / GOVT. I.T.I, KAPURTHALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
22	88231272224011	<sub>]</sub> MONIKA	<u> </u>	L			
23	88231272224012	NAVJOT KAUR	<u> </u>	L			
24	88231272224013	NISHA	<u></u>	L			
25	88231272224014	PREET KAUR	<u></u>	<u> </u>			
26	88231272224016	SEEMA RANI	<u></u>	<u> </u>			
27	88231272224017	SHARANJEET KAUR	<u> </u>	<u> </u>			
28	88231272224018	SIMRAN RANI	<u> </u>	L			
29	88231272224019	SOMA KAUR	<u> </u>	L			
30	88231272224020	SWARN KAUR	<u> </u>	L			
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng				
abòv have	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
			Si gnat	ure of the Invigilator			
	ive conducted 20% rand ed correctly as per i		the said examination	n and found that particulars have been			
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent			
	ive conducted 10% rand ed correctly as per i		the said examination	n and found that particulars have been			
Name	e of the Deputy Contro	oller	Si gnat	ure 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.

Signature of the Controller

Name of the Controller

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231270624027	ANMOLPREET SINGH	<u> </u>	<u> </u>
2	88231270624028	DHANAJAY SAHOTA	L	L
3	88231270624029	GURMEET SINGH	L	L
4	88231270624030	GURSHARAN SINGH	L	<u> </u>
5	88231270624031	HARDEEP SINGH	L	<u> </u>
6	88231270624033	HARJOT SINGH	<u> </u>	<u> </u>
7	88231270624034	JAGJEET SINGH	<u> </u>	<u> </u>
8	88231270624035	JASHANPREET SINGH	L	<u> </u>
9	88231270624036	JASKARAN SINGH	L	<u> </u>
10	88231270624037	JOGINDER SINGH	L	<u> </u>
11	88231270624038	LAKHWINDER SINGH	L	<u> </u>
12	88231270624039	<sub> </sub> MANJIT SINGH	L	<u> </u>
13	88231270624042	SARBJEET SINGH	<u> </u>	<u> </u>
14	88231270624043	SUMANDEEP KAUR	<u> </u>	<u> </u>
15 	88231270624044	SURINDER SINGH	<u> </u>	<u> </u>
16	88231272224002	ANU RANI	L	<u> </u>
17 	88231272224003	BALJIT KAUR	L	<u> </u>
18	88231272224004	HARPREET KAUR	L	<u> </u>
19	88231272224005	JOTWINDER KAUR	<u> </u>	
20	88231272224007	KIRANDEEP KAUR		
21	88231272224008	KIRANDEEP KAUR		
	<b></b>			

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

PAGE: 2 of Center Name:

3315 / GOVT. I.T.I, KAPURTHALA

Course: 132 / ELECTRICIAN

Subject:

Class: First 44434 / EMPLOYBILITY SKILL

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

22	88231272224011	MONIKA		
23	88231272224012	NAVJOT KAUR		
24	88231272224013	NISHA		
25	88231272224014	PREET KAUR		L
26	88231272224016	SEEMA RANI		
27	88231272224017	SHARANJEET KAUR		
28	88231272224018	SIMRAN RANI		
29	88231272224019	SOMA KAUR	<u></u>	
30	88231272224020	<sub>I</sub> SWARN KAUR	I	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Undertaki ng

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Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

Subject.	777337110101	TOTAL		
S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231270624027	ANMOLPREET SINGH	<u> </u>	
2	88231270624028	DHANAJAY SAHOTA	L	L
3	88231270624029	JGURMEET SINGH	L	L
4	88231270624030	GURSHARAN SINGH	L	L
5	88231270624031	HARDEEP SINGH	L	L
6	88231270624033	HARJOT SINGH	<u> </u>	L
7	88231270624034	JAGJEET SINGH	<u> </u>	L
8	88231270624035	JASHANPREET SINGH	<u> </u>	L
9	88231270624036	JASKARAN SINGH	<u> </u>	L
10	88231270624037	JOGINDER SINGH	L	L
11	88231270624038	LAKHWINDER SINGH	L	L
12	88231270624039	<sub> </sub> MANJIT SINGH	L	L
13	88231270624042	SARBJEET SINGH	<u> </u>	L
14	88231270624043	SUMANDEEP KAUR	<u> </u>	L
15	88231270624044	SURINDER SINGH	<u> </u>	L
16	88231272224002	JANU RANI	L	L
17	88231272224003	BALJIT KAUR	L	L
18	88231272224004	HARPREET KAUR		
19	88231272224005	JOTWINDER KAUR		
20	88231272224007	KIRANDEEP KAUR		
21	88231272224008	KIRANDEEP KAUR	 	 

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

PAGE: 2 of 2 Center Name: 3

3315 / GOVT. I.T.I, KAPURTHALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
22	88231272224011	<sub>]</sub> MONIKA	<u> </u>				
23	88231272224012	NAVJOT KAUR	<u> </u>				
24	88231272224013	NISHA	<u> </u>				
25	88231272224014	PREET KAUR	<u> </u>	<u> </u>			
26	88231272224016	SEEMA RANI					
27	88231272224017	SHARANJEET KAUR					
28	88231272224018	SIMRAN RANI					
29	88231272224019	SOMA KAUR		<u> </u>			
30	88231272224020	SWARN KAUR					
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:				
			Undertaki ng				
I (N abov have here	ame)_ e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	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 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 Superintendent  Signature of the Superintendent						
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been			
Name	of the Deputy Contro	oller	Si gnat	cure of the Deputy Controller			
l h fill	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.						

Signature of the Controller

Name of the Controller

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

S.No	Re	gd. No.	Name (	Of the Student	Answer Sheet No.	Student's Sign.	
1	88	231270623001	JAMARJIT SI	NGH			
2							
3			SUKHDEVS				
То	Total No. Of Students in this Subject > Present : Absent:  Total No. Of Answer Sheets Packed >  Name and Signature Of Incharge  Undertaking						
hav	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
					Si gna	ture of the Invigilator	
l ha	ave cond Led cort	ducted 20% ran rectly as per	ndom checking o instructions.	f the OMR sheet of	the said examination	on and found that particulars have been	
Name	e of the	e Superintende	ent		Si gna	ture of the Superintendent	
l h	ave cond Led cort	ducted 10% ran rectly as per	ndom checking o instructions.	f the OMR sheet of	the said examination	on and found that particulars have been	
Namo	e of the	e Deputy Contr	roller		Si gna	ture of the Deputy Controller	
 fi	have cor Led cori	nducted 5% rar rectly as per	ndom checking o instructions.	f the OMR sheet of	the said examination	on and found that particulars have been	
Nam	e of the	e Controller			Si gna	ture of the Controller	

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231270623001  $_{\rm I}$ AMARJIT SINGH 88231270623003 | GURPREET SINGH 88231270623006 | SUKHDEV SINGH 3 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

Class: Second

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 132 / ELECTRICIAN

Subject: 44445 / PRACTICAL

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231270623001  $_{\rm I}$ AMARJIT SINGH 88231270623003 | GURPREET SINGH 88231270623006 | SUKHDEV SINGH 3 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 3315 / GOVT. I.T.I, KAPURTHALA
Course: 268 / WELDER( GMAW AND GTAW) Class: First

44431 / TRADE THEORY

Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88268170623020  $_{\mid}$ LOVEPREET 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 August' 2025 EXAMS -SCVT

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

268 / WELDER (GMAW AND GTAW)

Course : Class: First

44434 / EMPLOYBILITY SKILL Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88268170623020  $_{\mid}$ LOVEPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been

filled correctly as per instructions.

Class: First

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

3315 / GOVT. I.T.I, KAPURTHALA Center Name:

Course: 660 / WELDER

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212170624046	JANMOL	<u> </u>	L
2	88212170624047	ANMOLPREET SINGH		L
3	88212170624048	JARMANDEEP SINGH		L
4	88212170624049	ARUNDEEP SINGH	<u> </u>	L
5	88212170624050	CHHAMAN SINGH	<u> </u>	L
6	88212170624051	DALJIT SINGH	<u> </u>	L
7	88212170624052	DILRAJ SINGH	<u> </u>	L
8	88212170624053	GAGANDEEP SINGH	<u> </u>	L
9	88212170624054	JGAURAV KUMAR	<u> </u>	L
10	88212170624055	GURDEV SINGH	<u> </u>	L
11	88212170624057	GURPREET SINGH	<u> </u>	L
12	88212170624058	GURSEWAK SINGH	<u> </u>	L
13	88212170624059	<sub>J</sub> HAMRAJ SINGH	<u></u>	L
14	88212170624060	HARMESH SINGH	<u></u>	L
15	88212170624061	HARNEK SINGH	<u></u>	L
16	88212170624064	JASHANDEEP SINGH	<u> </u>	L
17 	88212170624065	JASHANDEEP SINGH	<u> </u>	L
18	88212170624066	JASWINDER SINGH	<u> </u>	L
19	88212170624070	MANDEEP SINGH	<u> </u>	L
20	88212170624072	PARAMVEER SINGH PADAI	<u> </u>	
21	88212170624074	PARWINDER SINGH	<u> </u>	<u> </u>

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

PAGE: 2 of 2 Center Name:

3315 / GOVT. I.T.I, KAPURTHALA

Course: 660 / WELDER

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88212170624075	JPRIYA RANI	<u> </u>	1
23	88212170624077	<sub> </sub> RAJ SINGH	<u> </u>	1
24	88212170624078	RAVINDER SINGH	<u> </u>	1
25	88212170624079	ROJALPREET SINGH	<u> </u>	<u> </u>
26	88212170624080	SHINDER SINGH	<u> </u>	1
27	88212170624081	SHUBHAM SHARMA	<u> </u>	1
28	88212170624082	SUKHA SINGH		1
29	88212170624083	VANSHPREET SINGH		1
30	88212170624085	JVINEY KUMAR KAROTIA	<u> </u>	1
To	otal No. Of Students in otal No. Of Answer Sho ame and Signature Of		sent:	
			Undertaki ng	
abo hav	(Name) ove examination as Invi ve appeared under my su reby 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 transport particulars of all the students who added correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
l l fil	nave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nar	ne of the Superintender	nt	Si gnat	ture of the Superintendent
l l fil	nave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nar	ne of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
l fi l	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nar	ne of the Controller		Si gnat	ture of the Controller

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

Center Name:

660 / WELDER Course :

Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212170624046 | ANMOL 88212170624047  $_{
m |}$  ANMOLPREET SINGH 88212170624048 | ARMANDEEP SINGH 3 88212170624049 | ARUNDEEP SINGH 5 88212170624050 | CHHAMAN SINGH 88212170624052 | DILRAJ SINGH 88212170624053 | GAGANDEEP SINGH 88212170624054 | GAURAV KUMAR 88212170624055 | GURDEV SINGH 10 88212170624057 | GURPREET SINGH 12 88212170624058 | GURSEWAK SINGH 13 88212170624059 | HAMRAJ SINGH 14 88212170624060 | HARMESH SINGH 15 88212170624061 | HARNEK SINGH 88212170624064 | JASHANDEEP SINGH 16 88212170624065 | JASHANDEEP SINGH 17 18 88212170624066 | JASWINDER SINGH 88212170624070 | MANDEEP SINGH

88212170624072 | PARAMVEER SINGH PADAI

20

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

3315 / GOVT. I.T.I, KAPURTHALA Center Name:

Course:

660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
22	88212170624075	PRIYA RANI			
23	88212170624077	<sub> </sub> RAJ SINGH	<u> </u>		
24	88212170624078	RAVINDER SINGH	<u> </u>		
25 	88212170624079	ROJALPREET SINGH	<u> </u>		
26	88212170624080	SHINDER SINGH	<u> </u>		
27	88212170624081	SHUBHAM SHARMA	<u> </u>		
28	88212170624082	SUKHA SINGH	<u> </u>		
29	88212170624083	VANSHPREET SINGH	<u> </u>		
30	88212170624085	VINEY KUMAR KAROTIA			
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	ent:		
			Undertaki ng		
abòv have	ame)_ e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured tha been 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 any remuneration.	
			Si gna	ture of the Invigilator	
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been	
Name of the Superintendent Signature of the Superintendent					
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller	
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been	
Name	of the Controller		Si gna	ture of the Controller	

Class: First

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 660 / WELDER

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212170624046	ANMOL	<u> </u>	L
2	88212170624047	ANMOLPREET SINGH	<u> </u>	L
3	88212170624048	JARMANDEEP SINGH	<u></u>	L
4	88212170624049	ARUNDEEP SINGH	<u> </u>	L
5	88212170624050	CHHAMAN SINGH	<u> </u>	L
6	88212170624051	DALJIT SINGH	<u> </u>	L
7	88212170624052	DILRAJ SINGH	<u> </u>	L
8	88212170624053	GAGANDEEP SINGH	<u> </u>	L
9	88212170624054	GAURAV KUMAR	<u> </u>	L
10	88212170624055	GURDEV SINGH	<u> </u>	L
11	88212170624057	GURPREET SINGH	<u> </u>	L
12	88212170624058	GURSEWAK SINGH	<u> </u>	L
13	88212170624059	JHAMRAJ SINGH	1	L
14	88212170624060	HARMESH SINGH	<u> </u>	L
15 	88212170624061	HARNEK SINGH	<u></u>	L
16	88212170624064	JASHANDEEP SINGH	<u></u>	L
17	88212170624065	JASHANDEEP SINGH	<u> </u>	L
18	88212170624066	JASWINDER SINGH	<u> </u>	L
19	88212170624070	MANDEEP SINGH	<u> </u>	L
20	88212170624072	PARAMVEER SINGH PADAI	<u> </u>	
21	88212170624074	PARWINDER SINGH	<u></u>	L

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

PAGE: 2 of 2 Center Name :

3315 / GOVT. I.T.I, KAPURTHALA

Course:

660 / WELDER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 		
22	88212170624075	PRIYA RANI		<u> </u>		
23	88212170624077	<sub> </sub> RAJ SINGH	<u> </u>			
24	88212170624078	RAVINDER SINGH	<u> </u>	L		
25	88212170624079	ROJALPREET SINGH	<u> </u>	L		
26	88212170624080	SHINDER SINGH	<u> </u>	L		
27	88212170624081	SHUBHAM SHARMA	<u> </u>	L		
28	88212170624082	SUKHA SINGH	<u> </u>	L		
29	88212170624083	VANSHPREET SINGH		<u> </u>		
30	88212170624085	VINEY KUMAR KAROTIA		<u> </u>		
Tot	al No. Of Students in al No. Of Answer She me and Signature Of		sent:			
			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	been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
			Si gnat	ure of the Invigilator		
	ve conducted 20% rand ed correctly as per i		the said examinatio	on and found that particulars have been		
Name	Name of the Superintendent Signature of the Superintendent					
	ve conducted 10% rand ed correctly as per i		the said examinatio	on and found that particulars have been		
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l h fill	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.					

Signature of the Controller

Name of the Controller

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 686 / Mechanic Electric Vehicle

Class: First

44431 / TRADE THEORY Subject:

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88295170624086	JABHAY PARTAP SINGH	<u> </u>	
2	88295170624087	JANMOLPREET SINGH	<u> </u>	L
3	88295170624089	BIKRAMJIT SINGH NANDH	<u> </u>	L
4	88295170624091	JGURCHAND SINGH	<u> </u>	L
5	88295170624093	GURWINDER SINGH	<u> </u>	L
6	88295170624094	HARMANDEEP SINGH	<u> </u>	<u></u>
7	88295170624095	JAGJIT SINGH	<u> </u>	L
8	88295170624097	JOBANPREET SINGH	<u> </u>	L
9	88295170624098	LOVEPREET SINGH	<u> </u>	L
10	88295170624099	<sub>J</sub> MAHA SINGH	<u> </u>	L
11	88295170624102	RAJANPREET SINGH	<u> </u>	<u></u>
12	88295170624104	RAVINDER SINGH	<u> </u>	<u> </u>
13	88295170624105	SUKHRAJ SINGH	<u> </u>	L
14	88295170624106	SUKHWINDER SINGH	<u> </u>	<u></u>
15	88295170624107	TARANPREET RAI		<u></u>
16	88295170624108	TARANPREET SINGH	<u></u>	 

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

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

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

3315 / GOVT. I.T.I, KAPURTHALA Center Name:

Course: 686 / Mechanic Electric Vehicle Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Answer Sheet No.

Student's Sign.

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 686 / Mechanic Electric Vehicle

Regd. No.

S.No

Class: First

Name Of the Student

Subject: 44434 / EMPLOYBILITY SKILL

		· ·	· 	-
1	88295170624086	ABHAY PARTAP SINGH	<u></u>	<u> </u>
2	88295170624087	ANMOLPREET SINGH	<u> </u>	<u> </u>
3	88295170624089	BIKRAMJIT SINGH NANDH/	<u> </u>	<u> </u>
4	88295170624091	GURCHAND SINGH	<u> </u>	<u> </u>
5	88295170624093	GURWINDER SINGH	<u> </u>	<u> </u>
6	88295170624094	HARMANDEEP SINGH	<u> </u>	<u> </u>
7	88295170624095	JAGJIT SINGH	<u> </u>	<u> </u>
8	88295170624097	JOBANPREET SINGH	<u> </u>	<u> </u>
9	88295170624098	LOVEPREET SINGH	<u> </u>	<u> </u>
10	88295170624099	MAHA SINGH	<u> </u>	<u> </u>
11	88295170624102	RAJANPREET SINGH	<u> </u>	<u> </u>
12	88295170624104	RAVINDER SINGH	<u> </u>	L
13	88295170624105	SUKHRAJ SINGH		<u> </u>
14	88295170624106	SUKHWINDER SINGH	<u> </u>	<u></u>
15	88295170624107	TARANPREET RAI		
16	88295170624108	TARANPREET SINGH		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 686 / Mechanic Electric Vehicle Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 686 / Mechanic Electric Vehicle

Class: First

44435 / PRACTICAL Subject:

PAGE: 1

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15

16

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88295170624086 <sub>|</sub> ABHAY PARTAP SINGH 2 88295170624087 | ANMOLPREET SINGH 3 88295170624089 | BIKRAMJIT SINGH NANDH/ 5 88295170624093 | GURWINDER SINGH 88295170624095 | JAGJIT SINGH 88295170624097 JOBANPREET SINGH 88295170624098 | LOVEPREET SINGH 88295170624099 <sub>I</sub>MAHA SINGH 10 88295170624102 <sub>|</sub> RAJANPREET SINGH 12 88295170624104 | RAVINDER SINGH

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

88295170624105 | SUKHRAJ SINGH

88295170624106 | SUKHWINDER SINGH

88295170624108 | TARANPREET SINGH

88295170624107 | TARANPREET RAI

Name and Signature Of Incharge

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

Center Name: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 686 / Mechanic Electric Vehicle Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

PAGE: 1 of 1 Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE(W), PHAGWARA

Course: 654 / MACHINIST Class: First

Subject: 44431 / TRADE THEORY

5.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
l 	88222272523003	JAMAN KUMAR	<u> </u>			
<u> </u>	88222272523006	DHEERAJ KUMAR	<u> </u>	<u> </u>		
}	88222272523014	SOM NATH		L		
T	otal No. Of Students ir otal No. Of Answer Sh ame and Signature Of	eets Packed >	sent:			
			Undertaki ng			
l abo hav	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 l fi	have conducted 20% ran lled correctly as per	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
Nai	me of the Superintende	nt	Si gnat	ure of the Superintendent		
l l fi	have conducted 10% ran lled correctly as per	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
Naı	me of the Deputy Contr	oller	Si gnat	ure of the Deputy Controller		
l fi	have conducted 5% ran lled correctly as per	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
Naı	me of the Controller		Si gnat	ure of the Controller		

3333 / INDUSTRIAL TRAINING INSTITUTE(W), PHAGWARA Center Name: Course : 654 / MACHINIST Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88222272523003 | AMAN 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

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

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of

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

Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE (W), PHAGWARA

Course: 654 / MACHINIST Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

S.No Name Of the Student Regd. No. Student's Sign. Answer Sheet No. 88222272522001 <sub>I</sub> ASHISH 2 88222272523003 <sub>I</sub> AMAN KUMAR 3 88222272523006 | DHEERAJ KUMAR 88222272523009 | MATTHEW 5 88222272523010 <sub>I</sub>RAJ KUMAR 88222272523011 | SANJAY KUMAR 88222272523014<sub>1</sub>SOM NATH 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 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.

Signature of the Controller

Name of the Controller

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

Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE (W), PHAGWARA

Course: 654 / MACHINIST Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88222272523003 <sub>I</sub> AMAN KUMAR 2 88222272523006 | DHEERAJ KUMAR 3 88222272523009 | MATTHEW 88222272523010 <sub>I</sub>RAJ KUMAR 5 88222272523011 | SANJAY KUMAR 88222272523014 | SOM NATH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE(W), PHAGWARA

Course: 654 / MACHINIST Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88222272523003	AMAN KUMAR		
2	88222272523006			
3	88222272523009	ΜΔΤΤΗΕ\Μ		
4	88222272523010	RAJ KUMAR		
5 	88222272523011	CANLLANGELINAAD		
6 <sub>I</sub>	88222272523014	COMMINATIO		
Naı	me and Signature Of	Incharge	Undertaki ng	
Tot	al No. Of Answer She me and Signature Of	eets Packed >	osent:	
abôv	ame) e examination as Invi	(Designation) gilator. I have personally che	cked and ensured tha	hereby certify that I have conducted the particulars of all the students who
have here	appeared under my suby undertake that if	ipervision in today's exam, hav any mistakes are found, I will	e been filled and sh not be entitled for	aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet on nstructions.	of 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 August' 2025 EXAMS -SCVT

Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE ( W) , PHAGWARA

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049272523019	JGIRIK TOKHI	<u> </u>	<u> </u>
2				<u></u>
3				<u> </u>
4				L
I (N abov have	me and Signature Of  Name)  ve examination as Invite appeared under my such a structure of the structure of	(Designation) gilator. I have personally chec upervision in today's exam, have	Undertaking 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.
			g .	ure 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 examinatio	n and found that particulars have been
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l l fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Controller		Si gnat	ure of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE ( W) , PHAGWARA Course : 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88049272523019 | GIRIK TOKHI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

PAGE: 1 of 1 Center Name:

3333 / INDUSTRIAL TRAINING INSTITUTE(W), PHAGWARA

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049272522039	SHIVAM	<u> </u>	
2	88049272523017	BRIJESH SONI	<u> </u>	
3	88049272523019	JGIRIK TOKHI	<u> </u>	
4	88049272523020	GURJEET SINGH	<u> </u>	
5 	88049272523022	<sub>]</sub> INDERJIT	<u> </u>	
6	88049272523024	JASPAL SHARMA	<u> </u>	
7	88049272523026	MANJOT SINGH	<u> </u>	
8	88049272523029	SACHIN	[	
Tota	al No. Of Students in al No. Of Answer Sho ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (Na above have herek	ame) e examination as Invi appeared under my su by 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 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
l hav fill∈	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l hav fille	ve conducted 10% randed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	ol I er	Si gna	ture 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 examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

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

Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE(W), PHAGWARA

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049272522025	JGOURAV JASSAL	<u> </u>	<u> </u>
2	88049272522029	<sub>]</sub> MANDEEP	L	L
3	88049272522033	NITISH KUMAR	L	L
4	88049272522039	SHIVAM		L
5	88049272523017	BRIJESH SONI		L
6	88049272523019	GIRIK TOKHI		
7	88049272523020	GURJEET SINGH		<u> </u>
8	88049272523022	<sub> </sub> INDERJIT	L	L
9	88049272523024	JASPAL SHARMA	L	L
10	88049272523026	<sub> </sub> MANJOT SINGH	L	L
11	88049272523029	SACHIN	L	<u></u>

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE ( W) , PHAGWARA
Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Class: Second
Subject: 44444 / EMPLOYBILITY SKILL

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

Undertaking

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: Second

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

PAGE: 1 Center Name:

3333 / INDUSTRIAL TRAINING INSTITUTE ( W) , PHAGWARA

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

44445 / PRACTICAL Subject:

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88049272523017 | BRIJESH SONI 2 88049272523019 GIRIK TOKHI 3 88049272523020 | GURJEET SINGH 88049272523022 INDERJIT 5 88049272523024 | JASPAL SHARMA 88049272523026 | MANJOT SINGH 88049272523029 LSACHIN Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng (Designation)\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

3333 / INDUSTRIAL TRAINING INSTITUTE(W), PHAGWARA Center Name: Course : 660 / WELDER Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212172523041 <sub>|</sub> HARMAN VIRDI 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 August' 2025 EXAMS -SCVT

PAGE: 1 of

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

filled correctly as per instructions.

Name of the Controller