PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Course : 111 / WELDER (GAS AND ELECTRIC) Class: First 44411 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212190718018 $_{\mid}$ RAVINDER 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

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Course : 126 / MECH. MOTOR VEHICLE Class: Third 99953 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88215292317023 | JUGRAJ 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.

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been

Signature of the Deputy Controller

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1 of

Name of the Deputy Controller

Name of the Controller

filled correctly as per instructions.

Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Course: 126 / MECH. MOTOR VEHICLE Class: Fourth 99973 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88215292317023 | JUGRAJ SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of

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

3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

PAGE: 1 of

Center Name:

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------|----------------|---------------------|------------------|-----------------|
| 1 | 88175197518002 | JALKA RANI | <u> </u> | L |
| 2 | 88175197518004 | HARJINDER KAUR | | L |
| 3 | 88175197518005 | HARPREET KAUR | <u> </u> | L |
| 4 | 88175197518006 | HARPREET KAUR | <u> </u> | L |
| 5 | 88175197518007 | HARPREET KAUR | <u> </u> | L |
| 6 | 88175197518009 | KHUSHVEENA | <u> </u> | L |
| 7 | 88175197518010 | KIRANJIT KAUR | <u> </u> | L |
| 8 | 88175197518012 | MEHAK PREET KAUR | <u> </u> | L |
| 9 | 88175197518013 | NAVPREET KAUR | | L |
| 10 | 88175197518014 | NIRMAL KAUR | | L |
| 11 | 88175197518015 | PREET KAMAL | <u> </u> | L |
| 12 | 88175197518016 | RAJINDER KAUR | | L |
| 13 | 88175197518019 | RAJWANT KAUR | <u> </u> | L |
| 14 | 88175197518020 | SANDEEP KAUR | <u> </u> | L |
| 15 | 88175197518021 | SATBIR KAUR | <u> </u> | L |
| 16 | 88175197518022 | SHARANJIT KAUR | <u> </u> | L |
| 17 | 88175197818001 | JAMANDEEP KAUR | | L |
| 18 | 88175197818003 | ARSHDEEP KAUR | | L |
| 19 | 88175197818004 | BALJINDER KAUR | | L |
| 20 | 88175197818005 | BALJINDER KAUR | | |
| 21 | 88175197818007 | JGURJIT KAUR | <u> </u> | |
| | | | | |

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

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

175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Course:

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|------|----------------|---------------------|------------------|-----------------|
| 22 | 88175197818008 | JGURPREET KAUR | | |
| 23 | 88175197818010 | HARPREET KAUR | | L |
| 24 | 88175197818012 | KARAMJEET KAUR | | L |
| 25 | 88175197818013 | KIRANDEEP KAUR | | L |
| 26 | 88175197818014 | MANDEEP KAUR | | <u> </u> |
| 27 | 88175197818018 | MANPREET KAUR | | |
| 28 | 88175197818019 | NAVNEET KAUR | | L |
| 29 | 88175197818020 | NEETA | | |
| 30 | 88175197818021 | PARVEEN KAUR | | |
| 31 | 88175197818025 | RAMANDEEP KAUR | | <u> </u> |
| 32 | 88175197818031 | SUKHMANDEEP KAUR | <u> </u> | |
| 33 | 88175197818032 | SUMAN KUMARI | | |
| | | | | |

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

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

Course: 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

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

Course: 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First

Subject: 17512 / TRADE THEORY

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175197517015 | NAVKIRAN KAUR 88175197518005 | HARPREET KAUR 3 88175197518006 | HARPREET KAUR 88175197518014 | NIRMAL KAUR 5 88175197518016 | RAJINDER KAUR 88175197518021_|SATBIR KAUR 88175197818008 | GURPREET KAUR 88175197818010 | HARPREET KAUR 88175197818018 | MANPREET KAUR 88175197818019 | NAVNEET KAUR 10

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

88175197818021 | PARVEEN KAUR

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First Subject: 17512 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 268 / WELDER (GMAW AND GTAW) Class: Second 99933 / ENGINEERING DRAWING Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88268192317038 | RINKU Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

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

Course:

268 / WELDER (GMAW AND GTAW) Class: First

Subject: 44411 / TRADE THEORY

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|---------------------|---|---|---|---|
| 1 | 88268192318002 | JAMRITPAL SINGH | <u> </u> | |
| 2 | 88268192318003 | BALWINDER SINGH | <u></u> | |
| 3 | 88268192318004 | BEANT SINGH | <u></u> | |
| 4 | 88268192318014 | ROBINPREET SINGH | <u></u> | |
| 5 | 88268192318016 | SUKHWINDER SINGH | <u></u> | |
| 6 | 88268192318017 | TIRATH SINGH | 1 | |
| То | tal No. Of Answer She | eets Packed > | sent: | |
| To Na | ital No. Of Answer She ame and Signature Of | eets Packed > Incharge | Undertaki ng | hereby certify that I have conducted the |
| To Na | otal No. Of Answer Sheame and Signature Of | eets Packed > Incharge (Designation) gilator I have personally chec | Undertakingl | hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also |
| To Na | otal No. Of Answer Sheame and Signature Of | eets Packed > Incharge (Designation) gilator I have personally chec | Undertakingl kked and ensured that been filled and sha 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. ture of the Invigilator |
| I (I abor have | ntal No. Of Answer Sheame and Signature Of Name) ve examination as Invi e appeared under my sue eby undertake that if | eets Packed > Incharge (Designation) gilator. I have personally checupervision in today's exam, have any mistakes are found, I will | Undertakingl kked and ensured thate been filled and shand to be entitled for | aded correctly in the UMR sheets. I also any remuneration. |
| I (laborhave | Name)ve examination as Inview appeared under my sue by undertake that if | cets Packed > Incharge (Designation) gilator. I have personally checupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet of instructions. | Undertaking Eked and ensured thate been filled and shannot be entitled for Signation | aded correctly in the OMR sheets. I also any remuneration. ture of the Invigilator |
| I (I above here | Name) ve examination as Inview appeared under my sueby undertake that if ave conducted 20% randled correctly as per ite of the Superintender | eets Packed > Incharge (Designation) gilator. I have personally checupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet of nstructions. ht dom checking of the OMR sheet of one checking of the OMR sheet of the checking of the checking of the checking of the OMR sheet of the checking of | Undertaking Liked and ensured that be been filled and shannot be entitled for Signation Signation Signates | aded correctly in the OMR sheets. I also any remuneration. ture of the Invigilator on and found that particulars have been |
| I (I abor have here | Name) | cets Packed > Incharge (Designation) gilator. I have personally checupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet of nstructions. Integral to the total content of the of t | Undertaking I ked and ensured that been filled and sha not be entitled for Signate The said examination Signate Signate The said examination | aded correctly in the OMR sheets. I also any remuneration. ture of the Invigilator on and found that particulars have been ture of the Superintendent |
| I (I abor have here | Name) ve examination as Inview appeared under my sue by undertake that if ave conducted 20% randled correctly as per if e of the Superintender ave conducted 10% randled correctly as per if e of the Deputy Control | cets Packed > Incharge (Designation) gilator. I have personally checupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet of instructions. ht dom checking of the OMR sheet of instructions. biler dom checking of the OMR sheet of instructions. | Undertaking Liked and ensured that been filled and shannot be entitled for Signation The said examination Signation Signation Signation Signation Signation Signation | any remuneration. ture of the Invigilator on and found that particulars have been ture of the Superintendent on and found that particulars have been |

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

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

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

Subject: 44412 / WORKSHOP CALCULATIONS AND SCIENCE

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | |
|---|---|--|----------------------|--|--|
| 1 | 88268192318002 | AMRITPAL SINGH | | | |
| 2 | 88268192318003 | BALWINDER SINGH | <u> </u> | <u> </u> | |
| 3 | 88268192318004 | BEANT SINGH | <u> </u> | <u> </u> | |
| 4 | 88268192318010 | HUSANDEEP SINGH | <u> </u> | <u> </u> | |
| 5 | 88268192318014 | ROBINPREET SINGH | <u> </u> | | |
| 6 | 88268192318016 | SUKHWINDER SINGH | <u> </u> | 1 | |
| 7 | 88268192318017 | TIRATH SINGH | | 1 | |
| Tot | tal No. Of Students in the tall No. Of Answer She me and Signature Of | eets Packed > | sent: | | |
| | | | Undertaki ng | | |
| nave | e appeared under mv su | (Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will | been filled and sna | nereby certify that I have conducted the particulars of all the students who added correctly in the OMR sheets. I also any remuneration. | |
| | | | Si gnat | cure of the Invigilator | |
| l ha fill | ave conducted 20% rand ed correctly as per i | dom checking of the OMR sheet of nstructions. | the said examination | on and found that particulars have been | |
| Name | e of the Superintenden | nt | Si gnat | cure of the Superintendent | |
| I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have be filled correctly as per instructions. | | | | | |
| Name | e of the Deputy Contro | oller | Si gnat | cure of the Deputy Controller | |
| l h fill | nave conducted 5% rand ed correctly as per i | dom checking of the OMR sheet of nstructions. | the said examination | on and found that particulars have been | |
| Name | e of the Controller | | Si gnat | cure of the Controller | |
| | | | | | |

Answer Sheet No.

Student's Sign.

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

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

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

Name Of the Student

Subject: 44413 / ENGINEERING DRAWING

Regd. No.

PAGE: 1

S.No

88268192318002 | AMRITPAL SINGH 2 3 88268192318004 | BEANT SINGH 88268192318010 | HUSANDEEP SINGH 5 88268192318014 | ROBINPREET SINGH 88268192318016 | SUKHWINDER SINGH 88268192318017 | TIRATH SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng (Designation)_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

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

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

Subject: 44414 / EMPLOYBILITY SKILL

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88268192318010 | HUSANDEEP SINGH 88268192318017 | TIRATH SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

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

Course: 370 / ART & CRAFTS Class: First

Subject: 17055 / CRAFT(T)

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | | |
|----------------|--|--|----------------------|---|--|--|
| 1 | 88370197817047 | RAJWINDER KAUR | | | | |
| 2 | 88370197818035 | | | | | |
| 3 | 88370197818036 | ANMOLPREET KAUR | | L | | |
| 4 | 88370197818037 | | | | | |
| 5 | 88370197818043 | NAVIOT KALID | | | | |
| 6 _I | 88370197818044 | | | | | |
| Nai | me and Signature Of | Incharge | Undertaki ng | | | |
| | J | J | Undertaki ng | haraby cartify that I have conducted the | | |
| have | : appeared under mv si | gilator. I have personally checupervision in today's exam, have 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 ha fill | ve conducted 20% rand ed correctly as per i | dom checking of the OMR sheet of nstructions. | the said examinati | on and found that particulars have been | | |
| Name | of the Superintender | nt | Si gna | ature of the Superintendent | | |
| l ha fill | I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. | | | | | |
| Name | of the Deputy Contro | oller | Si gna | ature 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 | ature of the Controller | | |

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

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

Course: 370 / ART & CRAFTS Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------------|---|---|------------------------|--|
| 1 | 88370197818034 | AMRIT KAUR | | 1 |
| 2 | 88370197818035 | ANJU | | |
| 3 | 88370197818036 | ANMOLPREET KAUR | | |
| 4 | 88370197818037 | HARPREET KAUR | | |
| 5 | 88370197818043 | NAVJOT KAUR | | |
| 6 | 88370197818044 | PRABHJOT KAUR | | |
| I (N | Jame) | (Designation) | Undertaki ng | hereby certify that I have conducted the |
| Na | me and Signature Of | Incharge | Undortaki na | |
| have | e appeared under mv su | gilator. I have personally ch pervision in today's exam, ha any mistakes are found, I wil | ive been filled and sh | at particulars of all the students who maded correctly in the OMR sheets. I also |
| nere | by undertake that in | any mistakes are round, i wir | | ature of the Invigilator |
| l ha fill | ive 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 Superintender | t | Si gna | ature of the Superintendent |
| l ha fill | ive 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 | ature 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 |

3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course : 370 / ART & CRAFTS Class: First 17072 / COMP. AWARENESS & GRAPHICS (T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370197518029 | GURPREET 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

Signature of the Controller

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

filled correctly as per instructions.

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT
Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370197518029 | GURPREET KAUR $88370197518032_{\mathsf{I}}\mathsf{HARPREET}\;\mathsf{KAUR}$ Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

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

Course: 370 / ART & CRAFTS Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370197817042 | KOMALPREET KAUR 2 88370197817047 | RAJWINDER KAUR 3 88370197817051 | SARABJIT 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

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

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

Course: 370 / ART & CRAFTS Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370197817042 _I KOMALPREET KAUR 2 88370197817044 | MANDEEP SINGH 3 88370197817045 | PRABHJOT KAUR 88370197817046 PRABHJOT KAUR 5 6 88370197817048 | RAMANDEEP 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) (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

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

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

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

PAGE: 1

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|------|----------------|---------------------|------------------|-----------------|
| 1 | 88370197817034 | BALJINDER KAUR | | L |
| 2 | 88370197817035 | BALJIT KAUR | | L |
| 3 | 88370197817038 | HARMANPREET SINGH | | L |
| 4 | 88370197817042 | KOMALPREET KAUR | | L |
| 5 | 88370197817044 | MANDEEP SINGH | | L |
| 6 | 88370197817045 | PRABHJOT KAUR | | L |
| 7 | 88370197817046 | PRABHJOT KAUR | | L |
| 8 | 88370197817047 | RAJWINDER KAUR | | L |
| 9 | 88370197817049 | RAVNEET KAUR | | L |
| 10 | 88370197817050 | RUPINDER KAUR | | L |
| 11 | 88370197817051 | SARABJIT KAUR | <u></u> | L |
| 12 | 88370197817053 | 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 March' 2020 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 370 / ART & CRAFTS Class: Second 70073 / SCALE & PERSPECTIVE DRAWING Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 132 / ELECTRICIAN Class: Second

Subject: 99933 / ENGINEERING DRAWING

PAGE: 1

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

Name and Signature Of Incharge

PAGE: 1

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

PAGE: 1 of 1 Center Name:

Name of the Controller

3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 139 / MECH. REF. & AIR CONDITIONING

Class: Third

99951 / TRADE THEORY Subject:

| S.No | O | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|---------------------|------------------------------------|---|--|---|---|
| 1 | | 88218290117115 | SANDEEP SINGH | <u> </u> | L |
| 2 | | | OANDEED OINIOU | | <u>L</u> |
| 7 | Γotal | No. Of Students in No. Of Answer She and Signature Of | eets Packed > | sent: | |
| | | | | Undertaki ng | |
| I ak ha ha | (Name bove e ave ap ereby | e) examination as Invi opeared under my su undertake that if | (Designation)_ gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will | h ked and ensured that been filled and sha not be entitled for | ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration. |
| | | | | Si gnat | ure of the Invigilator |
| l fi | have II ed | conducted 20% rand correctly as per i | lom checking of the OMR sheet of nstructions. | the said examination | n and found that particulars have been |
| Na | ame o | f the Superintenden | nt | Si gnat | ure of the Superintendent |
| l fi | have II 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 |
| Na | ame o | f the Deputy Contro | ller | Si gnat | ure of the Deputy Controller |
| l fi | l have | 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 |

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

Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 150 / CUTTING & SEWING

Class: Second

Subject: 99977 / EMPLOYABILITY SKILLS

| S.No | | Regd. No. | Name Of the Stude | ent | Answer Sheet No. | Student's Sign. |
|----------------------|---------------------------------|---|--|----------------------------------|-------------------------|---|
| 1 | | 88247190317003 | AMANDEEP KAUR | | <u> </u> | |
| 2 | | | | | | |
| 3 | | | DANIUT KALID | | | |
| Т | otal I | No. Of Students in No. Of Answer Shand Signature Of | | : Abs | ent: Undertaki ng | |
| I aba ha he | (Name ove e ve ap reby | e)examination as Inv ppeared under my s undertake that if | (Designation) igilator. I have persona upervision in today's ex any mistakes are found, | ally chec kam, have I will | ked and ensured tha | 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 fi | have I I ed | conducted 20% rancorrectly as per | dom checking of the OMR instructions. | sheet of | the said examination | on and found that particulars have been |
| Nai | me of | the Superintende | nt | | Si gna | ture of the Superintendent |
| l fi | have I I ed | conducted 10% rancorrectly as per | dom checking of the OMR instructions. | sheet of | the said examination | on and found that particulars have been |
| Naı | me of | the Deputy Contr | ol I er | | Si gna | ture of the Deputy Controller |
| l fi | have Hed | e conducted 5% ran correctly as per | dom checking of the OMR instructions. | sheet of | the said examination | on and found that particulars have been |
| Nai | me of | the Controller | | | Si gna | ture of the Controller |

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

PAGE: 1 of Center Name:

3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course : 165 / HAIR & SKIN CARE

Class: Second

99945 / TRADE PRACTICAL Subject:

filled correctly as per instructions.

Name of the Controller

Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88110590314122_|SHIVANI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR 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

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

Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

PAGE: 1 of

Name of the Controller

175 / CUTTING SEW. & EMB. TEACHER'S TRAINING

Course : Class: First

17511 / PRINCIPLE OF EDUCATION Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175193417015 | HARSIMRAN KAUR 88175193417063_]HARJEET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT
Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR
Course: 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First

17512 / TRADE THEORY

Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175190217105 | RIMPY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR 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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT
Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First

Subject: 17528 / SCHEME WORK

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175193417015 | HARSIMRAN 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR Course : 189 / INFORMATION TECH.& ELECT.SYS.MTN. Class: Fourth 99971 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88220290417057 | PARAMDEEP 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

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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 March' 2020 EXAMS -SCVT

PAGE: 1 of

Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

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

Class: Fourth 99972 / WORKSHOP CAL. & SCIENCE Subject:

| S.No | | Regd. No. | | Name Of the Student | | Answer Sheet No. | Student's Sign. |
|------|-------|----------------|----------------------|---------------------|--|------------------|-----------------|
| 1 | | 88220290417057 | ' PARA | AMDEEP SINGH | | | |
| 2 | [| 88220290417060 |) _] SILAI | NDEEP 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

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

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

Subject: 99975 / TRADE PRACTICAL

PAGE: 1

ubject . 999737 TRADE FRACTICAL

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

1 | 88220290417057 | PARAMDEEP 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

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR Course : 370 / ART & CRAFTS Class: First 17055 / CRAFT(T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370193718005 | KAJAL 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

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

Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 370 / ART & CRAFTS Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------------|---|---|---------------------|---|
| 1 | 88370190318036 | VIKRAM | <u> </u> | L |
| 2 | 88370193418050 | AMRITPREET KAUR | <u> </u> | L |
| 3 | 88370193717018 | HARKIRAT SINGH MANN | <u> </u> | L |
| 4 | 88370193717032 | RUPALI SHARMA | <u> </u> | L |
| 5 | 88370193718005 | KAJAL SHARMA | <u> </u> | L |
| 6 | 88370193718006 | RAJNI SHARMA | | I |
| I (N | me and Signature Of | (Designation) | Undertaki ng h | nereby certify that I have conducted the |
| I (N | Jame) | (Desi gnati on) | - h | ereby certify that I have conducted the |
| have | e appeared under mv su | grator. I have personarry thec pervision in today's exam, have any mistakes are found, I will | been filled and sha | particulars of all the students who ded correctly in the OMR sheets. I also any remuneration. |
| | | | Si gnat | ure of the Invigilator |
| l ha fill | ave conducted 20% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | on 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 | lom checking of the OMR sheet of nstructions. | the said examinatio | on and found that particulars have been |
| Name | e of the Deputy Contro | ller | Si gnat | rure of the Deputy Controller |
| l h fill | nave conducted 5% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | on and found that particulars have been |
| Name | e of the Controller | | Si gnat | ture of the Controller |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR Center Name: Course : 370 / ART & CRAFTS Class: First 17071 / HISTORY & APPRECIATION OF ART Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88370190318036 | VIKRAM Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: First

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

3189 / GOVT ITI RANJIT AVENUE, AMRITSAR Center Name:

Course: 370 / ART & CRAFTS

17073 / GEOMETRICAL DRAWING Subject:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370190318002 | DALBEER KAUR 88370190318003 | DEEPIKA 3 88370190318004 | DIMPLE TULI 88370190318005 | DANISH 5 88370190318006 | GURPREET KAUR 88370190318010 _|KAJAL 88370190318011 | KAJALPREET KAUR 88370190318012 | KARANDEEP SINGH 88370190318013 | KARANDEEP SINGH 10 88370190318014 _| KOMALPREET KAUR 88370190318015 | LOVEPREET KAUR 12 13 88370190318016 | MANDEEP KAUR 14 88370190318017 | MANDEEP SINGH 88370190318018 | MANPREET KAUR 15 88370190318021 | PARMINDER KAUR 16 17 88370190318022 | PARAMJIT KAUR 88370190318024 | RAMANDEEP KAUR 18 88370190318026 | RANJIT KAUR 20 88370190318027 | SHARNJEET KAUR 88370190318028 $_{\parallel}$ SIMRANJIT KAUR

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

Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

88370193417072 | MAMTA KAUR

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

PAGE: 2

28

33

34

35

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|------|----------------|---------------------|------------------|-----------------|
| 22 | 88370190318031 | JSUMAN | | L |
| 23 | 88370190318032 | SUMEET KAUR | | L |
| 24 | 88370190318033 | SIDAKPREET KAUR | | <u> </u> |
| 25 | 88370190318037 | YADWINDER SINGH | | <u> </u> |
| 26 | 88370190318038 | GAGANDEEP KAUR | | <u> </u> |
| 27 | 88370193417070 | HARPREET KAUR | | |
| | | | | |

88370193418053 KOMALPREET KAUR

88370193717030 RICHA SHARMA

88370193717032 RUPALI SHARMA

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 March' 2020 EXAMS -SCVT 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR Center Name: Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70055 / CRAFT(T)

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370193717024 | MANPREET KAUR 88370193717032 $_{\rm I}$ RUPALI 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.

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

3189 / GOVT ITI RANJIT AVENUE, AMRITSAR Center Name:

Course: 370 / ART & CRAFTS Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|------|--|--|---|--|
| 1 | 88370193416034 | JASMINE | <u> </u> | |
| 2 | 88370193417065 | AMANDEEP KAUR | <u> </u> | 1 |
| 3 | 88370193417066 | BHUMIKA SHARMA | <u> </u> | 1 |
| 4 | 88370193417073 | MANJIT KAUR | | 1 |
| 5 | 88370193716026 | PARVEENPAL SINGH | | 1 |
| 6 | 88370193717018 | HARKIRAT SINGH MANN | | 1 |
| 7 | 88370193717024 | MANPREET KAUR | | 1 |
| 8 | 88370193717032 | RUPALI SHARMA | 1 | 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 pervision in today's exam, have any mistakes are found, I will | ked and ensured that been filled and sha | nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration. |
| | | | Si gnat | ture of the Invigilator |
| | ve conducted 20% rand ed correctly as per i | | the said examination | on and found that particulars have been |
| Name | of the Superintenden | nt | Si gnat | ture of the Superintendent |
| | ve conducted 10% rand ed correctly as per i | | the said examination | on and found that particulars have been |
| Name | of the Deputy Contro | ller | Si gnat | ture of the Deputy Controller |
| | eve conducted 5% randed correctly as per i | | the said examination | on and found that particulars have been |
| Name | of the Controller | | Si gnat | ture of the Controller |

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

Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | | |
|--------------|--|--|--|---|--|--|
| 1 | 88370193716017 | MANDEEP KAUR | 1 | <u> </u> | | |
| 2 | 88370193716035 | SIMRANJIT SINGH | <u></u> | <u>L</u> | | |
| 3 | 88370193717018 | HARKIRAT SINGH MANN | <u></u> | <u> </u> | | |
| 4 | 88370193717024 | MANPREET KAUR | <u></u> | L | | |
| 5 | 88370193717032 | RUPALI SHARMA | I | <u> </u> | | |
| I (1 | me and Signature Of Name) | (Designation) | Undertaki ng h 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 | | |
| l (1 | Name) | (Designation) | h | ereby certify that I have conducted the | | |
| have here | e appeared under my su eby undertake that if | upervision in today's exam, have any mistakes are found, I will | e been filled and sha not be entitled for | ded correctly in the OMR sheets. I also any remuneration. | | |
| | | | Si gnat | ure 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 examination | n and found that particulars have been | | |
| Name | e of the Superintender | nt | Si gnat | ure of the Superintendent | | |
| l ha fill | I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. | | | | | |
| Name | e of the Deputy Contro | oller | Si gnat | ure of the Deputy Controller | | |
| l h fill | nave conducted 5% rand ed correctly as per i | dom checking of the OMR sheet of nstructions. | the said examination | n and found that particulars have been | | |
| Name | e of the Controller | | Si gnat | ure of the Controller | | |

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------|----------------|--------------------------|------------------|-----------------|
| 1 | 88370193417064 | JAMANJOT KAUR | L | <u> </u> |
| 2 | 88370193417065 | JAMANDEEP KAUR | <u> </u> | <u> </u> |
| 3 | 88370193417066 | BHUMIKA SHARMA | <u> </u> | <u> </u> |
| 4 | 88370193417069 | HARPREET KAUR | <u> </u> | <u> </u> |
| 5 | 88370193417073 | MANJIT KAUR | <u> </u> | <u> </u> |
| 6 | 88370193417074 | JMANPREET KAUR | <u> </u> | <u> </u> |
| 7 | 88370193417076 | POOJA SAROJ | <u> </u> | <u> </u> |
| 8 | 88370193417077 | _J PREETI | <u> </u> | <u> </u> |
| 9 | 88370193417079 | _] RIMPLE | <u> </u> | <u> </u> |
| 10 | 88370193417081 | SAKSHI SULTANA | <u> </u> | <u> </u> |
| 11 | 88370193417082 | SUMANDEEP KAUR | <u> </u> | <u> </u> |
| 12 | 88370193417083 | SHUBHA MAHAJAN | <u> </u> | <u> </u> |
| 13 | 88370193716031 | RAJWINDER KAUR | <u> </u> | L |
| 14 | 88370193716032 | RAMANDIP KAUR | | L |
| 15 | 88370193717001 | AMANDEEP KAUR | <u> </u> | L |
| 16 | 88370193717007 | JAMAN | <u></u> | <u> </u> |
| 17 | 88370193717024 | MANPREET KAUR | <u> </u> | <u> </u> |
| | | | · | |

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT
Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR
Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name: Course : 114 / PLUMBER Class: Second 99931 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209190617013 | HARPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 115 / MECH. TRACTOR Class: Second 99931 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88202190617194 | MANINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 115 / MECH. TRACTOR Class: Second 99933 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88202190617202 | SUKHWINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name: Course : 132 / ELECTRICIAN Class: Fourth 99973 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231280517012 | MANPREET 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

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 150 / CUTTING & SEWING Class: First

Subject: 44411 / TRADE THEORY

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88247190618008 | KULJIT KAUR 88247190618017 | SUMANPREET KAUR 88247190618018 VEER KAUR 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

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

| S | .No Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | | | |
|---|--|---|---|---|--|--|--|
| 1 | 88175182118010 | LIZBATH | | | | | |
| 2 | 88175182118016 | MANPREET KAUR | | | | | |
| 3 | 88175182118027 | RUPINDER KAUR | | | | | |
| 4 | 88175182918014 | PRIYANKA | | | | | |
| | Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking | | | | | | |
| | above examination as Inv have appeared under my si hereby undertake that if | igilator. I have personally checl upervision in today's exam, have any mistakes are found, I will n | ked and ensured that been filled and shad not be entitled for a | ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration. | | | |
| | | | Si gnati | 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 gnati | 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 gnati | ure of the Deputy Controller | | | |
| | I have conducted 5% rangering 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 Controller | | Si gnati | ure of the Controller | | | |

Class: First

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

PAGE: 1 of

Subject:

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course :

175 / CUTTING SEW. & EMB. TEACHER'S TRAINING

17512 / TRADE THEORY

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175182118026 | RAJWINDER KAUR 88175182118027 | RUPINDER KAUR 3 88175182918014 | PRIYANKA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR 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 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17527 / PRACTICAL IV-C (CHILD. GARMENTS) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175182118016 | MANPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS

Class: First

Subject: 44413 / ENGINEERING DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | | |
|------------|---|---|--|---|--|--|
| 1 | 88203180518003 | DILPREET SINGH | | | | |
| 2 | 88203180518007 | JOBANPREET SINGH | L | L | | |
| 3 | 88203180518013 | | | L | | |
| 4 | 88203180518017 | CIMPANIET CINCII | | L | | |
| 5 | 88203180518021 | VISHAL | <u> </u> | L | | |
| I (abo | 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 | | | | | |
| I abo | (Name)ove examination as Invi | (Designation) gilator. I have personally chec | he | ereby certify that I have conducted the particulars of all the students who | | |
| nav hei | ve appeared under my st reby undertake that if | any mistakes are found, I will | not be entitled for a | any remuneration. | | |
| | | | Si gnati | ure of the Invigilator | | |
| l l fil | have conducted 20% rand lled correctly as per i | dom checking of the OMR sheet of nstructions. | the said examination | n and found that particulars have been | | |
| Nar | me of the Superintender | nt | Si gnati | ure of the Superintendent | | |
| l l fil | have conducted 10% rand lled correctly as per i | dom checking of the OMR sheet of instructions. | the said examination | n and found that particulars have been | | |
| Nar | me of the Deputy Contro | oller | Si gnati | ure of the Deputy Controller | | |
| l fi l | have conducted 5% rand lled correctly as per i | dom checking of the OMR sheet of instructions. | the said examination | n and found that particulars have been | | |
| Nar | 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 March' 2020 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 222 / COMP. OP. PROGRAM. ASSISTANT Class: Second 99977 / EMPLOYABILITY SKILLS Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88242190617094 | ARASHPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 370 / ART & CRAFTS Class: First

Subject: 17055 / CRAFT(T)

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|------------|--|--|---|---|
| 1 | 88370182917025 | JUGRAJ SINGH | | |
| 2 | 88370182918021 | BALRAM | <u></u> | |
| 3 | 88370182918032 | MOHIT KUMAR | <u></u> | |
| 4 | 88370182918043 | DADVEZ CINCLI | | |
| 5 | 88370182918044 | POOJA JOSHI | <u></u> | |
| | otal No. Of Answer Sh name and Signature Of | | Undertaki ng | |
| | | | Undertaki ng | |
| abc hav | e appeared under my s | (Designation)_ igilator. I have personally chec upervision in today's exam, have any mistakes are found, I will | cked and ensured that been filled and sha not be entitled for | |
| | | | Si gna | ture of the Invigilator |
| l h fil | ave conducted 20% ran led correctly as per | dom checking of the OMR sheet of instructions. | the said examination | on and found that particulars have been |
| Nam | e of the Superintende | nt | Si gna | ture of the Superintendent |
| l h fil | ave conducted 10% ran Led correctly as per | dom checking of the OMR sheet of instructions. | the said examination | on and found that particulars have been |
| Nam | e of the Deputy Contr | oller | Si gna | ture of the Deputy Controller |
| l fi l | have conducted 5% ran led correctly as per | dom checking of the OMR sheet of instructions. | the said examination | on and found that particulars have been |
| Nan | e of the Controller | | Si gna | ture of the Controller |

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 370 / ART & CRAFTS Class: First

Subject: 17059 / DESIGN

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370182918020 $_{\parallel}$ AMARJIT KAUR 88370182918030 | KOMALPREET 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 March' 2020 EXAMS -SCVT

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 370 / ART & CRAFTS

Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------------|---|---|---|---|
| 1 | 88370182918019 | ADESHPARTAP SINGH | 1 | |
| 2 | 88370182918021 | | | |
| 3 | 88370182918032 | MOHIT KLIMAR | | |
| 4 | 88370182918043 | PARVEZ SINGH | <u></u> | |
| 5 | 88370182918044 | POOJA JOSHI | <u></u> | |
| 6 | 88370182918053 | CIMAR HT KALIR | | |
| | | Ç | Undertaki ng | haraby contify that I have conducted the |
| Tot | al No. Of Answer She me and Signature Of | | | |
| abòv have | e appeared under mv su | ipervision in today's exam, have | ked and ensured that 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 |
| here | eby undertake that if | any mistakes are found, I will | not be entitled for | any remuneration. |
| l ha fill | ive conducted 20% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | g . | ture of the Invigilator on and found that particulars have been |
| Name | e of the Superintender | it | Si gna | ture of the Superintendent |
| l ha fill | ive conducted 10% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinati | on and found that particulars have been |
| Name | 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 | lom 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 |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 370 / ART & CRAFTS Class: First 17071 / HISTORY & APPRECIATION OF ART Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88370182918021 | BALRAM Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 370 / ART & CRAFTS Class: First

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

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370182918028 | JASHANPREET KAUR 88370182918038 | MERCY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR 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 3 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|------|----------------|---------------------|------------------|-----------------|
| 1 | 88370182917007 | AMANDEEP KAUR | | |
| 2 | 88370182917009 | JAMIT | | |
| 3 | 88370182917015 | DILJODH SINGH | | |
| 4 | 88370182917018 | HARJIT KAUR | | |
| 5 | 88370182917021 | HARMANPREET SINGH | | |
| 6 | 88370182917024 | JOBANDEEP KAUR | | |
| 7 | 88370182917025 | JUGRAJ SINGH | | <u> </u> |
| 8 | 88370182917027 | ITOYL | | <u> </u> |
| 9 | 88370182917029 | KARAMJIT KAUR | | <u> </u> |
| 10 | 88370182917030 | KAWALJIT KAUR | | <u> </u> |
| 11 | 88370182917032 | _] KOMAL | | <u> </u> |
| 12 | 88370182917033 | LALJEET SINGH | | |
| 13 | 88370182917034 | LOVEPREET | | |
| 14 | 88370182917035 | LOVEPREET KAUR | | |
| 15 | 88370182917036 | LOVEPREET KAUR | <u> </u> | |
| 16 | 88370182917037 | MANDEEP KAUR | <u> </u> | |
| 17 | 88370182917047 | MUKHWINDER KAUR | <u> </u> | |
| 18 | 88370182917048 | NARGAS | | |
| 19 | 88370182917050 | _J NEHA | <u> </u> | |
| 20 | 88370182917051 | NEHA BHAGAT | <u> </u> | |
| 21 | 88370182917054 | PARVEEN | | |
| | | | | |

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 370 / ART & CRAFTS Class: First

| Subject | : 17073 / GEOME | ETRICAL DRAWING | | |
|-----------------|-----------------|-----------------------|------------------|-----------------|
| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
| 22 | 88370182917055 | PRAGATI | <u> </u> | <u> </u> |
| 23 | 88370182917057 | PRIYANKA | <u> </u> | |
| 24 | 88370182917058 | RAJBIR KAUR | | L |
| 25 | 88370182917071 | SANDEEP KAUR | | |
| 26 | 88370182917075 | SONIKA SHARMA | | |
| 27 | 88370182917076 | SUKHDEEP SINGH | | |
| 28 | 88370182917077 | SUPREET KAUR | | |
| 29 | 88370182917078 | TARANDEEP SINGH | | L |
| 30 | 88370182917080 | VISHALI | | |
| 31 | 88370182918019 | ADESHPARTAP SINGH | <u> </u> | L |
| 32 | 88370182918020 | AMARJIT KAUR | | |
| 33 | 88370182918021 | BALRAM | | |
| 34 | 88370182918024 | GURPARTAP KAUR | | |
| 35 | 88370182918028 | JASHANPREET KAUR | | L |
| 36 | 88370182918030 | KOMALPREET KAUR | <u> </u> | <u> </u> |
| 37 | 88370182918031 | LOVEPREET KAUR | <u> </u> | L |
| 38 | 88370182918037 | _J MEGHA | <u> </u> | <u> </u> |
| 39 | 88370182918038 | JMERCY | <u> </u> | |
| 40 | 88370182918040 | NAVJOT KAUR | <u> </u> | |
| 41 | 88370182918043 | PARVEZ SINGH | | |
| 42 | 88370182918044 | POOJA JOSHI | | |
| | | | | |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 370 / ART & CRAFTS Class: First 17073 / GEOMETRICAL DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370182918053 | SIMARJIT KAUR Total No. Of Students in this Subject > Present : Absent:

Undertaki ng

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

Signature of the Invigilator

I have conducted 20% random checking of the OMR 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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name: Course : 370 / ART & CRAFTS Class: Second 70051 / PAINTING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370182917033 | LALJEET 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

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name: Course : 370 / ART & CRAFTS Class: Second 70055 / CRAFT(T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370182917022 | JAGDISH 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.

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been

Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

Name of the Deputy Controller

filled correctly as per instructions.

Name of the Controller

Signature of the Controller

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

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

| Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | | |
|--|--|--|---|--|--|
| 88370182917022 | JAGDISH SINGH | <u> </u> | <u> </u> | | |
| 88370182917025 | | | | | |
| | | | | | |
| 88370182917075 | SONIKA SHARMA | <u>[</u> | <u> </u> | | |
| Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge | | | | | |
| | | Undertaki ng | | | |
| I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. | | | | | |
| | | Si gnati | ure of the Invigilator | | |
| nave conducted 20% rand led correctly as per | dom checking of the OMR sheet of instructions. | the said examination | n and found that particulars have been | | |
| ne of the Superintende | nt | Si gnatı | ure of the Superintendent | | |
| nave conducted 10% rand led correctly as per | dom checking of the OMR sheet of instructions. | the said examination | n and found that particulars have been | | |
| ne of the Deputy Contr | oller | Si gnati | ure of the Deputy Controller | | |
| have conducted 5% randled correctly as per | dom checking of the OMR sheet of instructions. | the said examination | n and found that particulars have been | | |
| | 88370182917025 88370182917055 88370182917075 otal No. Of Students in otal No. Of Answer Sh ame and Signature Of (Name) ove examination as Invive appeared under my signature of the Superintender mave conducted 20% rangeled correctly as perme of the Superintender mave conducted 10% rangeled correctly as perme of the Deputy Control of the Deputy Control of the Deputy Control of the Deputy Control of the Conducted 5% rangeled conducted | 88370182917022 JAGDISH SINGH 88370182917025 JUGRAJ SINGH 88370182917075 PRAGATI 88370182917075 SONIKA SHARMA otal No. Of Students in this Subject > Present: Absortal No. Of Answer Sheets Packed > ame and Signature Of Incharge (Name) (Designation) ove examination as Invigilator. I have personally check appeared under my supervision in today's exam, have reby undertake that if any mistakes are found, I will in the conducted 20% random checking of the OMR sheet of a correctly as per instructions. The of the Superintendent appears of the OMR sheet of a correctly as per instructions. The of the Deputy Controller | 88370182917022 JAGDISH SINGH 88370182917025 JUGRAJ SINGH 88370182917075 PRAGATI 88370182917075 SONIKA SHARMA Otal No. Of Students in this Subject > Present : Absent: Otal No. Of Answer Sheets Packed > ame and Signature Of Incharge Undertaking (Name) (Designation) hove examination as Invigilator. I have personally checked and ensured that we appeared under my supervision in today's exam, have been filled and share reby undertake that if any mistakes are found, I will not be entitled for signature conducted 20% random checking of the OMR sheet of the said examination liled correctly as per instructions. The of the Superintendent Signature of the Deputy Controller Signature of the Said examination of the OMR sheet of the Said examination of the | | |

Signature of the Controller

Name of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------------|---|---|---|---|
| 1 | 88370182917014 | DHANANJAI BHAMRAL | | L |
| 2 | 88370182917015 | DIL TODIT CINIOTT | | <u></u> |
| 3 | 88370182917021 | HARMANPREET SINGH | L | L |
| 4 | | LA ODIOLI OINIOLI | | L |
| 5 | 88370182917025 | JUGRAJ SINGH | <u> </u> | <u> </u> |
| Na I (I | tal No. Of Answer She me and Signature Of Name) | Incharge (Designation) gilator. I have personally check | ked and ensured that | ereby certify that I have conducted the particulars of all the students who |
| abò have | ve examination as Invi | gilator. I have personally check | ked and ensured that been filled and sha | particulars of all the students who ded correctly in the OMR sheets. I also |
| | | | | ure of the Invigilator |
| l ha fill | ave conducted 20% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been |
| Name | e of the Superintender | nt | Si gnat | ure of the Superintendent |
| l ha fill | ave conducted 10% rand ed correctly as per i | dom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been |
| Name | e of the Deputy Contro | oller | Si gnat | ure of the Deputy Controller |
| l l fill | nave conducted 5% rand ed correctly as per i | dom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been |
| Name | e of the Controller | | Si gnat | ure of the Controller |

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

Center Name:

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------|----------------|----------------------------|------------------|-----------------|
| 1 | 88370182916016 | BHUPINDER SINGH | <u> </u> | L |
| 2 | 88370182916029 | _J NIRAJPAL KAUR | <u> </u> | L |
| 3 | 88370182916030 | JPRIYA DEVI | <u> </u> | L |
| 4 | 88370182916033 | RAMANDEEP KAUR | <u> </u> | L |
| 5 | 88370182916037 | SHAMSHER SINGH | <u> </u> | L |
| 6 | 88370182916038 | SHARANJEET KAUR | <u> </u> | L |
| 7 | 88370182916042 | JVIRPAL KAUR | <u> </u> | L |
| 8 | 88370182917007 | JAMANDEEP KAUR | <u> </u> | L |
| 9 | 88370182917009 | JAMIT | <u> </u> | L |
| 10 | 88370182917014 | DHANANJAI BHAMRAL | <u> </u> | L |
| 11 | 88370182917015 | JDILJODH SINGH | <u> </u> | L |
| 12 | 88370182917018 | HARJIT KAUR | <u> </u> | L |
| 13 | 88370182917021 | HARMANPREET SINGH | <u> </u> | L |
| 14 | 88370182917022 | JAGDISH SINGH | <u> </u> | L |
| 15 | 88370182917025 | JUGRAJ SINGH | <u> </u> | L |
| 16 | 88370182917027 | ITOYL | <u> </u> | L |
| 17 | 88370182917029 | KARAMJIT KAUR | <u> </u> | L |
| 18 | 88370182917032 | _J KOMAL | <u> </u> | L |
| 19 | 88370182917033 | LALJEET SINGH | <u> </u> | L |
| 20 | 88370182917035 | LOVEPREET KAUR | L | <u></u> |
| 21 | 88370182917037 | MANDEEP KAUR | <u> </u> | <u> </u> |
| | | | | |

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

PAGE: 2 of 2 Center Name:

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 370 / ART & CRAFTS

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | | | |
|----------------|---|---|---|---|--|--|--|
| 22 | 88370182917050 | NEHA | | L | | | |
| 23 | 88370182917051 | NEHA BHAGAT | <u> </u> | | | | |
| 24 | 88370182917057 | PRIYANKA | L | <u> </u> | | | |
| 25 | 88370182917058 | RAJBIR KAUR | L | <u> </u> | | | |
| 26 | 88370182917071 | SANDEEP KAUR | L | <u> </u> | | | |
| 27 | 88370182917072 | SANDEEP KAUR | <u> </u> | L | | | |
| 28 | 88370182917075 | SONIKA SHARMA | <u> </u> | L | | | |
| 29 | 88370182917077 | SUPREET KAUR | | | | | |
| Tota | al No. Of Students in al No. Of Answer She ne and Signature Of | | ent. | | | | |
| | Undertaki ng | | | | | | |
| above have | ame) e examination as Invi appeared under my su by undertake that if | (Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will | ked and ensured that been filled and sha | ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration. | | | |
| | | | Si gnat | ure of the Invigilator | | | |
| l ha∖ fill∈ | ve conducted 20% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been | | | |
| Name | of the Superintender | t | Si gnat | ure of the Superintendent | | | |
| l ha\ fill∈ | ve conducted 10% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been | | | |
| Name | of the Deputy Contro | ller | Si gnat | ure of the Deputy Controller | | | |
| l ha fill∈ | ave conducted 5% ranc ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been | | | |
| Name | of the Controller | | Si gnat | ure of the Controller | | | |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 113 / MECH. DIESEL Class: Second 99933 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88201180316028 | RAJAT 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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 113 / MECH. DIESEL Class: First

Subject: 44413 / ENGINEERING DRAWING

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88201180318001 _| AKASH 88201180318012 | NATISH 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.

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 114 / PLUMBER Class: First

Subject: 44411 / TRADE THEORY

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209180318029 | GAGANDEEP SINGH 88209180318030 | GURJANT SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 114 / PLUMBER Class: First

Subject: 44413 / ENGINEERING DRAWING

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209180318030 | GURJANT SINGH 88209180318043 | SAURAV 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 119 / CARPENTER Class: Second 99933 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88206180317320 | DEEPAK KUMAR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE.GURDASPUR Center Name: Course : 128 / FITTER Class: Third 99951 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227280317074 | VARINDER SALARIA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR 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 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 128 / FITTER Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------------|--|---|--------------------|---|
| 1 | 88227280317063 | DEEPAK SINGH | | |
| 2 | 88227280317064 | GURPREET SINGH | | |
| 3 | 88227280317072 | ROHIT BAINS | <u> </u> | |
| 4 | 88227280317073 | ROHIT KUMAR | <u> </u> | |
| 5 | 88227280317074 | VARINDER SALARIA | <u> </u> | |
| 6 | 88227280317076 | VISHAL | | |
| 7 | 88227280317078 | DEEPAK KUMAR | | |
| Tot | al No. Of Answer She me and Signature Of | | | |
| | | | Undertaki ng | |
| have | appeared under my su | (Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will | been filled and 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 | 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 examinati | on and found that particulars have been |
| Name | of the Deputy Contro | ller | Si gna | ture of the Deputy Controller |
| l h | 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 |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE.GURDASPUR Center Name: Course : 132 / ELECTRICIAN Class: Second 99933 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231280317095 | SOURAV 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE.GURDASPUR Center Name: Course : 132 / ELECTRICIAN Class: Fourth 99973 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231280617092 | RAMANDEEP SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

PAGE: 1 of 1 Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

139 / MECH. REF. & AIR CONDITIONING

Course: Class: Third

Subject: 99953 / ENGINEERING DRAWING

| 5 | .No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|---|--|--|---|-----------------------|--|
| 1 | | 88218280317106 | LOVEPREET KUMAR | <u> </u> | <u> </u> |
| 2 | | 88218280317107 | MANDEEP KUMAR | | L |
| 3 | | 88218280317109 | NITISH ATTRI | | L |
| | Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge | | | | |
| | | | | Undertaki ng | |
| | I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. | | | | |
| | | | | Si gnat | ure of the Invigilator |
| | l have filled | conducted 20% rand correctly as per i | lom 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 have filled | conducted 10% rand correctly as per i | lom 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 have filled | conducted 5% rand correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been |
| | Name of | the Controller | | Si gnat | ure of the Controller |
| | Name of | | | · · | |

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 139 / MECH. REF. & AIR CONDITIONING

Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

| S. | .No Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | | |
|----|--|---|----------------------|---|--|--|
| 1 | 88218280317108 | MOHIT KUMAR | | L | | |
| 2 | | | | L | | |
| 3 | | | | | | |
| 4 | 88218280317119 | | | | | |
| | Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge | | | | | |
| | | | Undertaki ng | | | |
| | have appeared under my si | (Designation) igilator. I have personally 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 | | |
| | 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 Superintender | nt | Si gnat | ure of the Superintendent | | |
| | I have conducted 10% 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 Deputy Contro | oller | Si gnat | 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 gnat | ure of the Controller | | |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 145 / ELECTRONICS MECHANIC Class: Third 99951 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88219280317154 | INDERJIT SINGH

Total No. Of Answer Sheets Packed >

Total No. Of Students in this Subject > Present :

Name and Signature Of Incharge

Undertaki ng

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 145 / ELECTRONICS MECHANIC Class: Third 99953 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88219280317170_{\mid} ANKIT KATTRU Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 145 / ELECTRONICS MECHANIC Class: Fourth

Subject: 99971 / TRADE THEORY

Name of the Controller

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | | | |
|--------------|---|---|--|--|--|--|--|
| 1 | 88219280317147 | AVISHAL KUMAR | <u> </u> | | | | |
| 2 | 88219280317161 | RAJAN | L | L | | | |
| 3 | 88219280317163 | RIMPAL KUMAR | L | L | | | |
| 4 | 88219280317170 | ANUCITICATEDIA | | L | | | |
| Tot | Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking | | | | | | |
| have | appeared under my su | (Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will | h ked and ensured that been filled and sha | 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 ha fill | ve conducted 20% rand ed correctly as per i | om checking of the OMR sheet of nstructions. | the said examination | on and found that particulars have been | | | |
| Name | of the Superintenden | t | Si gnat | ure of the Superintendent | | | |
| l ha fill | ve conducted 10% rand ed correctly as per i | om 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 | ure of the Deputy Controller | | | |
| l h fill | ave conducted 5% rand ed correctly as per i | om checking of the OMR sheet of nstructions. | the said examination | on and found that particulars have been | | | |

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 145 / ELECTRONICS MECHANIC Class: Fourth

Subject: 99975 / TRADE PRACTICAL

Name of the Controller

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88219280317147 $_{\mathsf{I}}\mathsf{AVISHAL}\;\mathsf{KUMAR}$ 2 88219280317154 | INDERJIT SINGH 3 88219280317155 | JAGDEEP SINGH 88219280317170 | ANKIT KATTRU Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR 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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING

Cubicot . 17514 / PRINCIPLE OF EDUCATION

Subject: 17511 / PRINCIPLE OF EDUCATION

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | | |
|--------------|--|--|----------------------|---|--|--|
| 1 | 88175182718001 | JAKWINDER KAUR | | | | |
| 2 | | BALWINDED KALID | | L | | |
| 3 | 88175182718014 | JMANPREET KAUR | | | | |
| Tot | Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge | | | | | |
| | | | Undertaki ng | | | |
| have | e 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 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% randed correctly as per i | dom checking of the OMR sheet o | 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% randed correctly as per i | dom checking of the OMR sheet o | f the said examinati | on and found that particulars have been | | |
| Name | e of the Deputy Contro | oller | Si gna | ture of the Deputy Controller | | |
| l h fill | ave conducted 5% randed correctly as per i | dom checking of the OMR sheet o | f the said examinati | on and found that particulars have been | | |
| Name | of the Controller | | Si gna | ture of the Controller | | |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17512 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175182718001 | AKWINDER 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

Class: First

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 264 / Computer Hardware and Network Maintenance

Subject: 44413 / ENGINEERING DRAWING

| S. | No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | |
|----|--|--|---|---|---|--|
| 1 | | 88264180318072 | AMIT KUMAR | <u> </u> | | |
| 2 | | | | | | |
| 3 | | 88264180318100 | CALIII | | | |
| 4 | | 88264180318103 | | | | |
| | 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 | e appeared under my su | gilator. I have personally check pervision in today's exam, have any mistakes are found, I will i | been filled and shad not be entitled for a | ded correctly in the OMR sheets. I also any remuneration. | |
| | l ba | we conducted 20% rand | low shocking of the OMD shoot of | · · | ure of the Invigilator | |
| | fill | ed correctly as per i | nstructions. | the Saru examination | n and found that particulars have been | |
| | Name | of the Superintenden | t | Si gnatı | ure of the Superintendent | |
| | l ha fill | ve conducted 10% rand ed correctly as per i | om checking of the OMR sheet of nstructions. | the said examination | n and found that particulars have been | |
| | Name | of the Deputy Contro | ller | Si gnati | ure of the Deputy Controller | |
| | l h fill | ave conducted 5% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examination | n and found that particulars have been | |
| | Name | of the Controller | | Si gnatı | ure of the Controller | |

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: First

Subject: 17055 / CRAFT(T)

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------|----------------|-----------------------|------------------|-----------------|
| 1 | 88370182518002 | AMANDEEP | <u> </u> | <u> </u> |
| 2 | 88370182518013 | _] KAJAL | <u> </u> | L |
| 3 | 88370182518020 | JMADHU | <u> </u> | L |
| 4 | 88370182518027 | NAGMA | <u></u> | L |
| 5 | 88370182518033 | JPAWAN KUMAR | <u> </u> | L |
| 6 | 88370182518046 | _J RITIKA | <u> </u> | L |
| 7 | 88370182518051 | SAMSON | <u></u> | L |
| 8 | 88370182518057 | SUKHWINDER KAUR | <u> </u> | L |
| 9 | 88370182717040 | RAJWINDER KAUR | <u> </u> | L |
| 10 | 88370182717045 | SHEENAM | <u> </u> | L |
| 11 | 88370182817031 | RANJIT SINGH | <u> </u> | L |
| 12 | 88370182818022 | SHUBHAM SONI | <u></u> | L |
| 13 | 88370182818025 | UDAYKARAN SINGH | <u></u> | L |
| 14 | 88370183517009 | DILPREET SINGH | <u></u> | L |
| 15 | 88370183517024 | NAMRATA | <u></u> | L |
| 16 | 88370183517030 | _J NEHA | <u> </u> | L |
| 17 | 88370183517034 | JRENU BALA | <u> </u> | L |
| 18 | 88370183518004 | JGAGANDEEP KAUR | <u> </u> | <u> </u> |
| 19 | 88370183518006 | GURPREET KAUR | L | <u></u> |
| 20 | 88370183518007 | HARDIAL SINGH | <u> </u> | <u></u> |
| 21 | 88370183717004 | LOVEPREET SINGH MITLA | <u> </u> | <u> </u> |
| | | | | |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE.GURDASPUR Center Name: Course: 370 / ART & CRAFTS Class: First 17055 / CRAFT(T) 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

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

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

Name of the Controller

Answer Sheet No.

Student's Sign.

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name:

Course: 370 / ART & CRAFTS Class: First

Name Of the Student

Subject: 17060 / STILL LIFE

Regd. No.

PAGE: 1

S.No

| | | ' | , , | |
|------------|----------------|-----------------|----------|----------|
| 1 | 88370183518004 | GAGANDEEP KAUR | | |
| 2 | 88370183518006 | GURPREET KAUR | | L |
| 3 | 88370183518012 | LAKHWINDER KAUR | <u> </u> | L |
| 4 | 88370183518014 | PARAMJIT KAUR | <u> </u> | L |
| 5 | 88370183718001 | AKRITI GAUR | <u> </u> | L |
| 6 <u> </u> | 88370183718008 | HARLEEN KAUR | | L |
| 7 | 88370183718009 | JAGDEEP KAUR | <u> </u> | L |
| 8 | 88370183718010 | JASMEEN KAUR | <u> </u> | L |
| 9 | 88370183718012 | JYOTI KHANNA | <u> </u> | L |
| 10 | 88370183718018 | MANDEEP KAUR | <u> </u> | L |
| 11 | 88370183718022 | MEHAK | | L |
| 12 | 88370183718024 | NEHA KUMARI | | |
| 13 | 88370183718027 | RADHIKA | | |
| 14 | 88370183718029 | RAJESH KUMAR | | <u> </u> |
| 15 | 88370183718030 | RAJNI | <u> </u> | |
| | | | · | |

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

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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE.GURDASPUR

Course: 370 / ART & CRAFTS Class: First

Subject: 17060 / STILL LIFE

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

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

Undertaki ng

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

Signature of the Invigilator

I have conducted 20% random checking of the OMR 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

3214 / INDUSTRIAL TRAINING INSTITUTE.GURDASPUR Center Name: Course : 370 / ART & CRAFTS Class: First 17065 / CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370182818005 | DIKSHA THAPA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been

Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

Name of the Deputy Controller

filled correctly as per instructions.

Name of the Controller

Signature of the Controller

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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | |
|----------------------|--|--|---|---|--|
| 1 | 88370182518057 | SUKHWINDER KAUR | | | |
| 2 | 88370182817022 | | | <u> </u> | |
| 3 | 88370182818022 | SHUBHAM SONI | | <u></u> | |
| 4 | 88370182818025 | | | L | |
| 5 | 88370183518002 | BALJIT KAUR | | <u> </u> | |
| I (I abov have | Name)_ ve examination as Invi e appeared under my su | (Designation) gilator. I have personally che upervision in today's exam, hav | Undertaking h cked and ensured that e 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 | |
| l (l abov | Name) ve examination as Invi | (Designation) gilator. I have personally che | h cked and ensured that | nereby certify that I have conducted the particulars of all the students who | |
| have | e appeared under my su eby undertake that if | apervision in today's exam, hav any mistakes are found, I will | e been filled and sha not be entitled for | any remuneration. | |
| | | | Si gnat | rure of the Invigilator | |
| l ha fill | ave conducted 20% rand ed correctly as per i | dom checking of the OMR sheet o nstructions. | f the said examinatio | on and found that particulars have been | |
| Name | e 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 been filled correctly as per instructions. | | | | |
| Name | e of the Deputy Contro | ol I er | Si gnat | ture of the Deputy Controller | |
| l l fill | nave conducted 5% rand ed correctly as per i | dom checking of the OMR sheet o nstructions. | f the said examinatio | on and found that particulars have been | |
| Name | e of the Controller | | Si gnat | cure of the Controller | |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 370 / ART & CRAFTS Class: First 17071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370182518018 | KEWAL KRISHAN Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

| Subject : | 17073 / GEOME | ETRICAL DRAWING | | |
|-----------|----------------|-----------------------|------------------|-----------------|
| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
| 1 | 88370182517020 | HARDIK | | L |
| 2 | 88370182518055 | SIMRAN | | <u> </u> |
| 3 | 88370182518057 | SUKHWINDER KAUR | | <u> </u> |
| 4 | 88370182817037 | SONAM | | L |
| 5 | 88370183517009 | DILPREET SINGH | | L |
| 6 | 88370183517034 | RENU BALA | | L |
| 7 | 88370183517042 | RITU BALA | | L |
| 8 | 88370183517054 | SARABJIT KAUR | | L |
| 9 | 88370183518012 | LAKHWINDER KAUR | <u> </u> | L |
| 10 | 88370183518013 | JMANISHA MAHAJAN | | L |
| 11 | 88370183518017 | RAJANDEEP KAUR | | L |
| 12 | 88370183716006 | KIRAN RAWAT | | <u></u> |
| 13 | 88370183717003 | KURESHI | | L |
| 14 | 88370183717004 | LOVEPREET SINGH MITLA | | L |
| 15 | 88370183717006 | NIDHI ANDOTRA | | L |
| 16 | 88370183717008 | RAJAN KUMAR | | L |
| 17 | 88370183717015 | SURINDER SINGH | | L |
| 18 | 88370183718003 | JAYUR GAUR | | L |
| 19 | 88370183718008 | HARLEEN KAUR | | |
| 20 | 88370183718009 | JAGDEEP KAUR | | |
| 21 | 88370183718010 | JASMEEN KAUR | <u> </u> | |
| | | | | |

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------|----------------|----------------------|------------------|-----------------|
| 22 | 88370183718011 | JYOTI | <u> </u> | |
| 23 | 88370183718012 | JYOTI KHANNA | | |
| 24 | 88370183718018 | MANDEEP KAUR | | |
| 25 | 88370183718022 | _] MEHAK | <u> </u> | |
| 26 | 88370183718026 | PUNEET | <u> </u> | |
| 27 | 88370183718027 | RADHIKA | <u> </u> | |
| 28 | 88370183718029 | RAJESH KUMAR | <u> </u> | <u> </u> |
| 29 | 88370183718036 | SARVJIT KAUR | <u> </u> | <u> </u> |
| 30 | 88370183718038 | SEERAT SHARMA | <u> </u> | <u> </u> |
| 31 | 88370183718040 | SIMRAN KAUR | <u> </u> | <u> </u> |
| 32 | 88370183817001 | AKANSHA | <u> </u> | <u> </u> |
| 33 | 88370183817002 | JAMANJOT KAUR | <u> </u> | |
| 34 | 88370183817003 | JANAMJOT KAUR | <u></u> | |
| 35 | 88370183817005 | DAMPREET KAUR | <u></u> | |
| 36 | 88370183817006 | JMAMTA RANI | <u></u> | |
| 37 | 88370183817007 | MANINDER KAUR | <u> </u> | |
| 38 | 88370183817009 | NISHA | <u> </u> | |
| 39 | 88370183817011 | RAVIDEEP KAUR | <u> </u> | |
| 40 | 88370183817015 | SIMRAN | <u> </u> | |
| 41 | 88370183817016 | SIMRANJIT KAUR | <u> </u> | |
| 42 | 88370183818003 | HARPREET SINGH | <u> </u> | |
| | | | | |

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | | | |
|--------------|---|--|-------------------------|---|--|--|--|
| 43 | 88370183818005 | JASVEER KAUR | | | | | |
| 44 | | | | | | | |
| 45 | | | | L | | | |
| Tot | Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking | | | | | | |
| have | appeared under my s | (Designation) igilator. I have personally ch upervision in today's exam, ha any mistakes are found, I wil | ave 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 instructions. | of 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 instructions. | of 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% randed correctly as per | dom checking of the OMR sheet instructions. | of the said examination | on and found that particulars have been | | | |
| Name | of the Controller | | Si gna | ture of the Controller | | | |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 370 / ART & CRAFTS Class: Second 70051 / PAINTING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370183517022 | MEENAKSHI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR 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 March' 2020 EXAMS -SCVT

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: Second

70055 / CRAFT(T)

Name of the Controller

PAGE: 1

Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370182717025 | BALJINDER KAUR 88370183516052 | SUKDEV SINGH 2 3 88370183517012 | GURSEWAK SINGH 88370183517052 | JASMEET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 370 / ART & CRAFTS Class: Second 70056 / CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370183516052 | SUKDEV SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370182717025 | BALJINDER KAUR 88370183516024 | RAJNI BALA 2 3 88370183717004 LOVEPREET SINGH MITLA 88370183817006 | MAMTA RANI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Signature of the Controller

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | |
|--------------|--|--|----------------------|--|--|
| 1 | 88370182717045 | SHEENAM | <u> </u> | | |
| 2 | 88370182817004 | ANUREETPAL KAUR | <u> </u> | | |
| 3 | 88370182817023 | PARMINDER KAUR | <u></u> | | |
| 4 | 88370182817031 | DANIET CINICIE | | | |
| 5 | 88370183517009 | DILPREET SINGH | 1 | | |
| I (N | me and Signature Of ame) e examination as Invi | (Designation) | ked and ensured tha | hereby certify that I have conducted the t particulars of all the students who | |
| have | appeared under my su | ipervision in today's exam, have any mistakes are found, I will | e been filled and sh | aded correctly in the OMR sheets. I also | |
| | | | | Signature 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 | Name of the Superintendent Signature of the Superintendent | | | | |
| l ha fill | ve conducted 10% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinati | on and found that particulars have been | |
| Name | of the Deputy Contro | ller | Si gna | ture of the Deputy Controller | |
| l h fill | ave conducted 5% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinati | on and found that particulars have been | |
| Name | of the Controller | | Si gna | ture of the Controller | |

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70072 / COMMERCIAL ART

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|------------------------------|---|---|---|---|
| 1 | 88370183517004 | ANJU BALA | | <u> </u> |
| 2 | 88370183517033 | PUNEET KAUR | <u> </u> | <u>L</u> |
| 3 | 88370183517042 | RITU BALA | L | <u> </u> |
| 4 | 88370183517054 | SARABJIT KAUR | <u> </u> | <u>L</u> |
| 5 | 88370183717003 | KURESHI | L | <u>L</u> |
| 6 | 88370183717004 | LOVEPREET SINGH MITLA | <u> </u> | L |
| 7 | 88370183717008 | RAJAN KUMAR | <u> </u> | <u>L</u> |
| 8 | 88370183717014 | SUPREET KAUR | L | <u>L</u> |
| 9 | 88370183717015 | SURINDER SINGH | | I |
| Tot | al No. Of Students in al No. Of Answer She me and Signature Of | | ent: | |
| | | | Undertaki ng | |
| I (N abov have here | lame) re examination as Invi e appeared under my su by undertake that if | (Designation)_ gilator. I have personally check pervision in today's exam, have any mistakes are found, I will | h ked and ensured that been filled and sha not be entitled for | ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration. |
| | | | Si gnat | ure of the Invigilator |
| | ve conducted 20% rand ed correctly as per i | | the said examinatio | n and found that particulars have been |
| Name | of the Superintenden | t | Si gnat | ure of the Superintendent |
| l ha fill | ve conducted 10% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been |
| Name | of the Deputy Contro | ller | Si gnat | ure of the Deputy Controller |
| | ave conducted 5% rand ed correctly as per i | | the said examinatio | n and found that particulars have been |
| Name | of the Controller | | Si gnat | ure of the Controller |

PAGE: 1 of 5 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|------|----------------|---------------------|------------------|-----------------|
| 1 | 88370182516011 | GURKIRAN KAUR | <u> </u> | <u> </u> |
| 2 | 88370182516070 | SUKHMANPREET KAUR | L | L |
| 3 | 88370182517005 | JAMIT KUMAR | L | L |
| 4 | 88370182517006 | JAMRITPAL KAUR | L | L |
| 5 | 88370182517007 | JANITA DEVI | L | L |
| 6 | 88370182517028 | KAMLESH KUMARI | L | L |
| 7 | 88370182517034 | KOMAL LALOTRA | <u> </u> | L |
| 8 | 88370182716046 | GURPRIT SINGH | L | L |
| 9 | 88370182716058 | MANDEEP KAUR | L | L |
| 10 | 88370182716075 | RAMANDEEPKAUR | L | L |
| 11 | 88370182717025 | BALJINDER KAUR | L | L |
| 12 | 88370182717045 | SHEENAM | L | <u> </u> |
| 13 | 88370182717047 | SIMARJIT KAUR | L | L |
| 14 | 88370182817004 | JANUREETPAL KAUR | L | L |
| 15 | 88370182817005 | JARPANPREET KAUR | L | L |
| 16 | 88370182817011 | HARMANPREET KAUR | L | L |
| 17 | 88370182817012 | HARWINDER KAUR | <u> </u> | <u>L</u> |
| 18 | 88370182817017 | JMAMTA | <u> </u> | <u> </u> |
| 19 | 88370182817019 | MANPREET KAUR | <u> </u> | |
| 20 | 88370182817020 | _J MEHAK | <u> </u> | <u></u> |
| 21 | 88370182817021 | MISS HARNOOR KAUR | <u> </u> | <u> </u> |
| | | | | |

PAGE: 2 of 5 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|---------|----------------|---------------------|------------------|-----------------|
| 22 | 88370182817022 | NEERU | <u> </u> | <u> </u> |
| 23 | 88370182817025 | PRABHSIMRAN KAUR | <u> </u> | <u> </u> |
| 24 | 88370182817027 | RAJBIR KAUR | <u> </u> | <u> </u> |
| 25 | 88370182817029 | RAJINDER KAUR | <u> </u> | <u> </u> |
| 26 | 88370182817031 | RANJIT SINGH | <u> </u> | <u> </u> |
| 27 | 88370182817032 | SAVI | <u> </u> | <u> </u> |
| 28 | 88370182817035 | SAROOP KAUR | <u> </u> | L |
| 29 | 88370182817037 | SONAM | <u> </u> | L |
| 30 | 88370183516001 | _J ANITA | <u> </u> | L |
| 31 | 88370183516017 | NAGMA | <u> </u> | <u> </u> |
| 32 | 88370183516024 | RAJNI BALA | <u> </u> | <u> </u> |
| 33 | 88370183516028 | _J ROHINI | <u> </u> | <u> </u> |
| 34 | 88370183516029 | ROHIT KUMAR | <u> </u> | L |
| 35 | 88370183516033 | SHIWANI | <u> </u> | L |
| 36 | 88370183516034 | SONIA | L | L |
| 37 | 88370183516037 | SUKHVIR KAUR | <u> </u> | <u> </u> |
| 38 | 88370183516038 | AMANINDER KAUR | <u> </u> | <u> </u> |
| 39 | 88370183516042 | KAMINI | <u> </u> | <u> </u> |
| 40 | 88370183516045 | JMONA DEVI | <u> </u> | <u></u> |
| 41 l | 88370183516050 | JRAJNI BHATIA | L | <u></u> |
| 42 | 88370183516052 | SUKDEV SINGH | <u> </u> | |
| | | | | |

PAGE: 3 of 5 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|-----------------|----------------|----------------------------|------------------|-----------------|
| 43 | 88370183517004 | JANJU BALA | <u> </u> | <u> </u> |
| 44 | 88370183517009 | DILPREET SINGH | | |
| 45 _L | 88370183517012 | GURSEWAK SINGH | | L |
| 46 | 88370183517022 | _] MEENAKSHI | | L |
| 47 | 88370183517031 | JNITIKA | | L |
| 48 | 88370183517033 | PUNEET KAUR | | L |
| 49 | 88370183517034 | RENU BALA | | <u> </u> |
| 50 L | 88370183517036 | RAHUL KUMAR | | L |
| 51 | 88370183517038 | _J RAJNI BALA | | L |
| 52 | 88370183517039 | REKHA RANI | | L |
| 53 | 88370183517042 | _] RITU BALA | | L |
| 54 | 88370183517049 | TANIA MAHAJAN | | L |
| 55 | 88370183517052 | JASMEET SINGH | <u> </u> | <u> </u> |
| 56 L | 88370183517054 | SARABJIT KAUR | | L |
| 57 | 88370183716004 | JASWINDER SINGH | | L |
| 58 | 88370183716010 | J PRANAV MAHAJAN | | L |
| 59 | 88370183717003 | KURESHI | | <u> </u> |
| 60 | 88370183717004 | LOVEPREET SINGH MITLA | | <u> </u> |
| 61 | 88370183717006 | _J NIDHI ANDOTRA | | L |
| 62 | 88370183717008 | _J RAJAN KUMAR | | |
| 63 | 88370183717014 | SUPREET KAUR | | |
| | | | | |

PAGE: 4 of 5 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|-----------------|----------------|---------------------|------------------|-----------------|
| 64 | 88370183717015 | SURINDER SINGH | <u> </u> | L |
| 65 | 88370183816005 | NAVPREET KAUR | <u> </u> | L |
| 66 | 88370183817001 | AKANSHA | <u> </u> | L |
| 67 | 88370183817002 | AMANJOT KAUR | <u> </u> | L |
| 68 | 88370183817003 | ANAMJOT KAUR | <u> </u> | L |
| 69 | 88370183817005 | DAMPREET KAUR | <u> </u> | L |
| 70 <u> </u> | 88370183817006 | MAMTA RANI | <u> </u> | L |
| 71 | 88370183817009 | NISHA | <u> </u> | L |
| 72 | 88370183817011 | RAVIDEEP KAUR | <u> </u> | L |
| 73 | 88370183817012 | ROHIT BEDI | <u> </u> | L |
| 74 | 88370183817015 | SIMRAN | <u> </u> | L |
| 75 <u> </u> | 88370183817016 | SIMRANJIT KAUR | <u> </u> | L |
| 76 | 88370983515002 | ANURADHA | <u> </u> | L |
| 77 | 88370983515003 | LAKXMI DEVI | <u> </u> | L |
| 78 | 88370983515025 | AMARPREET KAUR | <u> </u> | L |
| 79 | 88370983515029 | TARMANPREET KAUR | <u> </u> | L |
| 80 | 88370983515036 | SACHPREET KAUR | | L |
| | | | · | |

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 5 of 5 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE.GURDASPUR Center Name: Course: 370 / ART & CRAFTS Class: Second 70073 / SCALE & PERSPECTIVE DRAWING Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name: Course : 113 / MECH. DIESEL Class: First 44413 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88201181118024 | RITHAK SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 130 / MACHINIST (COMPOSITE) Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88222281117046 | MOHIT SINGH 88222281117049 | RAJINDER KUMAR 3 88222281117051 | RENI D REJI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Course: 139 / MECH. REF. & AIR CONDITIONING Class: First 44413 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88218281118094 | SHEKHAR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 145 / ELECTRONICS MECHANIC Class: Fourth

Subject: 99971 / TRADE THEORY

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|-------------------|--|---|--|---|
| 1 | 88219280117063 | PANKAJ KUMAR | | |
| 2 | 88219280117066 | | | |
| 3 | | | | L |
| 4 | | | | <u> </u> |
| 5 | | | | |
| I (abc hav | Name) | (Designation) gilator. I have personally chec pervision 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 |
| abc hav | ove examination as Invi ve appeared under my su seby undertake that if | 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 | particulars of all the students who ded correctly in the OMR sheets. I also any remuneration |
| | | | | ure of the Invigilator |
| l h fil | nave conducted 20% rand led correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been |
| Nam | ne of the Superintenden | t | Si gnat | ure of the Superintendent |
| l h fil | nave conducted 10% rand led correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been |
| Nam | ne of the Deputy Contro | ller | Si gnat | ure of the Deputy Controller |
| l fi l | have conducted 5% rand led correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been |
| Nam | ne of the Controller | | Si gnat | ure of the Controller |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name: Course : 145 / ELECTRONICS MECHANIC Class: First 44413 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88219280118057 | SAJAN MANDGOTRA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|------------|--|--|---|---|
| 1 | 88175183216013 | SARESHTA DEVI | <u> </u> | |
| 2 | | SUDESH KUMADI | | |
| 3 | 88175183217018 | JPALLAVI KAURA | L | |
| 4 | 88175183217024 | JSUSHMA DEVI | L | |
| 5 | 88175183218006 | KOMAL DEVI | <u> </u> | |
| | tal No. Of Answer She ime and Signature Of | Incharge | Undertaki ng | |
| Na | ime and Signature Of | Incharge | Undertaki ng | |
| abò hav | e appeared under mv su | (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 sha not be entitled for | · · |
| | | | Si gna | ture of the Invigilator |
| l h fil | ave conducted 20% rand led correctly as per i | dom checking of the OMR sheet of nstructions. | the said examination | on and found that particulars have been |
| Nam | e of the Superintender | nt | Si gna | ture of the Superintendent |
| l h fil | ave conducted 10% rand Led correctly as per i | dom checking of the OMR sheet of nstructions. | the said examination | on and found that particulars have been |
| Nam | e of the Deputy Contro | oller | Si gna | ture of the Deputy Controller |
| l fil | have conducted 5% rand led correctly as per i | dom checking of the OMR sheet of nstructions. | the said examination | on and found that particulars have been |
| Nam | e of the Controller | | Si gna | ture of the Controller |

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 213 / CRAFTMAN FOOD PRODUCTION

Class: Second

Subject: 99941 / TRADE THEORY

Name of the Controller

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | |
|------|--|---|------------------------|---|--|
| 1 | 88253180117089 | ROHIT KUMAR | | | |
| 2 | 88253180117098 | | | | |
| То | tal No. Of Students in tal No. Of Answer Sho me and Signature Of | eets Packed > | sent: | | |
| | | | Undertaki ng | | |
| 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 | |
| | ave conducted 20% rand led correctly as per i | | f the said examinati | on and found that particulars have been | |
| Nam | e of the Superintender | nt | Si gna | ture of the Superintendent | |
| l h | ave 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 | |
| Nam | e of the Deputy Contro | oller | Si gna | ture of the Deputy Controller | |
| | nave conducted 5% rand led correctly as per i | | f the said examination | on and found that particulars have been | |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Course : 213 / CRAFTMAN FOOD PRODUCTION Class: Second 99977 / EMPLOYABILITY SKILLS Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88253180117089 | ROHIT 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 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Course : 213 / CRAFTMAN FOOD PRODUCTION Class: First 44411 / TRADE THEORY Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88253180118097 | SACHIN Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Course : 213 / CRAFTMAN FOOD PRODUCTION Class: First 44414 / EMPLOYBILITY SKILL Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88253180118071 _|ATUL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

PAGE: 1 of 1 Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 370 / ART & CRAFTS Class: First

Subject: 17055 / CRAFT(T)

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|----------------|--|--|----------------------|---|
| 1 | 88370183217028 | DIKSHA | | |
| 2 | 88370183217029 | _J MEGHNA | | |
| 3 | 88370183217034 | ABHISHEK PATHANIA | | |
| 4 | 88370183217037 | DAMINI JOSHI | | |
| 5 | 88370183218009 | KARAN KUMAR | | |
| 6 | 88370183917012 | RIDHI SHARMA | | |
| 7 | 88370183918001 | DHEERAJ KUMAR | | |
| 8 | 88370183918004 | PRIYA SHARMA | | |
| Tota | al No. Of Students in al No. Of Answer Sha 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 | e 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% randed correctly as per i | dom checking of the OMR sheet of nstructions. | the said examinati | on and found that particulars have been |
| Name | of the Superintender | nt | Si gna | ture of the Superintendent |
| l ha∖ fill∈ | ve conducted 10% randed 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 Deputy Contro | oller | Si gna | ture of the Deputy Controller |
| | ave conducted 5% rand ed correctly as per i | | the said examinati | on and found that particulars have been |
| Name | of the Controller | | Si gna | ture of the Controller |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name: Course : 370 / ART & CRAFTS Class: First 17059 / DESIGN Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370183218016 | PRIYANKA DEVI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 370 / ART & CRAFTS Class: First

Subject: 17060 / STILL LIFE

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370183918001 | DHEERAJ KUMAR 2 88370183918002 | DHEERAJ SINGH 3 88370183918004 | PRIYA 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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name: Course : 370 / ART & CRAFTS Class: First 17072 / COMP. AWARENESS & GRAPHICS (T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370183217029 | MEGHNA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1 of

filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|------|----------------|----------------------------|------------------|-----------------|
| 1 | 88370183217026 | BHARTI KUMARI | <u> </u> | <u> </u> |
| 2 | 88370183217029 | _] MEGHNA | <u> </u> | <u> </u> |
| 3 | 88370183217034 | ABHISHEK PATHANIA | <u> </u> | <u> </u> |
| 4 | 88370183217037 | DAMINI JOSHI | <u> </u> | <u> </u> |
| 5 | 88370183218014 | MUKHTYAR SINGH | <u> </u> | <u> </u> |
| 6 | 88370183218016 | PRIYANKA DEVI | <u> </u> | <u> </u> |
| 7 | 88370183917001 | ANITA DEVI | <u> </u> | <u> </u> |
| 8 | 88370183917002 | JASHA RANI | <u> </u> | <u> </u> |
| 9 | 88370183917003 | _] KAJAL | <u> </u> | <u> </u> |
| 10 | 88370183917005 | LEENA MEHRA | <u> </u> | <u> </u> |
| 11 | 88370183917006 | JMADHU BALA | <u> </u> | <u> </u> |
| 12 | 88370183917007 | JMEENA KUMARI | <u></u> | <u> </u> |
| 13 | 88370183917008 | NIKHIL KISHOR | <u> </u> | <u> </u> |
| 14 | 88370183917011 | REETA KUMARI | <u> </u> | L |
| 15 | 88370183917012 | RIDHI SHARMA | <u> </u> | <u> </u> |
| 16 | 88370183917014 | SHAILLY PATHANIA | <u> </u> | L |
| 17 | 88370183917015 | SUMAN SHARMA | 1 | L |
| 18 | 88370183918001 | _J DHEERAJ KUMAR | <u></u> | |
| 19 | 88370183918002 | DHEERAJ SINGH | | |
| | | | | |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name: Course: 370 / ART & CRAFTS Class: First Subject: 17073 / GEOMETRICAL DRAWING Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 370 / ART & CRAFTS Class: Second

Subject: 70055 / CRAFT(T)

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370183217029 | MEGHNA 88370183217034 | ABHISHEK PATHANIA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 370 / ART & CRAFTS Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370183217029 | MEGHNA 88370183217034 | ABHISHEK PATHANIA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 370 / ART & CRAFTS Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------------|---|--|---|---|
| 1 | 88370183217029 | MEGHNA | | |
| 2 | 88370183217034 | A DUNCHEK DA TUANNA | | |
| 3 | 88370183916006 | TAJINDER KAUR | L | |
| 4 | 88370183917007 | | | |
| 5 | 88370183917012 | | | |
| | me and Signature Of ame) e examination as Invi | <u> </u> | Undertaking ecked and ensured that we been filled and sh | hereby certify that I have conducted the it particulars of all the students who haded correctly in the OMR sheets. I also |
| above | ame) e examination as Invi appeared under my su | (Designation)_ gilator. I have personally che upervision in today's exam hay | ecked and ensured that we been filled and sh | nereby certify that I have conducted the it particulars of all the students who haded correctly in the OMR sheets. I also |
| 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 on nstructions. | of the said examinati | on and found that particulars have been |
| Name | of the Superintender | nt | Si gna | ture of the Superintendent |
| l ha fill | ve conducted 10% rand ed correctly as per i | dom checking of the OMR sheet on 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 ha fill | ave conducted 5% ranc ed correctly as per i | dom checking of the OMR sheet onstructions. | of the said examinati | on and found that particulars have been |
| Namo | of the Controller | | Signa | iture of the Controller |

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 370 / ART & CRAFTS Class: Second

Subject: 70072 / COMMERCIAL ART

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|-----------------|----------------|----------------------------|------------------|-----------------|
| 1 | 88370183217026 | BHARTI KUMARI | | |
| 2 | 88370183217028 | _] DIKSHA | <u> </u> | L |
| 3 | 88370183217029 | _J MEGHNA | <u> </u> | L |
| 4 | 88370183217037 | JDAMINI JOSHI | <u> </u> | L |
| 5 | 88370183217039 | JURMEET KUMAR | <u> </u> | L |
| 6 | 88370183217043 | _J NEERU | <u> </u> | <u></u> |
| 7 | 88370183217047 | SRABJIT KAUR | <u> </u> | <u> </u> |
| 8 | 88370183917003 | _] KAJAL | <u> </u> | <u> </u> |
| 9 | 88370183917004 | JKUNTI DEVI | <u> </u> | <u> </u> |
| 10 | 88370183917005 | JLEENA MEHRA | <u> </u> | <u> </u> |
| 11 | 88370183917007 | JMEENA KUMARI | <u> </u> | L |
| 12 | 88370183917008 | NIKHIL KISHOR | | |
| 13 | 88370183917011 | REETA KUMARI | <u> </u> | L |
| 14 | 88370183917012 | RIDHI SHARMA | | <u> </u> |
| 15 <u> </u> | 88370183917014 | SHAILLY PATHANIA | <u> </u> | <u> </u> |
| 16 | 88370183917015 | SUMAN SHARMA | <u> </u> | <u> </u> |
| | | | | |

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name: Course: 370 / ART & CRAFTS Class: Second Subject: 70072 / COMMERCIAL ART Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

Center Name:

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------|----------------|--------------------------|------------------|-----------------|
| 1 | 88370183216022 | MANIK SINGH | | L |
| 2 | 88370183216023 | _J MITTU SAINI | | L |
| 3 | 88370183217028 | DIKSHA | | L |
| 4 | 88370183217029 | MEGHNA | | L |
| 5 | 88370183217037 | DAMINI JOSHI | | <u></u> |
| 6 | 88370183217039 | JURMEET KUMAR | | <u></u> |
| 7 | 88370183217043 | NEERU | | <u> </u> |
| 8 | 88370183916003 | NEHA SHARMA | | <u></u> |
| 9 | 88370183916006 | TAJINDER KAUR | | L |
| 10 | 88370183917001 | JANITA DEVI | | <u></u> |
| 11 | 88370183917002 | ASHA RANI | | <u></u> |
| 12 | 88370183917003 | KAJAL | | <u> </u> |
| 13 | 88370183917004 | KUNTI DEVI | | L |
| 14 | 88370183917005 | LEENA MEHRA | | <u></u> |
| 15 | 88370183917006 | MADHU BALA | | L |
| 16 | 88370183917007 | MEENA KUMARI | | L |
| 17 | 88370183917012 | RIDHI SHARMA | | |
| 18 | 88370183917014 | SHAILLY PATHANIA | | |
| 19 | 88370183917015 | SUMAN SHARMA | | |
| | | | | |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT
Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT
Course: 370 / ART & CRAFTS Class: Second
Subject: 70073 / SCALE & PERSPECTIVE DRAWING

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

Undertaking

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

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name: Course : 615 / FRONT OFFICE ASSISTANT Class: First 44415 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. $88254180118181_{\mathsf{I}}\mathsf{ANKIT}\;\mathsf{KUMAR}$ 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

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

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

PAGE: 1

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99972 / WORKSHOP CAL. & SCIENCE

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|-------|----------------|---------------------|------------------|-----------------|
| 1 | 88231272117032 | JASKIRAT SINGH | <u> </u> | L |
| 2 | 88231272117033 | JASPREET SINGH | <u> </u> | L |
| 3 | 88231272117034 | LOVEPREET | <u> </u> | L |
| 4 | 88231272117037 | PARDEEP SINGH | <u> </u> | L |
| 5 | 88231272117039 | RAJWINDER SINGH | <u> </u> | L |
| 6 | 88231272117042 | SIMRANJEET | | L |
| 7 | 88231272117043 | SUKHPREET SINGH | <u> </u> | L |
| 8 | 88231272117046 | SUKHVEER SINGH | <u> </u> | L |
| 9 | 88231272117047 | VISHVJIT SINGH | <u> </u> | L |
| 10 | 88231272117048 | YODHA SINGH | <u> </u> | L |
| 11 | 88231272117055 | PRINCE KUMAR | <u> </u> | L |
| 12 | 88231272117056 | RAM SINGH | <u> </u> | L |
| 13 | 88231272117057 | SUKHDEV SINGH | <u> </u> | L |
| 14 | 88231272117058 | SUKHPREET SINGH | <u> </u> | L |
| | | | | |

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

88231272117060 | VARINDER SINGH

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

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

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

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99972 / WORKSHOP CAL. & SCIENCE

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3315 / GOVT. I.T.I, KAPURTHALA Course : 370 / ART & CRAFTS Class: First 17055 / CRAFT(T) Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88370178217013 | SUNITA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3315 / GOVT. I.T.I, KAPURTHALA Course : 370 / ART & CRAFTS Class: First 17070 / PRINCIPLES OF EDUCATION Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88370178217013 | SUNITA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

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

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370178217009 | RAJWINDER KAUR 88370178217013 | SUNITA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 3315 / GOVT. I.T.I, KAPURTHALA Course : 370 / ART & CRAFTS Class: Second 70070 / EDUCATIONAL PSYCHOLOGY Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88370178216002 | DEESHIKA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

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

Course: 370 / ART & CRAFTS Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370978215003 $_{\parallel}$ AMARJIT KAUR 88370978215007 | KULWANT KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

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

Course: 370 / ART & CRAFTS

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|----------------------|---|---|---|---|
| 1 | 88370178217003 | MANJU | | I |
| 2 | 88370178217004 | PARMJIT KAUR | | L |
| 3 | 88370178217005 | POOJA RANI | | <u> </u> |
| 4 | 88370178217007 | PRIYA | <u> </u> | L |
| 5 | 88370178217009 | RAJWINDER KAUR | | |
| 6 | 88370178217012 | SHIVANI | | |
| 7 | 88370178217013 | SUNITA | | I |
| | al No. Of Answer She me and Signature Of | | Undortoki na | |
| I (N abov have | lame) ve examination as Invi e appeared under my su | (Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will | 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 |
| TICLE | by under take that IT | any mistakes are round, i with | | ure of the Invigilator |
| l ha fill | ive conducted 20% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been |
| Name | e of the Superintenden | t | Si gnat | ure of the Superintendent |
| l ha fill | ive conducted 10% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been |
| Name | e of the Deputy Contro | ller | Si gnat | ure of the Deputy Controller |
| l h fill | nave conducted 5% rand ed correctly as per i | lom checking of the OMR sheet of nstructions. | the said examinatio | n and found that particulars have been |
| Name | e of the Controller | | Si gnat | ure of the Controller |

Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE (W) , PHAGWARA Course : 111 / WELDER (GAS AND ELECTRIC) Class: First 44412 / WORKSHOP CALCULATIONS AND SCIENCE Subject: Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88212172518022 | PARDEEP SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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filled correctly as per instructions.

Name of the Controller

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Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE(W), PHAGWARA

Course: 111 / WELDER (GAS AND ELECTRIC)

Class: First

Subject: 44413 / ENGINEERING DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|------------|--|--|--|---|
| 1 | 88212172518005 | DEEPAK TIWARI | | |
| 2 | 88212172518019 | CONTILIZIMAND | | |
| 3 | 88212172518020 | SHOUTO | | |
| 4 | | OUDDDDEET ONION | | |
| 5 | 88212172518022 | PARDEEP SINGH | | |
| To | otal No. Of Answer She name and Signature Of | eets Packed > | osent: | |
| | | | Undertaki ng | |
| abo hav | e appeared under mv su | (Designation) gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will | cked and ensured that te 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 h fil | ave 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 |
| Nam | e of the Superintender | nt | Si gna | ture of the Superintendent |
| l h fil | ave conducted 10% 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 |
| Nam | e of the Deputy Contro | oller | Si gna | ture of the Deputy Controller |
| l fil | have conducted 5% 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 |
| Nam | e of the Controller | | Si gna | ture of the Controller |

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE (W), PHAGWARA

Course: 130 / MACHINIST (COMPOSITE) Class: Third

Subject: 99953 / ENGINEERING DRAWING

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

3333 / INDUSTRIAL TRAINING INSTITUTE(W), PHAGWARA Center Name: Course : 130 / MACHINIST (COMPOSITE) Class: Fourth 99973 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88222272517017 | MANVIR SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

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3333 / INDUSTRIAL TRAINING INSTITUTE(W), PHAGWARA Center Name: Course : 130 / MACHINIST (COMPOSITE) Class: First 44413 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88222272518024 | DHARMINDER Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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filled correctly as per instructions.

Name of the Controller

3333 / INDUSTRIAL TRAINING INSTITUTE (W), PHAGWARA Center Name: Course : 132 / ELECTRICIAN Class: Third 99953 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231222317015 | MANDEEP 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.

I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been

Signature of the Deputy Controller

Signature of the Controller

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Name of the Deputy Controller

Name of the Controller

filled correctly as per instructions.

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Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE (W) , PHAGWARA

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99971 / TRADE THEORY

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. |
|--------------|--|---|----------------------|--|
| 1 | 88231222317001 | ABHISHEK SANDHU | | |
| 2 | 88231222317006 | BALJEET SINGH | <u> </u> | |
| 3 | 88231222317013 | JATIN KUMAR | <u> </u> | L |
| 4 | 88231222317017 | _J NAVNEET SINGH | <u> </u> | L |
| 5 | 88231222317019 | JPAWAN GURU | <u> </u> | L |
| 6 | 88231222317021 | SANJIV KUMAR | 1 | I |
| Na | me and Signature Of | Incharge | Undertaki ng | |
| Tot | tal No. Of Students in tal No. Of Answer She me and Signature Of | | ent: | |
| l (N abov | lame) ve examination as Invi | (Designation) | ked and ensured that | ereby certify that I have conducted the particulars of all the students who ided 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 gnat | ure of the Invigilator |
| I ha fill | ave conducted 20% rand ed correctly as per i | dom checking of the OMR sheet of nstructions. | the said examination | on and found that particulars have been |
| Name | e of the Superintender | nt | Si gnat | ture of the Superintendent |
| l ha fill | ave conducted 10% rand ed correctly as per i | dom checking of the OMR sheet of nstructions. | the said examination | on and found that particulars have been |
| Name | e of the Deputy Contro | oller | Si gnat | ure of the Deputy Controller |
| l h fill | nave conducted 5% rand ed correctly as per i | dom checking of the OMR sheet of nstructions. | the said examination | on and found that particulars have been |
| Name | e of the Controller | | Si gnat | rure of the Controller |

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Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE (W) , PHAGWARA

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

| S.No | Regd. No. | Name Of the Student | Answer Sheet No. | Student's Sign. | |
|--------------------------|--|--|----------------------|---|--|
| 1 | 88231222317006 | BALJEET SINGH | 1 | | |
| 2 | 88231222317012 | JAGDISH SINGH JASSA | | | |
| 3 | 88231222317015 | MANDEEP KUMAR | | | |
| 4 | 88231222317016 | NARINDER PAL | | | |
| 5 | 88231222317017 | _J NAVNEET SINGH | | | |
| 6 | 88231222317019 | | | | |
| 7 | 88231222317021 | SANJIV KUMAR | | | |
| | otal No. Of Answer Sho nme and Signature Of | | | | |
| | <u> </u> | G | Undertaki ng | | |
| I (abo hav her | Name) ve examination as Invi e appeared under my su eby undertake that if | (Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will | cked and ensured tha | hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration. | |
| | | Si gnature of the Invigilator | | | |
| l h fil | ave conducted 20% rand led correctly as per i | dom checking of the OMR sheet of nstructions. | f the said examinati | on and found that particulars have been | |
| Nam | e of the Superintendent Signature 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. | | | | |
| Nam | e of the Deputy Contro | of the Deputy Controller Signature of the Deputy Controller | | | |
| l fil | I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. | | | | |
| Nam | e of the Controller | | Si gna | ture of the Controller | |

3333 / INDUSTRIAL TRAINING INSTITUTE (W), PHAGWARA Center Name: Course : 132 / ELECTRICIAN Class: First 44413 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231222318019 | SIMARDEEP SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller

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Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE (W) , PHAGWARA

Course : 192 / CONSUMER ELECTRONICS Class: First

44413 / ENGINEERING DRAWING Subject:

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S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88273272518040 | BALJIT SALLAN 88273272518045 LOVENISH DUGGAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

I have conducted 20% random checking of the OMR 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