Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17511 / PRINCIPLE OF EDUCATION Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175154322006 | JASVIR 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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

filled correctly as per instructions.

Name of the Controller

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17512 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175154322001 | AMANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

filled correctly as per instructions.

Name of the Controller

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

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 401 / ATTENDANT OPERATOR ( CHEMICAL PLANT)

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88030250124004	ARSHDEEP SINGH			
2	88030250124006	BALJIT SINGH	<u> </u>	<u> </u>	
3	88030250124010	GIRDHAR SINGH	<u> </u>	<u> </u>	
4	88030250124013	INDERJEET SINGH	<u> </u>	<u> </u>	
5	88030250124014	JASHANPREET SINGH	<u> </u>		
6		DANLIEFT CINICII		<u> </u>	
7	88030250124022	SACHIN		<u> </u>	
Tot	ral No. Of Students in ral 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 bby undertake that if	(Designation) gilator. I have personally checl pervision in today's exam, have any mistakes are found, I will u	h ked and ensured that been filled and sha not be entitled for	nereby certify that I have conducted the particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.	
			Si gnat	Signature of the Invigilator	
I ha fill	ive conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Name	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 beer filled correctly as per instructions.				
Name of the Deputy Controller Signature of the Deputy Controller			cure of the Deputy Controller		
	nave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been	
Name	e of the Controller		Si gnat	cure of the Controller	

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

PAGE: 1 of 1 Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 401 / ATTENDANT OPERATOR ( CHEMICAL PLANT) Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88030250124004	JARSHDEEP SINGH	<u> </u>	<u> </u>	
2	88030250124006	<sub> </sub> BALJIT SINGH	<u> </u>	<u> </u>	
3	88030250124010	JGIRDHAR SINGH	L	<u> </u>	
4	88030250124013	INDERJEET SINGH	L	<u>L</u>	
5	88030250124014			<u>L</u>	
6		RANJEET SINGH	1	<u></u>	
7	88030250124022	SACHIN		L	
Tot	al No. Of Answer Shome and Signature Of				
	3	J	Undertaki ng		
I (N abov have here	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.	
			Signature of the Invigilator		
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been	
Name	of the Superintender	nt	Si gnat	ure of the Superintendent	
I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have filled correctly as per instructions.				n and found that particulars have been	
Name of the Deputy Controller			Signature of the Deputy Controller		
l h fill	ave conducted 5% randed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been	
Name	of the Controller		Si gnat	ure of the Controller	

Class: First

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

PAGE: 1 of 1 Center Name:

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 401 / ATTENDA

401 / ATTENDANT OPERATOR ( CHEMICAL PLANT)

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88030250124004	ARSHDEEP SINGH		<u> </u>		
2	88030250124006	BALJIT SINGH	 [			
3	88030250124010	GIRDHAR SINGH	<u> </u>			
4	88030250124013	INDERJEET SINGH	<u> </u>	<u> </u>		
5	88030250124014	JASHANPREET SINGH	<u> </u>			
6	88030250124020	RANJEET SINGH		<u> </u>		
7	88030250124022	SACHIN				
T	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I abo hav he	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnati	ure of the Invigilator		
l l fi	nave 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		
Naı	me of the Superintenden	nt	Si gnati	ure of the Superintendent		
l l fi	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Nai	Name of the Deputy Controller Signature of the Deputy Controller					
l fi	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nai	Name of the Controller  Signature of the Controller					

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17051 / PAINTING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370252822001 | SHAGANDEEP 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 August' 2025 EXAMS -SCVT

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17055 / CRAFT( T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370236121008	HARPREET KAUR	1			
2		LIA DDDEET OINIOLI		<u> </u>		
3	88370252822001	SHAGANDEEP KAUR	<u> </u>	<u></u>		
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (I abov have here	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	cure of the Invigilator		
l ha fill	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	e of the Superintender	nt	Si gnat	cure of the Superintendent		
l ha fill	ave conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	e of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller		
l l fil∣	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		

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

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

S.No	Regd. No. 	Name Of the Student	Answer Sheet No.	Student's Sign. 		
1	88370236121008	HARPREET KAUR	<u> </u>			
2	88370236121010	HARPREET SINGH	<u> </u>			
3	88370252822001	SHAGANDEEP KAUR	<u> </u>	L		
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (N abov have here	Name)	(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	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	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name	e of the Superintenden	nt	Si gnat	ure of the Superintendent		
l ha fill	ave conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l h fill	nave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	e of the Controller		Si gnat	ure of the Controller		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370252822001 | SHAGANDEEP 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 August' 2025 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17073 / GEOMETRICAL DRAWING

5.l	.No   Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370236120002	ANITA KUMARI			
2	88370236121005	GURPREET SINGH			
3	88370252822001	SHAGANDEEP 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.				
			Si gnatı	ure of the Invigilator	
	I have conducted 20% rando filled correctly as per in	om checking of the OMR sheet of astructions.	the said examination	n and found that particulars have been	
	Name of the Superintendent	t	Si gnatı	ure of the Superintendent	
	I have conducted 10% rando filled correctly as per in	om checking of the OMR sheet of astructions.	the said examination	n and found that particulars have been	
	Name of the Deputy Control	ler	Si gnatı	ure of the Deputy Controller	
	I have conducted 5% rando filled correctly as per in	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
	Name of the Controller		Si gnatı	ure of the Controller	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second **70051 / PAINTING** Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370252822001 | SHAGANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course :

665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second

70055 / CRAFT( T) Subject:

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370236121010 | HARPREET SINGH 88370252822001 SHAGANDEEP KAUR 2 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70056 / CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370252822001 | SHAGANDEEP 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 August' 2025 EXAMS -SCVT

Center Name : 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370236121008	HARPREET KAUR		<u> </u>	
2	88370236121009			<u> </u>	
3		HADDDEET CINCH		<u></u>	
4	88370252822001	CHA CANDEED KALID		<u> </u>	
To Na I ( abo hay	Total No. Of Students in this Subject > Present: Absent:  Total No. Of Answer Sheets Packed >  Name and Signature Of Incharge  Undertaking  I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I als hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.				
			Si gnat	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 examination	n and found that particulars have been	
Nar	me 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 examination	n and found that particulars have been	
Nar	me of the Deputy Contro	oller	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 examination	n and found that particulars have been	
Nar	me of the Controller		Si gnat	ure of the Controller	

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

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

<u>٠</u> .	.No   Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370236120031	SARBI GOYAL	<u> </u>			
2	88370236121008	HARPREET KAUR	<u> </u>			
3	88370236121010	HARPREET SINGH	<u> </u>			
4	88370252822001	SHAGANDEEP KAUR	<u> </u>			
5	88370253721045	JAGJIT KAUR	<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.					
				ure of the Invigilator		
	I have conducted 20% rand filled 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 Superintenden	t	Si gnatı	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	ller	Si gnati	ure of the Deputy Controller		
	I have conducted 5% rand filled 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 gnati	ure of the Controller		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70072 / COMMERCIAL ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370252822001 | SHAGANDEEP 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 August' 2025 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
	88370236121024	PARMINDER SINGH	<u></u>	<u></u>
	88370252222013	NARINDER KAUR	<u></u>	L
	88370252821001	GAGANDEEP KAUR	<u></u>	1
	88370252822001	SHAGANDEEP KAUR	<u></u>	1
	88370253721062	MANPREET KAUR	<u> </u>	<u> </u>
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				
e a	ppeared under my su	pervision in todav's exam, have	been filled and sha	ided correctly in the OMR sheets. I also
			Si gnat	cure of the Invigilator
ave I ed	conducted 20% rand correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
ne o	f the Superintenden	it	Si gnat	ture of the Superintendent
nave I ed	conducted 10% rand correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
ne o	f the Deputy Contro	ller	Si gnat	rure of the Deputy Controller
hav I ed	e conducted 5% rand correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
ne o	f the Controller		Si gnat	cure of the Controller
	(Name over a vector) avector of the order of	88370236121024  88370252222013  88370252821001  88370252822001  88370253721062  Otal No. Of Students in otal No. Of Answer Sheame and Signature Of the appeared under my sure appeared under my sure by undertake that if the conducted 20% random led correctly as per intended the conducted 10% random led correctly as per intended the conducted 10% random led correctly as per intended the conducted 10% random led correctly as per intended the conducted 5% random led conducted 5% random	88370236121024   PARMINDER SINGH     88370252222013   NARINDER KAUR     88370252821001   GAGANDEEP KAUR     88370252822001   SHAGANDEEP KAUR     88370253721062   MANPREET KAUR     18370253721062   MANPREET KAUR     183702537	88370252222013 NARINDER KAUR  88370252821001 GAGANDEEP KAUR  88370252822001 SHAGANDEEP KAUR  88370253721062 MANPREET KAUR  bital No. Of Students in this Subject > Present : Absent: bital No. Of Answer Sheets Packed > arme and Signature Of Incharge  Undertaking  (Name) (Designation) from the present of the said examination as Invigilator. I have personally checked and ensured that reappeared under my supervision in today's exam, have been filled and shareby undertake that if any mistakes are found, I will not be entitled for Signation of the Superintendent Signature of the Superintendent Signature conducted 10% random checking of the OMR sheet of the said examination are of the Deputy Controller Signation of the Deputy Controller Signation of the Deputy Controller Signation of the Deputy Signation of the OMR sheet of the said examination of the Deputy Controller Signation of the Deputy Controller Signation of the Deputy Signation of the Deputy Signation of the Deputy Controller Signation of the Deputy Signation of the Deputy Controller Signation of the Deputy Controller Signation of the Deputy Signation of the Deputy Signation of the Deputy Controller Signation of the Deputy Signation of the Deputy Controller Signation of

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70074 / TEACHING OF ART & CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370252822001 | SHAGANDEEP 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

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

Name of the Deputy Controller

Signature of the Deputy Controller

Signature of the Superintendent

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70075 / PROJECT Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370252822001 | SHAGANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70082 / COMPUTER AWARENESS & GRAPHICS (P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370252822001 | SHAGANDEEP 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 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT

4132 / INDUSTRIAL TRAINING INSTITUTE(W), RAMPURA PHUL

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209154624001	AJITPAL SINGH BHULLAR	<u> </u>	L
2	88209154624003	JARMANDEEP SINGH	<u></u>	L
3	88209154624007	BAHADUR SINGH	<u> </u>	L
4	88209154624008	BALKARAN SINGH	<u> </u>	L
5	88209154624009	GAGANDEEP SHARMA	<u></u>	L
6	88209154624010	GURASIS SINGH	<u> </u>	L
7	88209154624012	GURPAIR SINGH	<u></u>	L
8	88209154624014	HARDEEP SINGH	<u></u>	L
9	88209154624015	HARJEET SINGH	<u> </u>	L
10	88209154624018	JAGSEER SINGH	<u> </u>	L
11	88209154624020	JASHANPREET SINGH	<u> </u>	L
12	88209154624021	JASHANPREET SINGH	<u> </u>	L
13	88209154624024	JASPREET SINGH	<u> </u>	L
14	88209154624025	JASWINDER SINGH	<u> </u>	L
15 	88209154624027	KARANDEEP SINGH	<u> </u>	L
16	88209154624029	LAKHVEER SINGH	<u> </u>	L
17	88209154624031	JMANINDER PAL	<u> </u>	L
18	88209154624032	NAVKARAN SINGH	<u> </u>	L
19	88209154624035	PRABHDEEP SINGH	<u> </u>	L
20	88209154624037	RANJEET SINGH	<u> </u>	
21	88209154624038	RASHPAL SINGH	<u> </u>	

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

Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

S.No	 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	<u> </u>	88209154624039	SANDEEP KUMAR		_[
23	<u> </u>	88209154624040	SATNAM SINGH	<u> </u>	
24	<u> </u>	88209154624041	SHANKAR DYAL SHARMA	<u> </u>	
25	<u> </u>		CHKHANDEED CINCH		
26	<u> </u>	88209154624043	SUKHJEET SINGH	<u> </u>	
27	1				
Na	ıme	and Signature Of	Incharge	Undertaki ng	
Na	ıme	and Signature Of	Incharge	Undertaki ng	
abo hav	e an	examination as Invi	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	nereby certify that I have conducted the 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 I ed	conducted 20% rand 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 gnat	ture of the Superintendent
l h	ave I ed	conducted 10% rand 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 I ed	e conducted 5% rand 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 gnat	ture of the Controller

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

4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209154624001	AJITPAL SINGH BHULLAR		
2	88209154624003	JARMANDEEP SINGH		 [
3	88209154624007	<sub>J</sub> BAHADUR SINGH	L	L
4	88209154624008	BALKARAN SINGH	L	L
5 	88209154624009	JGAGANDEEP SHARMA	L	L
6	88209154624010	JGURASIS SINGH	L	L
7	88209154624012	GURPAIR SINGH	<u> </u>	L
8	88209154624014	HARDEEP SINGH	L	L
9	88209154624015	HARJEET SINGH	<u> </u>	L
10	88209154624018	JAGSEER SINGH	L	L
11 <u> </u>	88209154624020	JASHANPREET SINGH	L	L
12	88209154624021	JASHANPREET SINGH	L	L
13 	88209154624024	JASPREET SINGH	<u> </u>	L
14	88209154624025	JASWINDER SINGH	<u> </u>	L
15 	88209154624027	KARANDEEP SINGH	<u> </u>	L
16 	88209154624029	LAKHVEER SINGH	<u> </u>	L
17 	88209154624031	JMANINDER PAL	<u> </u>	L
18	88209154624032	NAVKARAN SINGH	<u> </u>	L
19	88209154624035	PRABHDEEP SINGH	L	L
20	88209154624037	RANJEET SINGH	 	
21	88209154624038	RASHPAL SINGH	<u> </u>	<u> </u>

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

Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	·   	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22		88209154624039	SANDEEP KUMAR	<u> </u>	
23		88209154624040	SATNAM SINGH		
24		88209154624041	SHANKAR DYAL SHARMA		
25		88209154624042	SUKHANDEEP SINGH		
26		88209154624043	0		
27	I	88209154624045			
N	lame	e and Signature Of	Incharge	Undertaki ng	
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ab ha	ve a	examination as Invi	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	cked and ensured tha 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	iture of the Invigilator
l fi	have Hed	conducted 20% rand correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been
Na	me o	f the Superintender	nt	Si gna	ture of the Superintendent
l fi	have Hed	conducted 10% rand correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been
Na	me o	f the Deputy Contro	ller	Si gna	ture of the Deputy Controller
l fi	hav Iled	e conducted 5% rand correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been
Na	me o	f the Controller		Si gna	ature of the Controller

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

4132 / INDUSTRIAL TRAINING INSTITUTE(W), RAMPURA PHUL

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209154624001	JAJITPAL SINGH BHULLAR	<u> </u>	L
2	88209154624003	JARMANDEEP SINGH	<u></u>	L
3	88209154624007	<sub>J</sub> BAHADUR SINGH	<u> </u>	L
4	88209154624008	JBALKARAN SINGH		L
5 	88209154624009	JGAGANDEEP SHARMA		L
6	88209154624010	GURASIS SINGH		L
7	88209154624012	GURPAIR SINGH	<u> </u>	L
8	88209154624014	HARDEEP SINGH		L
9	88209154624015	HARJEET SINGH		L
10	88209154624018	JAGSEER SINGH		L
11 	88209154624020	JASHANPREET SINGH		L
12 	88209154624021	JASHANPREET SINGH		L
13	88209154624024	JASPREET SINGH	<u> </u>	L
14	88209154624025	JASWINDER SINGH	<u> </u>	L
15 	88209154624027	KARANDEEP SINGH		L
16	88209154624029	LAKHVEER SINGH		L
17 	88209154624031	MANINDER PAL		L
18	88209154624032	NAVKARAN SINGH		L
19 	88209154624035	PRABHDEEP SINGH		
20	88209154624037	JRANJEET SINGH	<u></u>	
21	88209154624038	JRASHPAL SINGH	L	

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

Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

PAGE: 2

Name Of the Student S.No Regd. No. Student's Sign. Answer Sheet No. 88209154624039 | SANDEEP KUMAR 88209154624040 I SATNAM SINGH 23 24 88209154624041 | SHANKAR DYAL SHARMA 25 88209154624042 | SUKHANDEEP SINGH 26 88209154624043 | SUKHJEET SINGH 27 88209154624045 | SUKHNOOR 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) (Designation) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Center Name:

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227254624051	BIKRAMJEET SINGH		
2	88227254624053	ESHWERJOT SINGH	<u> </u>	<u></u>
3	88227254624055	HARPREET SINGH	<u> </u>	L
4	88227254624058	JASPREET SINGH	<u> </u>	<u>L</u>
5	88227254624063	RAJU	<u></u>	<u>L</u>
6	88227254624064	RAMJOT SINGH	<u></u>	<u> </u>
7	88227254624065	RAVINDER SINGH	<u> </u>	<u>L</u>
8	88227254624067	SONI	<u> </u>	<u>L</u>
9	88227254624068	SUKHWINDER 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	dame) de examination as Invi de appeared under my su dby undertake that if	(Designation) gilator. I have personally checl pervision in today's exam, have any mistakes are found, I will n	ked and ensured that been filled and shanot be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Superintender	t	Si gnat	ure of the Superintendent
	ve conducted 10% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Center Name:

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227254624051	BIKRAMJEET SINGH	<u> </u>	
2	88227254624053	ESHWERJOT SINGH	<u></u>	
3	88227254624055	HARPREET SINGH	<u></u>	
4	88227254624058	JASPREET SINGH	<u></u>	<u> </u>
5	88227254624063	RAJU	<u> </u>	
6	88227254624064	RAMJOT SINGH		<u> </u>
7	88227254624065	RAVINDER SINGH	<u> </u>	<u> </u>
8	88227254624067	SONI	<u> </u>	<u> </u>
9	88227254624068	SUKHWINDER SINGH		<u> </u>
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abov	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	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
	ve conducted 20% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Superintender	t	Si gnat	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller
l h fill	ave conducted 5% randed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	cure of the Controller

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

4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL Center Name:

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227254624051	BIKRAMJEET SINGH		
2	88227254624053	ESHWERJOT SINGH		
3	88227254624055	HARPREET SINGH		
4	88227254624058	JASPREET SINGH		
5	88227254624063	<sub>]</sub> RAJU		
6	88227254624064	RAMJOT SINGH		
7	88227254624065	RAVINDER SINGH		
8	88227254624067	SONI		
9	88227254624068	  SUKHWINDER SINGH		
Tot	cal No. Of Students in cal No. Of Answer She me and Signature Of	eets Packed >	osent:	
			Undertaki ng	
I (N abov have here	lame)_ ve examination as Invi e appeared under my su by undertake that if	(Designation) gilator. I have personally cha upervision in today's exam, hav any mistakes are found, I will	ecked and ensured tha ve been filled and sh not be entitled for	hereby certify that I have conducted the lit particulars of all the students who laded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
	ive conducted 20% rand ed correctly as per i		of the said examinati	on and found that particulars have been
Name	e of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ive conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet onstructions.	of the said examinati	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

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

Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231254624069	JANGREJ SINGH	<u> </u>	
2	88231254624071	DHARMVEER SINGH	<u> </u>	L
3	88231254624073	HARPREET SINGH	<u> </u>	L
4	88231254624074	JAGBINDER SINGH	<u> </u>	L
5	88231254624075	JAGSEER SINGH	<u> </u>	L
6	88231254624077	JASPINDER KAUR	<u> </u>	L
7	88231254624078	KARAMJEET SINGH	<u> </u>	L
8	88231254624079	LOVEPREET SINGH	<u> </u>	L
9	88231254624080	MANPREET SINGH	<u> </u>	L
10	88231254624082	PATRAS	<u> </u>	L
11	88231254624083	RAJWINDER SINGH	<u> </u>	L
12	88231254624084	SUKHCHAIN SINGH	<u></u>	 
13	88231254624085	SUKHJIVEN SINGH		 

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Center Name: Course: 132 / ELECTRICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231254624069	ANGREJ SINGH	<u> </u>	L
2	88231254624071	DHARMVEER SINGH	<u> </u>	L
3	88231254624073	HARPREET SINGH	<u> </u>	L
4	88231254624074	JAGBINDER SINGH	<u> </u>	L
5	88231254624075	JAGSEER SINGH	<u> </u>	L
6	88231254624077	JASPINDER KAUR	<u> </u>	L
7 	88231254624078	KARAMJEET SINGH	<u> </u>	L
8	88231254624079	LOVEPREET SINGH	<u> </u>	L
9	88231254624080	MANPREET SINGH	<u> </u>	L
10 	88231254624082	PATRAS	<u> </u>	L
11 	88231254624083	RAJWINDER SINGH	<u> </u>	L
12	88231254624084	SUKHCHAIN SINGH	<u> </u>	L
13	88231254624085	SUKHJIVEN SINGH		
			·	

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Center Name: Course: 132 / ELECTRICIAN Class: First 44434 / EMPLOYBILITY SKILL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

PAGE: 1

S.No

Regd. No.

Course: 132 / ELECTRICIAN Class: First

Name Of the Student

Subject: 44435 / PRACTICAL

		, , , , , , , , , , , , , , , , , , , ,	7 (113Wei 311eet 146: 1	
1	88231254624069	ANGREJ SINGH		
2	88231254624071	DHARMVEER SINGH	<u>[</u>	
3	88231254624073	HARPREET SINGH	<u> </u>	
4	88231254624074	JAGBINDER SINGH	<u> </u>	
5	88231254624075	JAGSEER SINGH	<u> </u>	
6	88231254624077	JASPINDER KAUR		
7	88231254624078	KARAMJEET SINGH	<u> </u>	
8	88231254624079	LOVEPREET SINGH	<u> </u>	
9	88231254624080	MANPREET SINGH	<u> </u>	
10	88231254624082	PATRAS	<u>[</u>	
11	88231254624083	RAJWINDER SINGH	<u> </u>	
12	88231254624084	SUKHCHAIN SINGH	<u>[</u>	
13	88231254624085	SUKHJIVEN SINGH		

Answer Sheet No.

Student's Sign.

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

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

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE( W) , RAMPURA PHUL
Course: 132 / ELECTRICIAN Class: First

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

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

44435 / PRACTICAL

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Subject:

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231254623001	JARSH KUMAR	<u> </u>	L
2	88231254623002	DALJEET SINGH KHERA	<u> </u>	L
3	88231254623003	GAGANDEEP SINGH	<u> </u>	L
4	88231254623004	GURPYAR SINGH	<u> </u>	L
5 	88231254623005	<sub>J</sub> HANISH SHARMA	<u> </u>	L
6	88231254623006	HARPREET SINGH	<u> </u>	L
7	88231254623008	HARPREET SINGH	<u> </u>	L
8	88231254623010	INDERJEET SINGH	<u> </u>	L
9	88231254623011	JASWINDER SINGH	<u> </u>	L
10	88231254623012	KARANDEEP SINGH	<u> </u>	L
11	88231254623013	KULTAR SINGH	<u> </u>	L
12	88231254623014	<sub> </sub> MOHIT TRIPATHI		L
13	88231254623015	NAVDEEP SINGH	<u> </u>	L
14	88231254623016	PARGAT SINGH	<u> </u>	L
15 <sub> </sub>	88231254623017	RASHPAL SINGH		L
16	88231254623019	SATPAL SINGH	<u></u>	
			<b></b>	

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

88231254623020 | VARINDER KUMAR

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Center Name: Course: 132 / ELECTRICIAN Class: Second Subject: 44441 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	I	Name Of the Student	Answer Sheet No.	Student's Sign.
1 ,	8823125462300	1, ARSI	H KIIMAR		

1	88231254623001	ARSH KUMAR	L	
2	88231254623002	DALJEET SINGH KHERA		
3	88231254623003	GAGANDEEP SINGH		
4	88231254623004	GURPYAR SINGH		
5	88231254623005	HANISH SHARMA		
6	88231254623006	HARPREET SINGH		
7	88231254623008	HARPREET SINGH		
8	88231254623010	INDERJEET SINGH		
9	88231254623011	JASWINDER SINGH		
10	88231254623012	KARANDEEP SINGH		
11	88231254623013	KULTAR SINGH		
12	88231254623014	MOHIT TRIPATHI		
13	88231254623015	NAVDEEP SINGH		
14	88231254623016	PARGAT SINGH		
15	88231254623017	RASHPAL SINGH		
16	88231254623019	SATPAL SINGH		

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

88231254623020 | VARINDER KUMAR

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Center Name: Course: 132 / ELECTRICIAN Class: Second 44444 / EMPLOYBILITY SKILL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231254623001	ARSH KUMAR	<u> </u>	<u> </u>
2	88231254623002	DALJEET SINGH KHERA	<u> </u>	<u> </u>
3	88231254623003	GAGANDEEP SINGH	<u> </u>	<u> </u>
4	88231254623004	GURPYAR SINGH	<u> </u>	<u> </u>
5	88231254623005	HANISH SHARMA	<u> </u>	<u> </u>
6	88231254623006	HARPREET SINGH	<u> </u>	<u> </u>
7	88231254623008	HARPREET SINGH	<u> </u>	<u> </u>
8	88231254623010	INDERJEET SINGH	<u> </u>	<u> </u>
9	88231254623011	JASWINDER SINGH	<u> </u>	<u> </u>
10	88231254623012	KARANDEEP SINGH	<u> </u>	<u> </u>
11	88231254623013	KULTAR SINGH	<u> </u>	<u> </u>
12	88231254623014	MOHIT TRIPATHI	<u> </u>	<u> </u>
13	88231254623015	NAVDEEP SINGH	<u> </u>	<u> </u>
14	88231254623016	PARGAT SINGH		L
15 <sub> </sub>	88231254623017	RASHPAL SINGH		L
16 <sub> </sub>	88231254623019	SATPAL SINGH	<u> </u>	<u> </u>
17	88231254623020	VARINDER KUMAR	<u></u>	
		·		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Center Name: Course: 132 / ELECTRICIAN Class: Second Subject: 44445 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

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

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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

Signature of the Invigilator

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

Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

686 / Mechanic Electric Vehicle

Course: Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88295154624089	AKASH KUMAR	<u> </u>	L
2	88295154624090	ARSH KUMAR	<u> </u>	L
3	88295154624092	ASHWANI SINGH GILL	<u> </u>	L
4	88295154624093	BALKAR SINGH	L	L
5	88295154624095	GURPREET KAUR	<u> </u>	L
6	88295154624096	GURWINDER SINGH	<u> </u>	L
7	88295154624097	GURWINDER SINGH	<u> </u>	L
8	88295154624100	HARMANDEEP SINGH	<u> </u>	L
9	88295154624101	JAGATVEER SINGH	<u> </u>	L
10	88295154624103	JASHANPREET SINGH	<u> </u>	L
11	88295154624104	MANINDER SINGH	<u> </u>	L
12	88295154624105	<sub>J</sub> MOHIT SINGH	<u> </u>	L
13	88295154624106	PALAKPREET KAUR	<u> </u>	L
14	88295154624107	PRABHDEEP SINGH	<u> </u>	L
15 	88295154624108	RAMANDEEP SINGH	L	L
16	88295154624109	ROHIT SINGH	L	L
17	88295154624110	SAHILPREET SINGH	L	L
18	88295154624111	SHIVPREET SINGH	L	L
19	88295154624112	SUKHMANDEEP SINGH	 	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Center Name: Course: 686 / Mechanic Electric Vehicle Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

4132 / INDUSTRIAL TRAINING INSTITUTE(W), RAMPURA PHUL

686 / Mechanic Electric Vehicle

Course: Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88295154624089	JAKASH KUMAR	<u> </u>	L
2	88295154624090	JARSH KUMAR	<u> </u>	<u> </u>
3	88295154624092	JASHWANI SINGH GILL	L	L
4	88295154624093	BALKAR SINGH	L	L
5	88295154624095	GURPREET KAUR	L	L
6	88295154624096	GURWINDER SINGH	L	<u> </u>
7	88295154624097	GURWINDER SINGH	<u> </u>	L
8	88295154624100	HARMANDEEP SINGH	<u> </u>	<u> </u>
9	88295154624101	JAGATVEER SINGH	<u> </u>	<u> </u>
10	88295154624103	JASHANPREET SINGH	<u> </u>	<u> </u>
11	88295154624104	MANINDER SINGH	<u> </u>	<u> </u>
12	88295154624105	<sub>J</sub> MOHIT SINGH	<u> </u>	<u> </u>
13	88295154624106	PALAKPREET KAUR	<u> </u>	L
14	88295154624107	PRABHDEEP SINGH	<u> </u>	<u> </u>
15 	88295154624108	RAMANDEEP SINGH	<u> </u>	<u> </u>
16	88295154624109	<sub> </sub> ROHIT SINGH	<u> </u>	<u> </u>
17 	88295154624110	SAHILPREET SINGH	L	<u> </u>
18	88295154624111	SHIVPREET SINGH	<u> </u>	L
19	88295154624112	SUKHMANDEEP SINGH		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Center Name: Course: 686 / Mechanic Electric Vehicle Class: First 44434 / EMPLOYBILITY SKILL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

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

4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL

Course: 686 / Mechanic Electric Vehicle

Class: First

44435 / PRACTICAL Subject:

PAGE: 1

Center Name:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No.  $88295154624089_{\ |}$ AKASH KUMAR 88295154624090 | ARSH KUMAR 3 88295154624092 | ASHWANI SINGH GILL 88295154624093  $_{\mid}$ BALKAR SINGH 5 88295154624095 | GURPREET KAUR 88295154624097 | GURWINDER SINGH 88295154624100 | HARMANDEEP SINGH 88295154624101 <sub>|</sub>JAGATVEER SINGH 88295154624103 | JASHANPREET SINGH 10 88295154624104 | MANINDER SINGH 12 88295154624105 | MOHIT SINGH 13 88295154624106 | PALAKPREET KAUR 14 88295154624107 | PRABHDEEP SINGH 15 88295154624108 | RAMANDEEP SINGH 88295154624109 | ROHIT SINGH 16 17 88295154624110 | SAHILPREET SINGH 88295154624111 | SHIVPREET SINGH 18 88295154624112 <sub>|</sub> SUKHMANDEEP SINGH

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Center Name: Course: 686 / Mechanic Electric Vehicle Class: First 44435 / PRACTICAL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 115 / MECHANIC (TRACTOR) Class: First

Subject: 44431 / TRADE THEORY

Regd. No.

PAGE: 1

S.No

Name Of the Student

	J	'		•
1	88202132224003	GURJANT SINGH		
2	88202132224004	GURPINDERJEET SINGH	<u> </u>	<u> </u>
3	88202132224005	JAGSEER SINGH	<u> </u>	L
4	88202132224006	JARNAIL SINGH	<u> </u>	L
5	88202132224007	JASPAL SINGH	<u> </u>	L
6	88202132224010	LOVEPREET SINGH	<u> </u>	L
7	88202132224012	MANI SINGH	<u> </u>	L
8	88202132224013	PARDEEP. SINGH	<u> </u>	L
9	88202132224014	PARGAT SINGH	L	L
10	88202132224020	TARSEM SINGH	<u> </u>	L

Answer Sheet No.

Student's Sign.

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

Name and Signature Of Incharge

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 115 / MECHANIC (TRACTOR) Class: First

Subject: 44431 / TRADE THEORY

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Undertaking

undertaki

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 115 / MECHANIC (TRACTOR) Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8820213222400	GURJANT SINGH		
2	8820213222400	GURPINDERJEET SINGH		L
3	8820213222400	JAGSEER SINGH		L
4	8820213222400	<sup>6</sup> JARNAIL SINGH	<u> </u>	L
5	8820213222400	7 <sub>]</sub> JASPAL SINGH		L
6	8820213222401	LOVEPREET SINGH	<u> </u>	L
7	8820213222401	<sup>2</sup> <sub> </sub> MANI SINGH	<u> </u>	L
8	8820213222401	<sup>3</sup> <sub> </sub> PARDEEP. SINGH	<u> </u>	L
9	8820213222401	<sup>4</sup> <sub> </sub> PARGAT SINGH	<u> </u>	L
10	8820213222402	TARSEM SINGH		

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA
Course: 115 / MECHANIC (TRACTOR) Class: First
Subject: 44434 / EMPLOYBILITY SKILL

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

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

Name of the Controller Signature of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 115 / MECHANIC (TRACTOR) Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88202132224003	GURJANT SINGH		
2	88202132224004	GURPINDERJEET SINGH		<u> </u>
3	88202132224005	JAGSEER SINGH	<u> </u>	L
4	88202132224006	JARNAIL SINGH	<u> </u>	L
5	88202132224007	JASPAL SINGH	<u> </u>	L
6	88202132224010	LOVEPREET SINGH	<u> </u>	L
7	88202132224012	MANI SINGH	<u> </u>	L
8	88202132224013	PARDEEP. SINGH	<u> </u>	L
9	88202132224014	PARGAT SINGH	 	L
10	88202132224020	TARSEM SINGH		

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

Course: 115 / MECHANIC (TRACTOR) Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227239624002	ARMAN SHAH	1	<u> </u>
2	88227239624004	GURJANT SINGH	<u> </u>	<u> </u>
3	88227239624009	HARDEEP SINGH	<u> </u>	L
4	88227239624011	HONEY SINGH	<u></u>	<u> </u>
5 	88227239624012	JAGSEER KHAN	<u> </u>	L
6	88227239624013	JAGSIR SINGH	<u></u>	<u> </u>
7	88227239624014	JASPREET SINGH	<u> </u>	<u> </u>
8	88227239624015	KULWINDERPAL SHARMA	<u></u>	<u> </u>
9	88227239624018	PARMINDER SINGH	<u> </u>	<u> </u>
10	88227239624019	SATNAM SINGH	1	<u> </u>
11	88227239624020	TARSEM SINGH	1	I

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227239624002	JARMAN SHAH	<u> </u>	<u> </u>
2	88227239624004	GURJANT SINGH	<u> </u>	L
3	88227239624009	HARDEEP SINGH	<u> </u>	L
4	88227239624011	HONEY SINGH	<u> </u>	L
5 	88227239624012	JAGSEER KHAN	<u> </u>	L
6	88227239624013	JAGSIR SINGH	<u> </u>	L
7	88227239624014	JASPREET SINGH	L	L
8	88227239624015	KULWINDERPAL SHARMA	L	L
9	88227239624018	PARMINDER SINGH	L	L
10	88227239624019	SATNAM SINGH	L	L
11	88227239624020	TARSEM SINGH	<u> </u>	L

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

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

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227239624002	JARMAN SHAH	<u></u>	
2	88227239624004	GURJANT SINGH		L
3	88227239624009	HARDEEP SINGH		L
4	88227239624011	HONEY SINGH	<u> </u>	L
5	88227239624012	JAGSEER KHAN	<u> </u>	L
6	88227239624013	JAGSIR SINGH		L
7	88227239624014	JASPREET SINGH		L
8	88227239624015	KULWINDERPAL SHARMA	<u> </u>	L
9	88227239624018	PARMINDER SINGH		L
10	88227239624019	SATNAM SINGH		L
11	88227239624020	TARSEM SINGH		

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

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

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

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

Course: 128 / FITTER Class: First

44435 / PRACTICAL Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231239622003	<sub>J</sub> DEEPAK		
2	88231239622009	JAGSEER SINGH		L
3	88231239623013	HAPPY SINGH	<u> </u>	L
4	88231239623020	KULWANT SINGH	<u> </u>	L
5 	88231239623022	LAKHWINDER RAM	<u> </u>	L
6	88231239623026	JSEWAK SINGH	<u> </u>	L
7	88231239624021	JAMANDEEP SINGH	<u> </u>	L
8	88231239624022	JDALJIT SINGH	<u> </u>	L
9	88231239624023	JGURDAS SINGH	<u> </u>	L
10	88231239624024	GURJEET KAUR	<u> </u>	L
11	88231239624026	GURPREET SINGH	<u> </u>	L
12	88231239624027	GURSEWAK SINGH	<u> </u>	L
13	88231239624028	JHARMAN SINGH	<u> </u>	L
14	88231239624029	HARSHDEEP SINGH	<u> </u>	L
15 	88231239624030	HARSHVEER SINGH	<u> </u>	L
16	88231239624031	JATINDERDEEP SINGH	<u> </u>	L
17	88231239624033	LOVEPREET SINGH	<u> </u>	L
18	88231239624034	<sub>J</sub> NAVJOT SINGH	<u> </u>	L
19	88231239624035	PARWINDER SINGH	<u> </u>	
20	88231239624036	JRANJEET KAUR	<u> </u>	
21	88231239624037	JRESHAM SINGH	<u> </u>	<u></u>

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231239624038 | SABPREET SINGH 88231239624040 | SUKHPREET SINGH 23 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231239623008	JAVTAR SINGH	<u> </u>	
2	88231239624021	JAMANDEEP SINGH	<u> </u>	<u> </u>
3	88231239624022	DALJIT SINGH		
4	88231239624023	GURDAS SINGH		L
5 <u> </u>	88231239624024	GURJEET KAUR	<u> </u>	
6	88231239624026	GURPREET SINGH		
7	88231239624027	GURSEWAK SINGH		 
8	88231239624028	HARMAN SINGH		
9	88231239624029	HARSHDEEP SINGH		
10	88231239624030	HARSHVEER SINGH		 
11	88231239624031	JATINDERDEEP SINGH		
12	88231239624033	LOVEPREET SINGH		 
13	88231239624034	NAVJOT SINGH		 
14	88231239624035	PARWINDER SINGH		 
15	88231239624036	RANJEET KAUR		 
16	88231239624037	RESHAM SINGH		 
17	88231239624038	SABPREET SINGH		 
18	88231239624040	SUKHPREET SINGH		 

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA
Course: 132 / ELECTRICIAN Class: First
Subject: 44434 / EMPLOYBILITY SKILL

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

Undertaking

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

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-				
S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231239623026	JSEWAK SINGH	<u> </u>	<u></u>
2	88231239624021	JAMANDEEP SINGH	<u> </u>	<u> </u>
3	88231239624022	<sub>J</sub> DALJIT SINGH	<u> </u>	<u> </u>
4	88231239624023	GURDAS SINGH	<u> </u>	<u> </u>
5 	88231239624024	GURJEET KAUR		L
6	88231239624026	GURPREET SINGH		L
7	88231239624027	GURSEWAK SINGH	<u> </u>	<u> </u>
8	88231239624028	<sub>J</sub> HARMAN SINGH		L
9	88231239624029	HARSHDEEP SINGH		L
10	88231239624030	HARSHVEER SINGH		L
11	88231239624031	JATINDERDEEP SINGH		L
12	88231239624033	LOVEPREET SINGH		

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

88231239624034 | NAVJOT SINGH

88231239624036 | RANJEET KAUR

88231239624037 | RESHAM SINGH

88231239624038 | SABPREET SINGH

88231239624040 | SUKHPREET SINGH

88231239624035 | PARWINDER SINGH

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA
Course: 132 / ELECTRICIAN Class: First

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

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

44435 / PRACTICAL

Undertaki ng

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Signature of the Invigilator

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

Name of the Superintendent

Subject:

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

Course: 132 / ELECTRICIAN Class: Second

44441 / TRADE THEORY Subject:

S.No Name Of the Student Regd. No. Student's Sign. Answer Sheet No. 88231232221014 $_{
m I}$ JASVEER SINGH 88231239623008 | AVTAR SINGH 3 88231239623010 | DALJEET SINGH 88231239623011 | GURBAKHSISH SINGH 5 88231239623012 | GURPREET SINGH 88231239623014 | HARPREET SINGH 88231239623016  $_{
m I}$ JASKARAN SINGH 88231239623020 | KULWANT SINGH 10 12 88231239623024 | PARMINDER SINGH 88231239623025 | SANDEEP SINGH 13

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

88231239623027 | SUMANPREET SINGH

88231239623026 | SEWAK SINGH

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

14

15

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231239623008	JAVTAR SINGH		
2	88231239623010	DALJEET SINGH		L
3	88231239623011	GURBAKHSISH SINGH		L
4	88231239623012	GURPREET SINGH		L
5	88231239623013	HAPPY SINGH		L
6	88231239623014	HARPREET SINGH		L
7	88231239623016	JASKARAN SINGH		L
8	88231239623017	KARAMJEET KHAN		L
9	88231239623020	KULWANT SINGH		L
10	88231239623022	LAKHWINDER RAM		L
11	00001000/00004			

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

88231239623027 | SUMANPREET SINGH

88231239623024 | PARMINDER SINGH

88231239623025  $_{\parallel}$ SANDEEP SINGH

88231239623026 | SEWAK SINGH

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

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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Signature of the Invigilator

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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

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231239623008	<sub>J</sub> AVTAR SINGH	<u> </u>	<u></u>
2	88231239623010	DALJEET SINGH	<u> </u>	L
3	88231239623011	GURBAKHSISH SINGH	<u> </u>	L
4	88231239623012	GURPREET SINGH	<u> </u>	L
5	88231239623013	<sub>J</sub> HAPPY SINGH	<u> </u>	L
6	88231239623014	HARPREET SINGH		L
7	88231239623016	JASKARAN SINGH	<u> </u>	L
8	88231239623017	KARAMJEET KHAN		L
9	88231239623020	KULWANT SINGH	<u> </u>	L
10	88231239623022	LAKHWINDER RAM		L
11	88231239623024	PARMINDER SINGH		
12	88231239623025	SANDEEP SINGH		
13	88231239623026	SEWAK SINGH		
14	88231239623027	  SUMANPREET SINGH		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 268 / WELDER (GMAW AND GTAW)

Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88268139623036	JAGSIR SINGH	<u> </u>	<u> </u>
2	88268139623041	PARMINDER SINGH	L	L
3	88268139624041	JAMRITPAL SINGH	L	L
4	88268139624042	JANCHALPREET SINGH	L	L
5	88268139624043	ARSHDEEP SINGH	L	L
6	88268139624045	JBUTA SINGH	L	L
7	88268139624046	CHEEMA SINGH	L	L
8	88268139624047	DALJEET SINGH	L	L
9	88268139624048	DILPREET SINGH	L	L
10	88268139624049	JGAGANDEEP SINGH	L	L
11 <u> </u>	88268139624053	GURPREET SINGH	L	L
12	88268139624055	GURPREET SINGH	L	L
13	88268139624058	HARDEEP SINGH	L	L
14	88268139624060	JAGSEER SINGH	L	L
15 	88268139624061	JASKARAN SINGH	L	L
16 	88268139624062	JASPREET SINGH	L	L
17 <u> </u>	88268139624063	KULDEEP DASS	L	L
18	88268139624064	KULDEEP SINGH	L	L
19	88268139624065	LOVEJEET SINGH	L	<u></u>
20	88268139624067	PARDEEP SINGH	L	<u></u>
21	88268139624068	PRABHJOT SINGH	<u> </u>	<u> </u>

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

PAGE: 2 of 2 Center Name:

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 268 / WELDER (GMAW AND GTAW)

Class: First Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88268139624070	RAMPHAL SINGH	<u> </u>	L		
23	88268139624071	RESHAM SINGH	<u> </u>	<u> </u>		
24	88268139624073	SAKRPAL SINGH	<u></u>	L		
25 	88268139624075	SANDEEP SINGH	<u></u>	L		
26	88268139624076	SATGUR SINGH	<u> </u>	L		
27	88268139624077	SATNAM SINGH	<u> </u>	L		
28	88268139624078	SUKHPREET SINGH	<u> </u>	<u> </u>		
29	88268139624080	YAKEEM SINGH	<u> </u>	<u> </u>		
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
abòv have	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnati	ure of the Invigilator		
	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	Name of the Superintendent Signature of the Superintendent					
I ha fill	ave conducted 10% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name	e of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller		

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

Signature of the Controller

filled correctly as per instructions.

Name of the Controller

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 268 / WELDER (GMAW AND GTAW)

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88268139623036	JAGSIR SINGH	<u> </u>	L
2	88268139624041	JAMRITPAL SINGH	<u> </u>	L
3	88268139624042	ANCHALPREET SINGH	<u> </u>	L
4	88268139624043	ARSHDEEP SINGH	L	L
5 	88268139624045	<sub>J</sub> BUTA SINGH	L	L
6	88268139624046	JCHEEMA SINGH	L	L
7	88268139624047	DALJEET SINGH	L	L
8	88268139624048	DILPREET SINGH	L	L
9	88268139624049	JGAGANDEEP SINGH	L	L
10	88268139624053	JGURPREET SINGH	L	L
11	88268139624055	JGURPREET SINGH	L	L
12	88268139624058	HARDEEP SINGH	L	L
13	88268139624060	JAGSEER SINGH	<u> </u>	L
14	88268139624061	JASKARAN SINGH	L	L
15 	88268139624062	JASPREET SINGH	L	L
16	88268139624063	KULDEEP DASS	<u> </u>	L
17 	88268139624064	KULDEEP SINGH	L	L
18	88268139624065	LOVEJEET SINGH	L	L
19	88268139624067	PARDEEP SINGH	L	
20 	88268139624068	PRABHJOT SINGH		
21	88268139624070	RAMPHAL SINGH	L	L

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 268 / WELDER (GMAW AND GTAW)

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88268139624071	<sub> </sub> RESHAM SINGH				
23	88268139624073	SAKRPAL SINGH	<u> </u>			
24	88268139624075	SANDEEP SINGH				
25 	88268139624076	SATCHD SINCH				
26 	88268139624077	CATNIAM CINICII				
27	88268139624078	SUKHPREET SINGH				
28	88268139624080	YAKEEM SINGH	I			
Tot	al No. Of Answer Sho me and Signature Of	eets Packed >	sent:			
			Undertaki ng			
have	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gna	ture of the Invigilator		
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been		
Name	of the Superintender	nt	Si gna	ture of the Superintendent		
I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have filled correctly as per instructions.				on and found that particulars have been		
Name	of the Deputy 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		

Class: First

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 268 / WELDER (GMAW AND GTAW)

44435 / PRACTICAL Subject:

Center Name:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88268139624041  $_{\mid}$  AMRITPAL SINGH 88268139624042 | ANCHALPREET SINGH 88268139624043 | ARSHDEEP SINGH 3 88268139624045 | BUTA SINGH 5 88268139624046 | CHEEMA SINGH 88268139624048 | DILPREET SINGH 88268139624049 | GAGANDEEP SINGH 88268139624053 | GURPREET SINGH 88268139624055 | GURPREET SINGH 10 88268139624058 | HARDEEP SINGH  $88268139624060_{\,|\,} \text{JAGSEER SINGH}$ 12 13 88268139624061 <sub>I</sub> JASKARAN SINGH 14 88268139624062 | JASPREET SINGH 88268139624063 | KULDEEP DASS 15 88268139624064 | KULDEEP SINGH 16 17 88268139624065 | LOVEJEET SINGH 18 88268139624067 | PARDEEP SINGH 88268139624068 <sub>|</sub> PRABHJOT SINGH 20 88268139624070 | RAMPHAL SINGH 88268139624071 | RESHAM SINGH

Class: First

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

PAGE: 2 of 2 Center Name:

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 268 / WELDER (GMAW AND GTAW)

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88268139624073	SAKRPAL SINGH	<u> </u>	L
23	88268139624075			<u></u>
24	88268139624076	SATCHE SINCH		L
25	88268139624077	SATNAM SINGH	<u></u>	L
26	88268139624078	SUKHPREET SINGH	<u> </u>	<u>L</u>
27	88268139624080			L
Na	me and Signature Of	Incharge	Undertaki ng	
	tal No. Of Answer She me and Signature Of			
I (N abov	lame) ve examination as Invi e appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam have	h ked and ensured that heen filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also
here	eby undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
			Si gnat	ure of the Invigilator
l ha fill	ave conducted 20% rand		9	Ç
Name	ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
	ed correctly as per i e of the Superintender	nstructi ons.		Ç
l ha fill	e of the Superintender	nstructions. It Iom checking of the OMR sheet of	Si gnat	on and found that particulars have been
fill	e of the Superintender ave conducted 10% rand	nstructions. It Iom checking of the OMR sheet of nstructions.	Signat the said examination	on and found that particulars have been ture of the Superintendent
fill Name	e of the Superintender ave conducted 10% rand ed correctly as per i e of the Deputy Contro	nstructions.  Int  Iom checking of the OMR sheet of nstructions.  Iller  Iom checking of the OMR sheet of	Signat the said examination Signat	on and found that particulars have been ture of the Superintendent on and found that particulars have been

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370139019001  $_{
m I}$ AKKI KAUR  $88370139019038_{\,|\,} \mathsf{RANJEET} \; \mathsf{KAUR}$ Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: Course : 654 / MACHINIST Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88222232221039 | SUKHVINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: Course : 654 / MACHINIST Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88222232221039 | SUKHVINDER 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 August' 2025 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 654 / MACHINIST Class: Second

Subject: 44441 / TRADE THEORY

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 		
1	88222232221021	AJITPAL SINGH	<u> </u>	<u> </u>		
2	88222232221029	JASSI SINGH	L	<u> </u>		
3				<u>L</u>		
4				L		
Tot	Total No. Of Students in this Subject > Present : Absent:  Total No. Of Answer Sheets Packed >  Name and Signature Of Incharge  Undertakting					
I (N abov	ame)_ e examination as Invi	(Designation)_ gilator. I have personally chec	Undertaki ng h ked and ensured that	ereby certify that I have conducted the particulars of all the students who		
have here	appeared under my suby undertake that if	pervision in today's exam, have any mistakes are found, I will i	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	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name	of the Superintenden	t	Si 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 bed filled correctly as per instructions.			n and found that particulars have been		
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l h fill	ave conducted 5% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 654 / MACHINIST Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88222232221021 | AJITPAL SINGH 88222232221028 <sub>I</sub> JASPAL SINGH 2 88222232221029 <sub>|</sub> JASSI SINGH 3 88222232221031 | KULDEEP SINGH 5 88222232221038 | ROHAN SINGH 88222232221039 | SUKHVINDER 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. 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Class: Second 44441 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88049232222001 | AJAY KUMAR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8821823962408 <sup>-</sup>	<sup>1</sup> <sub>J</sub> AMANDEEP SINGH		
2	88218239624082	<sup>2</sup> <sub> </sub> BALJINDER SINGH	<u> </u>	
3	8821823962408	JAGSEER SINGH	<u></u>	
4	88218239624086	JAJJ KHAN	<u></u>	
5 	8821823962408	7 <sub>]</sub> JASMEET SINGH	<u></u>	
6	8821823962408	9 <sub> </sub> KHUSHPREET	<u> </u>	
7	88218239624092	2   LOVEPREET SINGH	<u> </u>	
8	88218239624093	3 <sub> </sub> MANJINDER SINGH	<u> </u>	
9	8821823962409!	PARGAT SINGH	<u> </u>	
10	88218239624096	<sup>6</sup> <sub>J</sub> PINDER SINGH	<u></u>	L
11	88218239624098	<sup>3</sup> <sub>J</sub> SANDEEP KUMAR	<u></u>	
12	8821823962409	9 <sub> </sub> SANDEEP SINGH	<u> </u>	
13	8821823962410 <sup>-</sup>	1 <sub> </sub> SATNAM SINGH	<u> </u>	
14	88218239624102	<sup>2</sup>  SHIV JINDAL	<u> </u>	
15 	88218239624103	3 <sub> </sub> SUKHCHAIN SINGH	<u></u>	

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218239624081	AMANDEEP SINGH		L
2	88218239624082	BALJINDER SINGH	<u> </u>	L
3	88218239624085	JAGSEER SINGH	<u> </u>	L
4	88218239624086	JAJJ KHAN	<u> </u>	L
5	88218239624087	JASMEET SINGH	<u> </u>	L
6	88218239624089	KHUSHPREET	<u> </u>	L
7	88218239624092	LOVEPREET SINGH	<u> </u>	L
8	88218239624093	<sub>J</sub> MANJINDER SINGH	L	L
9	88218239624095	PARGAT SINGH	L	L
10	88218239624096	PINDER SINGH	<u> </u>	L
11 	88218239624098	SANDEEP KUMAR	<u> </u>	L
12 	88218239624099	SANDEEP SINGH	<u> </u>	L
13 	88218239624101	SATNAM SINGH	<u> </u>	L
14	88218239624102	SHIV JINDAL	<u> </u>	L
15	88218239624103	SUKHCHAIN SINGH		<u> </u>

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218239624081	AMANDEEP SINGH	<u> </u>	L
2	88218239624082	BALJINDER SINGH	<u> </u>	L
3	88218239624085	JAGSEER SINGH	<u> </u>	L
4	88218239624086	<sup> </sup> JAJJ KHAN		
5	88218239624087	JASMEET SINGH		
6	88218239624089	KHUSHPREET		
7	88218239624092	LOVEPREET SINGH		
8	88218239624093	MANJINDER SINGH		
9	88218239624095	PARGAT SINGH		
10	88218239624096	PINDER SINGH		
11	88218239624098	SANDEEP KUMAR		
12	88218239624099	  SANDEEP SINGH		 
13	88218239624101	  SATNAM SINGH		 
14	88218239624102	<sub> </sub> SHIV JINDAL		 
15	88218239624103	  SUKHCHAIN SINGH	 	 

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17051 / PAINTING

Name of the Controller

ا.د 	.No   Rega. No.   Name Of the Student	Answer Sneet No.	Student's Sign.			
1	88370239024002 JASPREET SINGH					
2						
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
		Undertaki ng				
	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and 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			
	I have conducted 20% random checking of the OMR sheet filled correctly as per instructions.	of the said examination	on and found that particulars have been			
	Name of the Superintendent	Si gna	ture of the Superintendent			
	I have conducted 10% random checking of the OMR sheet filled correctly as per instructions.	of the said examination	on and found that particulars have been			
	Name of the Deputy Controller	Si gna	ture of the Deputy Controller			
	I have conducted 5% random checking of the OMR sheet filled correctly as per instructions.	of the said examinatio	on and found that particulars have been			

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: First

17055 / CRAFT( T) Subject:

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370239024002	JASPREET SINGH		L		
2	88370239024007	DANII KALIB				
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (N abov have here	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gna	ature of the Invigilator		
l ha fill	ive conducted 20% randed correctly as per	dom checking of the OMR sheet on instructions.	of the said examinati	on and found that particulars have been		
Name	e of the Superintende	nt	Si gna	ature of the Superintendent		
	ive conducted 10% randed correctly as per		of the said examinati	on and found that particulars have been		
Name	e of the Deputy Contr	oller	Si gna	ature of the Deputy Controller		

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

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17059 / DESIGN

Name of the Controller

S 	.INO	Rega. No. 	Name Of the Student	Answer Sheet No.	Student's Sign.		
1		88370239024002	JASPREET SINGH	<u> </u>			
2		88370239024007					
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
				Undertaki ng			
	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
				Si gna	ture of the Invigilator		
	l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
	Name	e of the Superintenden	nt	Si gna	ture of the Superintendent		
	l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
	Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
	l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

17060 / STILL LIFE Subject:

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370239024002 | JASPREET SINGH 88370239024007  $_{\rm I}$ RANI KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Name Of the Student

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 17065 / CRAFT(P)

Regd. No.

S.No

1 88370239024002 JASPREET SINGH
2 88370239024007 RANI KAUR

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

Undertaking

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

Answer Sheet No.

Signature of the Invigilator

Class: First

Student's Sign.

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

Name of the Controller

S.No	)   	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1		88370239024002	JASPREET SINGH	1			
2		88370239024007	RANI KAUR	<u> </u>			
T	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
				Undertaki ng			
ha	I (Name) hereby certify that I have conducted to above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I all hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
				Si gna	ture of the Invigilator		
l fi	have	conducted 20% rand correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been		
Na	ame c	of the Superintender	nt	Si gna	ture of the Superintendent		
		conducted 10% rand correctly as per i		f the said examination	on and found that particulars have been		
Na	ame c	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
l fi	hav	re conducted 5% ranc I correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been		

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

17071 / HISTORY & APPRECIATION OF ART Subject:

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370239024002 | JASPREET SINGH 88370239024007  $_{\rm I}$ RANI 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.

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

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

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370239024002 | JASPREET SINGH 88370239024007  $_{\rm I}$ RANI KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17073 / GEOMETRICAL DRAWING

S.No 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 		
l 	88370239022010	RAMANDEEP KAUR	<u> </u>			
<u> </u>	88370239024002	JASPREET SINGH	<u> </u>			
3	88370239024007	RANI KAUR	<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		
I have conducted 20% 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 Superintenden	t	Signature of the Superintendent			
I 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	ller	Si gnati	ure of the Deputy Controller		
l fil	have conducted 5% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Controller		Si gnati	ure of the Controller		

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

Subject: 17082 / COMP. AWARENESS & GRAPHICS (P)

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370239024002 | JASPREET SINGH 88370239024007  $_{\rm I}$ RANI KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70051 / PAINTING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370239023002 | SUKHPREET 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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70055 / CRAFT( T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370239023002 | SUKHPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

Name of the Deputy Controller

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

Name of the Controller Signature of the Controller

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70056 / CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370239023002 | SUKHPREET 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 August' 2025 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

Name of the Controller

S	S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1		88370239022003	JASPREET PAL SINGH			
			OLUMIDDEET MALID		<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.					
	Signature of the Invigilator				cure of the Invigilator	
	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
	Name	of the Superintenden	it	Si gnat	cure of the Superintendent	
	l ha fill	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been	
	Name	of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller	

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

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

Name of the Controller

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1		88370239022011	RAMANDEEP KAUR				
2							
Т	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
	Undertaki ng						
ha	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I alshereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
	Signature of the Invigilator						
l fi	have He	e conducted 20% rand d correctly as per	dom checking of the OMR sheet instructions.	of the said examinati	on and found that particulars have been		
Na	me d	of the Superintende	nt	Si gna	ture of the Superintendent		
l fi	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
Na	me d	of the Deputy Contr	roller	Si gna	ture of the Deputy Controller		
		ve conducted 5% rand d correctly as per		of the said examinati	on and found that particulars have been		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70072 / COMMERCIAL ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370239023002 | SUKHPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

PAGE: 1 of 1 Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

Name of the Controller

S.N	lo	Regd. No.	Name Of the	ne Student	Answer Sheet No.	Student's Sign.
1		8837023902	20019 <sub> </sub> MANJEET KAL	JR		
2	]	8837023902	2000			
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
					Undertaki ng	
h	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
					Si gnat	cure of the Invigilator
I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
Ν	lame	e of the Superin	tendent		Si gnat	cure of the Superintendent
l f	ha i I I	ive conducted 10 ed correctly as	% random checking of t per instructions.	he OMR sheet of	the said examination	on and found that particulars have been
Ν	lame	e of the Deputy	Controller		Si gnat	cure of the Deputy Controller
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PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70074 / TEACHING OF ART & CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370239023002 | SUKHPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70075 / PROJECT Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370239023002 | SUKHPREET 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

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70082 / COMPUTER AWARENESS & GRAPHICS (P) Subject: S.No Name Of the Student | Answer Sheet No. Student's Sign. Regd. No. 88370239023002 | SUKHPREET 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

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 686 / Mechanic Electric Vehicle

Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88295139624107	DIYAL SINGH	<u> </u>	L
2	88295139624110	GURPREET SINGH		L
3	88295139624113	KARANDEEP SINGH		L
4	88295139624114	KULWINDER KHAN		L
5	88295139624117	MANDEEP SINGH		L
6	88295139624118	MANPREET SINGH		L
7	88295139624119	MANPREET SINGH		L
8	88295139624121	NIRMAL SINGH		L
9	88295139624124	RINKU SINGH		L
10	88295139624125	SANAMDEEP SINGH		L
11	88295139624126	SUKHCHAIN SINGH		L
12	88295139624128	SUKHWINDER SINGH		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course : 686 / Mechanic Electric Vehicle Class: First

Subject: 44431 / TRADE THEORY

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

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

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 686 / Mechanic Electric Vehicle

Class: First

Name Of the Student

Subject: 44434 / EMPLOYBILITY SKILL

Regd. No.

PAGE: 1

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			7 (115 Wei Grieet 116:	
1	88295139624107	DIYAL SINGH		
2	88295139624110	GURPREET SINGH	L	L
3	88295139624113	KARANDEEP SINGH	L	L
4	88295139624114	KULWINDER KHAN	L	L
5	88295139624117	MANDEEP SINGH	<u> </u>	L
6	88295139624118	MANPREET SINGH	<u> </u>	L
7	88295139624119	MANPREET SINGH	<u> </u>	L
8	88295139624121	NIRMAL SINGH	L	L
9	88295139624124	RINKU SINGH	L	L
10	88295139624125	SANAMDEEP SINGH	L	L
11	88295139624126	SUKHCHAIN SINGH	L	L
12	88295139624128	SUKHWINDER SINGH	L	
1				

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 686 / Mechanic Electric Vehicle Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 686 / Mechanic Electric Vehicle

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8829513962410	<sup>7</sup> DIYAL SINGH		
2	8829513962411	O <sub>J</sub> GURPREET SINGH		
3	8829513962411	<sup>3</sup> KARANDEEP SINGH		
4	8829513962411	4 KULWINDER KHAN		
5	8829513962411	7 <sub>J</sub> MANDEEP SINGH		
6	8829513962411	8 <sub>1</sub> MANPREET SINGH		
7	8829513962411	9 <sub>1</sub> MANPREET SINGH		
8	8829513962412	<sup>1</sup> <sub>J</sub> NIRMAL SINGH		
9	8829513962412	<sup>4</sup> RINKU SINGH		
10	8829513962412	<sup>5</sup> SANAMDEEP SINGH		
11	8829513962412	6 <sub> </sub> SUKHCHAIN SINGH		
12	8829513962412	8 SUKHWINDER SINGH		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course : 686 / Mechanic Electric Vehicle Class: First

Subject: 44435 / PRACTICAL

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 128 / FITTER Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

PAGE: 1

S.No

J.140			Allswei Stieet No.	
1	88227242324001	JAJAY KUMAR	<u> </u>	
2	88227242324002	AMANJEET SINGH	<u>[</u>	
3	88227242324004	<sub>J</sub> ANJALA		
4	88227242324005	ARWINDER SINGH		
5	88227242324007	GURPREET SINGH		
6	88227242324008	GURPREET SINGH		
7	88227242324011	KULWINDER SINGH		
8	88227242324012	LOVEPREET SINGH		
9	88227242324014	MANPREET SINGH	<u> </u>	
10	88227242324015	PARDEEP SINGH		
11	88227242324017	PRABHJOT KAUR		
12	88227242324018	RAVINDER SINGH		
13	88227242324020	  VIJAY KUMAR		

Answer Sheet No.

Student's Sign.

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

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

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR
Course: 128 / FITTER Class: First
Subject: 44431 / TRADE THEORY

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

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 128 / FITTER Class: First

Name Of the Student

Subject: 44434 / EMPLOYBILITY SKILL

Regd. No.

PAGE: 1

S.No

J.110		Traine of the Stadent	Allswei Sileet No.	
1	88227242324001	JAJAY KUMAR	<u> </u>	
2	88227242324002	AMANJEET SINGH	<u> </u>	<u></u>
3	88227242324004	<sub> </sub> ANJALA	L	
4	88227242324005	ARWINDER SINGH	<u> </u>	
5	88227242324007	GURPREET SINGH		L
6	88227242324008	GURPREET SINGH		
7	88227242324011	KULWINDER SINGH		
8	88227242324012	LOVEPREET SINGH	<u> </u>	
9	88227242324014	MANPREET SINGH	<u> </u>	L
10	88227242324015	PARDEEP SINGH		L
11	88227242324017	PRABHJOT KAUR		
12	88227242324018	RAVINDER SINGH		
13	88227242324020	VIJAY KUMAR		

Answer Sheet No.

Student's Sign.

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227242324001	JAJAY KUMAR	<u> </u>	L
2	88227242324002	JAMANJEET SINGH	<u> </u>	<u> </u>
3	88227242324004	ANJALA	<u> </u>	L
4	88227242324005	ARWINDER SINGH	<u> </u>	L
5 	88227242324007	GURPREET SINGH		L
6	88227242324008	GURPREET SINGH		L
7	88227242324011	KULWINDER SINGH	<u> </u>	L
8	88227242324012	LOVEPREET SINGH	<u> </u>	L
9	88227242324014	MANPREET SINGH	<u> </u>	L
10 <sub> </sub>	88227242324015	PARDEEP SINGH		L
11	88227242324017	PRABHJOT KAUR		L
12	88227242324018	RAVINDER SINGH	<u></u>	
13	88227242324020	JVIJAY KUMAR	<u></u>	L

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR
Course: 128 / FITTER Class: First

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

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

44435 / PRACTICAL

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Signature of the Invigilator

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Name of the Superintendent

Subject:

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231242324021	ARSHDEEP KAUR		
2	88231242324022	BALDEV SINGH		
3	88231242324023	GABBAR SINGH		
4	88231242324024	GURBIR SINGH		
5	88231242324025	  GURKIRTAN SINGH		 
6	88231242324026	<sub> </sub> HARJEET SINGH		 
7	88231242324027	  JASWINDER SINGH		 
8	88231242324028	  KARANDEEP SINGH		 
9	88231242324029	LOVEPREET SINGH		 
10	88231242324030	LOVEPREET SINGH		 
11	88231242324031	<sub> </sub> NARINDER KAUR		 
12	88231242324032	  NAVJOT		 
13	88231242324033	  PARWINDER KAUR		 
14	88231242324034	  POOJA RANI		 
15	88231242324035	  RAJ RANI		 
16	88231242324037	  SANJU		 
17	88231242324038	  SARABJEET SINGH		 
18	88231242324039	  SIMRANJEET		
19	88231242324040	 <sub> </sub> TANIA	 	 

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name: Course: 132 / ELECTRICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231242324021	ARSHDEEP KAUR	<u></u>	<u> </u>
2	88231242324022	BALDEV SINGH	<u></u>	<u> </u>
3	88231242324023	GABBAR SINGH		<u> </u>
4	88231242324024	GURBIR SINGH	<u> </u>	L
5 <u> </u>	88231242324025	GURKIRTAN SINGH		L
6	88231242324026	HARJEET SINGH	1	L
7	88231242324027	JASWINDER SINGH	1	L
8	88231242324028	KARANDEEP SINGH		L
9	88231242324029	LOVEPREET SINGH		<u> </u>
10	88231242324030	LOVEPREET SINGH		 
11	88231242324031	NARINDER KAUR		 
12	88231242324032	TOLVAN		 
13	88231242324033	PARWINDER KAUR		 
14	88231242324034	POOJA RANI		 
15	88231242324035	RAJ RANI		 
16	88231242324037	SANJU		 
17	88231242324038	SARABJEET SINGH	 	
18	88231242324039	SIMRANJEET	 	
19	88231242324040	  TANIA	 	I

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name: Course: 132 / ELECTRICIAN Class: First 44434 / EMPLOYBILITY SKILL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been

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Name of the Controller

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

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name:

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231242324021	ARSHDEEP KAUR	<u> </u>	L
2	88231242324022	BALDEV SINGH	<u> </u>	L
3	88231242324023	GABBAR SINGH	<u> </u>	L
4	88231242324024	GURBIR SINGH	<u> </u>	L
5	88231242324025	GURKIRTAN SINGH	<u> </u>	L
6	88231242324026	HARJEET SINGH	<u> </u>	L
7 	88231242324027	JASWINDER SINGH	<u> </u>	L
8	88231242324028	KARANDEEP SINGH	<u> </u>	L
9	88231242324029	LOVEPREET SINGH	<u> </u>	L
10	88231242324030	LOVEPREET SINGH		L
11	88231242324031	NARINDER KAUR		L
12	88231242324032	NAVJOT	<u> </u>	L
13	88231242324033	PARWINDER KAUR	<u> </u>	L
14	88231242324034	<sub>J</sub> POOJA RANI	<u> </u>	L
15	88231242324035	<sub>]</sub> RAJ RANI		L
16	88231242324037	SANJU		
17	88231242324038	SARABJEET SINGH		L
18	88231242324039	SIMRANJEET		
19	88231242324040	 <sub> </sub> TANIA		 
		<del></del>		<b></b>

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR
Course: 132 / ELECTRICIAN Class: First
Subject: 44435 / PRACTICAL

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

Undertaking

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 143 / DRAUGHTSMAN ( CIVIL)

Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88217242323002	AMANDEEP KAUR		L		
2	88217242323003	AMRITPAL SINGH		L		
3	88217242323007	BALJEET KAUR		<u></u>		
4	88217242323011	GURWINDER SINGH		L		
5	88217242323012	HARWINDER SINGH		L		
6	88217242323013	JASPREET KAUR		L		
7	88217242323017	PANKAJDEEP		L		
8	88217242323022	SUKHDEEP SINGH		L		
9	88217242323023	SUKHPAL SINGH		L		
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (N abov have here	Name) ve examination as Invi e appeared under my su eby undertake that if	(Designation)_ gilator. I have personally check upervision in today's exam, have any mistakes are found, I will r	hexed and ensured that been filled and shadont 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		
l ha fill	ave conducted 20% 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 Superintender	nt	Si gnati	ure of the Superintendent		
	ave conducted 10% rand ed correctly as per i		the said examination	n and found that particulars have been		
Name	e of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller		
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name	e of the Controller		Si gnati	ure of the Controller		

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

PAGE: 1 of 1 Center Name:

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 143 / DRAUGHTSMAN ( CIVIL)

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88217242323002	JAMANDEEP KAUR	<u> </u>	<u> </u>
2	88217242323003	JAMRITPAL SINGH	<u> </u>	<u> </u>
3	88217242323007	BALJEET KAUR	L	L
4	88217242323011	GURWINDER SINGH	<u> </u>	L
5	88217242323012	HARWINDER SINGH	<u> </u>	<u> </u>
6	88217242323013	JASPREET KAUR	L	<u> </u>
7	88217242323017	<sub> </sub> PANKAJDEEP	<u> </u>	<u> </u>
8	88217242323022	SUKHDEEP SINGH	L	<u> </u>
9	88217242323023	SUKHPAL SINGH	L	<u> </u>
To	otal No. Of Students in otal No. Of Answer Shame and Signature Of		ent:	
			Undertaki ng	
I ( abo hav her	Name)_ ve examination as Inv e appeared under my s eby undertake that if	(Designation) igilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha 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 h fil	ave conducted 20% rand led correctly as per	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been
Nam	e of the Superintende	nt	Si gnat	ure of the Superintendent
l h fil	ave conducted 10% randled correctly as per	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been
Nam	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l fil	have conducted 5% rand Led correctly as peri	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been

Signature of the Controller

Name of the Controller

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

PAGE: 1 of 1 Center Name:

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 143 / DRAUGHTSMAN ( CIVIL)

Class: Second

44445 / PRACTICAL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88217242323002	AMANDEEP KAUR		
2	88217242323003	JAMRITPAL SINGH		
3	88217242323007	BALJEET KAUR		
4	88217242323011	GURWINDER SINGH		
5	88217242323012	HARWINDER SINGH		
6	88217242323013	JASPREET KAUR		
7	88217242323017	<sub> </sub> PANKAJDEEP		
8	88217242323022	SUKHDEEP SINGH		
9	88217242323023	SUKHPAL SINGH		
Tot	cal No. Of Students in cal No. Of Answer She me and Signature Of	eets Packed >	osent:	
			Undertaki ng	
I (N abov have here	lame)_ ve examination as Invi e appeared under my su by undertake that if	(Designation) gilator. I have personally cha upervision in today's exam, hav any mistakes are found, I will	ecked and ensured that ve been filled and sh not be entitled for	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
	ive conducted 20% rand ed correctly as per i		of the said examinati	on and found that particulars have been
Name	e of the Superintender	nt	Si gna	ature of the Superintendent
I ha fill	ive conducted 10% rand ed correctly as per i	dom checking of the OMR sheet onstructions.	of the said examinati	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gna	ature of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet onstructions.	of the said examinati	on and found that particulars have been
Name	e of the Controller		Si gna	ature of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: First

Subject: 44431 / TRADE THEORY

S.	.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88049242324045	ARSHDEEP SINGH		
2		88049242324048			
3		88049242324049	MANUGUA DANI		
4		88049242324051	DADDEED OINION		
5		88049242324052	DEWIN BANK		
	Tot	al No. Of Students in al No. Of Answer She me and Signature Of		ent:	
	ivai	me and Signature Of	incnarge		
				Undertaki ng	
	abòv have	appeared under my su	(Designation) gilator. I have personally check pervision in today's exam, have any mistakes are found, I will m	ked and ensured that been filled and shad	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
				Si gnati	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 examination	n and found that particulars have been
	Name	of the Superintenden	t	Si gnati	ure of the Superintendent
	l ha fill	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
	Name	of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller
	l h fill	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
	Name	of the Controller		Si gnatı	ure of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: First

44434 / EMPLOYBILITY SKILL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049242324045	ARSHDEEP SINGH		
2	88049242324048			
3	88049242324049	MANISHA RANI	L	L
4		DADDEED CINIOU		L
5	88049242324052	REKHA RANI	L	L
Na	me and Signature Of	Incharge	Undertaki ng	oroby contify that I have conducted the
	tal No. Of Answer She me and Signature Of			
abò	Name) <u> </u>	(Designation) gilator. I have personally chec	ked and ensured that	ereby certify that I have conducted the particulars of all the students who
have	e appeared under mv su	ipervision in today's exam, have any mistakes are found, I will	been filled and sha	ded correctly in the OMR sheets. I also
			Si gnat	ure of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Controller		Si gnat	ure of the Controller

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

PAGE: 1 of 1 Center Name:

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course:

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88049242324045	ARSHDEEP SINGH	<u> </u>			
2				L		
3	88049242324049	MANISHA RANI	L	L		
4						
5	88049242324052	DEKLIA DANI		L		
	Name and Signature Of Incharge  Undertaking					
Tot	al No. Of Answer She		ent:			
I (N abov	ame) e examination as Invi	(Designation) gilator. I have personally check	ked and ensured that	particulars of all the students who		
nave here	by undertake that if	any mistakes are found, I will	not be entitled for	ded correctly in the OMR sheets. I also any remuneration.		
			Si gnat	ure of the Invigilator		
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	of the Superintender	nt	Si gnat	ure of the Superintendent		
I have conducted 10% random checking of the OMR sheet of the said examination and found that particul filled correctly as per instructions.				on and found that particulars have been		
Name of the Deputy Controller			Si gnat	Signature of the Deputy Controller		
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	of the Controller		Si gnat	ture of the Controller		

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049241123002	JALISHA CHAUHAN	<u> </u>	<u> </u>
2	88049241123006	CHANDAN SINGH	<u> </u>	<u> </u>
3	88049241123007	JDILPREET SINGH	<u> </u>	<u> </u>
4	88049241123008	JGAGANDEEP SINGH	<u> </u>	<u> </u>
5	88049241123009	JGAGANPREET SINGH	<u> </u>	<u> </u>
6	88049241123012	<sub>]</sub> HIMANSHU	<u> </u>	<u> </u>
7	88049241123013	KULBIR SINGH	<u> </u>	<u> </u>
8	88049241123016	<sub>J</sub> MANMOHAN SINGH	<u> </u>	<u> </u>
9	88049241123020	SAGAR	L	L
10	88049241123021	JSANJU	<u> </u>	<u> </u>
11	88049241123024	JSONU	<u> </u>	<u> </u>

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

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Class: Second Subject: 44441 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Course:

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88049241123002	JALISHA CHAUHAN	<u> </u>	L
88049241123006	CHANDAN SINGH	<u> </u>	L
88049241123007	DILPREET SINGH	<u> </u>	L
88049241123008	GAGANDEEP SINGH	<u> </u>	L
88049241123009	GAGANPREET SINGH	<u> </u>	L
88049241123012	<sub>]</sub> HIMANSHU	<u> </u>	<u> </u>
88049241123013	KULBIR SINGH	<u> </u>	<u> </u>
88049241123016	<sub>J</sub> MANMOHAN SINGH	<u> </u>	<u> </u>
88049241123020	SAGAR	<u> </u>	<u> </u>
88049241123021	JSANJU	<u> </u>	<u> </u>
88049241123024	JSONU	<u> </u>	<u>L</u>
	88049241123006 88049241123006 88049241123007 88049241123008 88049241123012 88049241123013 88049241123016 88049241123020 88049241123020	Regd. No.   Name Of the Student   88049241123002   ALISHA CHAUHAN   88049241123006   CHANDAN SINGH   88049241123007   DILPREET SINGH   88049241123008   GAGANDEEP SINGH   88049241123009   GAGANPREET SINGH   88049241123012   HIMANSHU   88049241123013   KULBIR SINGH   88049241123016   MANMOHAN SINGH   88049241123020   SAGAR   88049241123021   SANJU   88049241123024   SONU	88049241123002   ALISHA CHAUHAN

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name: Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Class: Second Subject: 44444 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

Name of the Superintendent

filled correctly as per instructions.

Signature of the Superintendent

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

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Course:

Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049241123002	ALISHA CHAUHAN	<u> </u>	<u> </u>
2	88049241123006	CHANDAN SINGH	L	<u> </u>
3	88049241123007	DILPREET SINGH	L	<u> </u>
4	88049241123008	GAGANDEEP SINGH	L	<u> </u>
5	88049241123009	GAGANPREET SINGH	<u> </u>	<u> </u>
6	88049241123012	HIMANSHU	<u> </u>	L
7	88049241123013	KULBIR SINGH	<u> </u>	L
8	88049241123016	MANMOHAN SINGH	<u> </u>	L
9	88049241123020	SAGAR	<u> </u>	L
10	88049241123021	SANJU	<u> </u>	L
11	88049241123024	SONU	<u> </u>	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Course: Class: Second Subject: 44445 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Center Name:

Course: 660 / WELDER

Class: First 44431 / TRADE THEORY Subject: S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212142324056 | AJAY KUMAR 88212142324057  $_{\mid}$ AKASHDEEP KAMBOJ 88212142324058  $\mid$  AKASHDEEP SINGH 3 88212142324059 <sub>|</sub> ANISHA RANI 88212142324060 <sub>|</sub> ANITA RANI 5 88212142324063 | GINDER KAUR 88212142324065  $_{\mid}$  GURMAIL SINGH 88212142324070 | HARPREET SINGH 10 88212142324071 | IQBAL SINGH 12 88212142324072 | JASBIR SINGH 13 88212142324073 JOBANPREET SINGH 88212142324074 | JOBANPREET SINGH 14 88212142324075 | KARANBEER SINGH 15

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 660 / WELDER Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 		
22	88212142324088	PRABHJEET SINGH	<u> </u>			
23	88212142324089			L		
24	88212142324092	SANDEEP KAUR	<u> </u>	L		
25		CELLA IDAL CINICII		L		
	ll No. Of Answer Sh∈ ne and Signature Of		Undertaki ng			
I (Name)						
have hereb	appeared under my su y undertake that if	pervision in today's exam, have any mistakes are found, I will	been filled and sha not be entitled for	particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
			Si gnat	rure of the Invigilator		
l hav fille	re conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name of the Superintendent Signature of the Superintendent						
I have conducted 10% random checking of the OMR sheet of the said examination and found that particular filled correctly as per instructions.						
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l ha fille	ve conducted 5% rand d correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		

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

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

Subject :	44434 / EMPLO	YBILITY SKILL		
S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212142324056	JAJAY KUMAR	<u> </u>	<u> </u>
2	88212142324057	AKASHDEEP KAMBOJ	<u> </u>	
3	88212142324058	AKASHDEEP SINGH	<u> </u>	
4	88212142324059	ANISHA RANI	<u> </u>	<u> </u>
5	88212142324060	ANITA RANI	<u> </u>	<u> </u>
6	88212142324061	ANMOLPREET SINGH	<u> </u>	
7	88212142324063	GINDER KAUR	<u> </u>	
8	88212142324065	GURMAIL SINGH	<u> </u>	
9	88212142324068	GURSEWAK SINGH	<u> </u>	<u> </u>
10	88212142324070	HARPREET SINGH	<u> </u>	<u> </u>
11	88212142324071	IQBAL SINGH	<u> </u>	
12	88212142324072	JASBIR SINGH	<u> </u>	
13	88212142324073	JOBANPREET SINGH	<u> </u>	
14	88212142324074	JOBANPREET SINGH	<u> </u>	<u> </u>
15	88212142324075	KARANBEER SINGH	<u> </u>	<u> </u>
16	88212142324076	KARANPREET THIND	<u> </u>	<u> </u>
17	88212142324079	LOVEPREET SINGH	<u> </u>	<u> </u>
18	88212142324080	MAMANDEEP KAUR	<u>[</u>	<u> </u>
19	88212142324081	MANPREET SINGH	<u> </u>	
20	88212142324082	MANPREET SINGH		
21	88212142324085	NAVJOT SINGH SIDHU		

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88212142324088	PRABHJEET SINGH	<u> </u>	<u></u>		
23	88212142324089	PRATHAM TIWARI	<u></u>	L		
24				<u></u>		
25		CELLA IDAL CINIOLI		1		
Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
have	e appeared under my su	pervision in today's exam, have	e 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		
nere	by undertake that if	any mistakes are found, l'will		any remuneration. ture of the Invigilator		
l ha fill	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	9	on and found that particulars have been		
Name of the Superintendent Signature of the Superintendent						
I have conducted 10% random checking of the OMR sheet of the said examination and found that partifilled correctly as per instructions.				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	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		

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

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 660 / WELDER

Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212142324056	JAJAY KUMAR		L
2	88212142324057	AKASHDEEP KAMBOJ		<u> </u>
3	88212142324058	AKASHDEEP SINGH	<u> </u>	L
4	88212142324059	JANISHA RANI	<u> </u>	<u>L</u>
5 	88212142324060	JANITA RANI	<u> </u>	L
6	88212142324061	ANMOLPREET SINGH	<u> </u>	<u> </u>
7	88212142324063	GINDER KAUR	<u> </u>	L
8	88212142324065	GURMAIL SINGH	<u> </u>	L
9	88212142324068	GURSEWAK SINGH	<u> </u>	L
10	88212142324070	HARPREET SINGH	<u> </u>	<u> </u>
11 	88212142324071	IQBAL SINGH	<u> </u>	<u> </u>
12	88212142324072	JASBIR SINGH	<u> </u>	<u> </u>
13	88212142324073	JOBANPREET SINGH	<u></u>	L
14	88212142324074	JOBANPREET SINGH	<u> </u>	<u>L</u>
15 	88212142324075	KARANBEER SINGH	<u> </u>	<u> </u>
16	88212142324076	KARANPREET THIND	<u> </u>	<u> </u>
17 	88212142324079	LOVEPREET SINGH	<u> </u>	<u> </u>
18	88212142324080	MAMANDEEP KAUR	<u> </u>	<u> </u>
19	88212142324081	MANPREET SINGH	<u> </u>	<u> </u>
20	88212142324082	MANPREET SINGH	<u> </u>	<u></u>
21	88212142324085	NAVJOT SINGH SIDHU	<u> </u>	<u> </u>

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 660 / WELDER Class: First

Subject: 44435 / PRACTICAL

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88212142324088	PRABHJEET SINGH	<u> </u>	
23	88212142324089	PRATHAM TIWARI	<u> </u>	
24				<u></u>
25		CELLA IDAL CINIOLI		<u> </u>
Tot	al No. Of Answer She me and Signature Of	eets Packed >	sent: Undertaki ng	
I (N abov	lame)_ re examination as Invi	(Designation)_ gilator. I have personally chec	ked and ensured that	nereby certify that I have conducted the t particulars of all the students who
here	eby undertake that if	any mistakes are found, I will	not be entitled for	aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintenden	t	Si gna	ture 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	e of the Deputy Contro	ller	Si gna	ture 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 August' 2025 EXAMS -SCVT

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 686 / Mechanic Electric Vehicle

Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

S.No

1	88295142324097 <sub> </sub> AJAY KUMA	R	 <u> </u>
2	88295142324098   GURPREET	SINGH	 <u> </u>
3	88295142324100 <sub> </sub> HARDEEP S	INGH	 L
4	88295142324101 <sub>]</sub> HARMANPR	EET SINGH	 L
5 	88295142324103 <sub> </sub> KAWARPAL	SHER SINGH	 L
6	88295142324105 <sub> </sub> LAKHWINDE	R SINGH	 L
7	88295142324107   MANGAL SI	NGH L	 <u> </u>
8	88295142324108   MANINDER	SINGH	 <u> </u>
9	88295142324111 <sub> </sub> SAHILDEEP	SINGH	 <u> </u>
10	88295142324114 <sub> </sub> SUKHWIND	ER SINGH	 L
11	88295142324117   SUNITA RAI	JI	  
12	88295142324119 <sub> </sub> VARUN KUN	IAR SHARMA	 
<b></b>			 

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course : 686 / Mechanic Electric Vehicle Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 686 / Mechanic Electric Vehicle

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88295142324097	JAJAY KUMAR	<u> </u>	
88295142324098	GURPREET SINGH	<u>[</u>	
88295142324100	HARDEEP SINGH	<u> </u>	
88295142324101	HARMANPREET SINGH	<u> </u>	
88295142324103	KAWARPAL SHER SINGH	<u> </u>	
88295142324105	LAKHWINDER SINGH		
88295142324107	MANGAL SINGH	<u> </u>	
88295142324108	MANINDER SINGH	<u>[</u>	
88295142324111	SAHILDEEP SINGH	<u> </u>	
88295142324114	SUKHWINDER SINGH	<u> </u>	
88295142324117	SUNITA RANI	<u> </u>	
88295142324119	VARUN KUMAR SHARMA	<u> </u>	
	88295142324100 88295142324100 88295142324101 88295142324103 88295142324105 88295142324107 88295142324108 88295142324111 88295142324111	Regd. No.   Name Of the Student  88295142324097   AJAY KUMAR  88295142324098   GURPREET SINGH  88295142324100   HARDEEP SINGH  88295142324101   HARMANPREET SINGH  88295142324103   KAWARPAL SHER SINGH  88295142324105   LAKHWINDER SINGH  88295142324107   MANGAL SINGH  88295142324108   MANINDER SINGH  88295142324111   SAHILDEEP SINGH  88295142324114   SUKHWINDER SINGH  88295142324117   SUKHWINDER SINGH  88295142324117   SUKHWINDER SINGH	88295142324097 AJAY KUMAR  88295142324098 GURPREET SINGH  88295142324100 HARDEEP SINGH  88295142324101 HARMANPREET SINGH  88295142324103 KAWARPAL SHER SINGH  88295142324105 LAKHWINDER SINGH  88295142324107 MANGAL SINGH  88295142324108 MANINDER SINGH  88295142324111 SAHILDEEP SINGH  88295142324111 SUKHWINDER SINGH

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 686 / Mechanic Electric Vehicle Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

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Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 686 / Mechanic Electric Vehicle

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88295142324097	JAJAY KUMAR		<u></u>
2	88295142324098	GURPREET SINGH		L
3	88295142324100	HARDEEP SINGH		<u> </u>
4	88295142324101	HARMANPREET SINGH		<u> </u>
5	88295142324103	KAWARPAL SHER SINGH		 
6	88295142324105	LAKHWINDER SINGH		 
7	88295142324107	MANGAL SINGH		 
8	88295142324108	MANINDER SINGH		 
9	88295142324111	SAHILDEEP SINGH		 
10	88295142324114	SUKHWINDER SINGH		 
11	88295142324117	SUNITA RANI		 
12	88295142324119	VARUN KUMAR SHARMA		 

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course : 686 / Mechanic Electric Vehicle Class: First

Subject: 44435 / PRACTICAL

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

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

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Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: Class: First 114 / PLUMBER

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

S.No

		·	 
1	88209142124001	AMIT SINGH	L
2	88209142124003	BABLU	
3	88209142124005	Chinder Kaur	
4	88209142124006	FATEHJEET SINGH	L
5 	88209142124007	HARDEEP SINGH	L
6	88209142124010	KARANJEET SINGH	L
7	88209142124011	KULWINDER SINGH	 L
8	88209142124012	Kalo Bai	 L
9	88209142124013	Kapil Kumar	 L
10	88209142124018	<sub> </sub> Raj Singh	 L
11	88209142124020	Sahil	 L
12	88209142124021	Shivam	 <u> </u>
13	88209142124022	Shivani	 L
14	88209142124024	VIRENDER SINGH	 

Answer Sheet No.

Student's Sign.

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

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

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209142124001	JAMIT SINGH	<u> </u>	
2	88209142124003	BABLU	<u> </u>	L
3	88209142124005	Chinder Kaur	<u> </u>	L
4	88209142124006	FATEHJEET SINGH		L
5	88209142124007	HARDEEP SINGH	<u> </u>	L
6	88209142124010	KARANJEET SINGH		<u> </u>
7	88209142124011	KULWINDER SINGH	<u> </u>	L
8	88209142124012	<sub> </sub> Kalo Bai		L
9	88209142124013	Kapil Kumar		L
10	88209142124018	<sub> </sub> Raj Singh		L
11	88209142124020	<sub>]</sub> Sahil		
12	88209142124021	Shivam		
13	88209142124022	Shivani		 
14	88209142124024	VIRENDER SINGH	 	 

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

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

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8820914212400	<sup>1</sup> <sub>J</sub> AMIT SINGH		L
2	8820914212400	<sup>3</sup> BABLU		L
3	8820914212400	<sup>5</sup> Chinder Kaur		
4	8820914212400	6 <sub>]</sub> FATEHJEET SINGH		
5	8820914212400	7 <sub>]</sub> HARDEEP SINGH		
6	8820914212401	O <sub>J</sub> KARANJEET SINGH		
7	8820914212401	1 <sub> </sub> KULWINDER SINGH		
8	8820914212401	<sup>2</sup> <sub> </sub> Kalo Bai		<u> </u>
9	8820914212401	<sup>3</sup> <sub> </sub> Kapil Kumar		<u> </u>
10	8820914212401	<sup>8</sup> <sub> </sub> Raj Singh		<u> </u>
11	8820914212402	<sup>0</sup> <sub> </sub> Sahil		 
12	8820914212402	 1 <sub> </sub> Shivam		 
13	8820914212402	<sup>2</sup> <sub> </sub> Shivani		 
14 ,	8820914212402	4 <sub>-</sub> VIRENDER SINGH	I	1

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

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

\_\_\_\_

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name: Course : 370 / ART & CRAFTS Class: Second 70070 / EDUCATIONAL PSYCHOLOGY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370148819017 | RIMPA RANI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17055 / CRAFT( T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370248822024 | SANDEEP 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 August' 2025 EXAMS -SCVT

PAGE: 1

Name of the Deputy Controller

Name of the Controller

filled correctly as per instructions.

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE

Course : Class: First

17070 / PRINCIPLES OF EDUCATION Subject:

PAGE: 1 of

Name of the Controller

Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88370248823002 | JARNAIL SINGH 88370248823005 | RANJI BALA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17073 / GEOMETRICAL DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370248823001  $_{
m I}$  AMARJIT 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

Class: Second

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70051 / PAINTING

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370248823001 | AMARJIT SINGH 88370248823002 | JARNAIL SINGH 2 3 88370248823003 <sub>I</sub>MANNU 88370248823004 <sub>I</sub> POOJA MONGA 5 88370248823005 | RANJI BALA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng hereby certify that I have conducted the (Designation) above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name:

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

Subject: 70055 / CRAFT( T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248823001	JAMARJIT SINGH		
2	88370248823002	JARNAIL SINGH		
3	88370248823003	JMANNU		
4				
5	88370248823005	RANJI BALA		
	me and Signature Of  Name)  ve exami nati on as Invi	G	Undertaking  ecked and ensured tha	hereby certify that I have conducted the t particulars of all the students who
abo\ have	ve examination as Invi	gilator. I have personally ch upervision in today's exam, ha any mistakes are found, I wil	ecked and ensured tha ive been filled and sh	t particulars of all the students who aded correctly in the OMR sheets. I also
Here	eby under take that if	any mistakes are round, i wir		ture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Name	e of the Superintende	nt	Si gna	ture of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70056 / CRAFT( P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248823	<sup>001</sup> AMARJIT SINGH		<u> </u>
2	88370248823	<sup>002</sup> JARNAIL SINGH		<u></u>
3	88370248823	003 <sub>J</sub> MANNU		L
4	88370248823	<sup>004</sup> <sub>J</sub> POOJA MONGA		L
5	88370248823	<sup>005</sup>   RANJI BALA		<u> </u>
I abo	ve appeared under r	(Designation) Invigilator. I have personally che nv supervision in todav's exam. hav	e been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also
abo hav	(Name) ove examination as ve appeared under r	(Designation)_ Invigilator. I have personally che nv supervision in todav's exam. hav	n cked and ensured that e been filled and sha	particulars of all the students who ded correctly in the OMR sheets. I also
hei	reby undertake tha	if any mistakes are found, I will		any remuneration. ure of the Invigilator
l l fil	have conducted 20% lled correctly as p	random checking of the OMR sheet oper instructions.	9	n and found that particulars have been
Nar	me of the Superinte	endent	Si gnat	ure of the Superintendent
l l fil	have conducted 10% lled correctly as p	random checking of the OMR sheet oper instructions.	f the said examinatio	n and found that particulars have been
Nar	me of the Deputy Co	ontroller	Si gnat	ure of the Deputy Controller
l fil	have conducted 5% lled correctly as p	random checking of the OMR sheet o per instructions.	f the said examinatio	n and found that particulars have been
Nar	me of the Controlle	er	Si gnat	ure of the Controller

Class: Second

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

Center Name :

PAGE: 1

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TE

665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88370248822001 | AMANDEEP SINGH 88370248822017 | NEELAM RANI 3 88370248822018 <sub>I</sub> NISHA RANI 88370248823001 | AMARJIT SINGH 88370248823002 | JARNAIL SINGH 5 88370248823003 <sub>I</sub>MANNU 88370248823004 <sub>I</sub>POOJA MONGA 88370248823005 | RANJI BALA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

PAGE: 1 of 1 Center Name:

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	JAMANDEEP SINGH		<u>L</u>
2	88370248823001	AMARJIT SINGH	1	<u> </u>
3	88370248823002	JARNAIL SINGH	<u> </u>	<u> </u>
4	88370248823003	MANNU		<u> </u>
5	88370248823004	POOJA MONGA	<u> </u>	<u> </u>
6	88370248823005	RANJI BALA	I	I
I (	Name)	(Designation)	ked and ensured that	nereby certify that I have conducted the particulars of all the students who
hav	ve appeared under my su	upervision in today's exam, have any mistakes are found, I will	e been filled and sha	ided correctly in the OMR sheets. I also
			Si gnat	cure of the Invigilator
l h fil	nave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Nam	ne of the Superintender	nt	Si gnat	ture of the Superintendent
l h fil	nave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Nam	ne of the Deputy Contro	oller	Si gnat	rure of the Deputy Controller
l fi l	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Nam	ne of the Controller		Si gnat	ture of the Controller

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

PAGE: 1 of 1 Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248823001	AMARJIT SINGH	<u> </u>	<u> </u>
2	88370248823002	JARNAIL SINGH		
3	88370248823003	JMANNU	L	L
4	88370248823004	POOJA MONGA	L	<u> </u>
5	88370248823005	RANJI BALA	L	1
I (N	me and Signature Of  Name)  Ve examination as Invited appeared under my su	(Designation)	Undertaking  ———————————————————————————————————	nereby certify that I have conducted the t particulars of all the students who
have here	e appeared under my su eby undertake that if	ipervision in today's exam, have any mistakes are found, I will	been filled and sha not be entitled for	aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Superintender	nt	Si gnat	ture of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Controller		Si gnat	ture of the Controller

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

PAGE: 1 of 1 Center Name:

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370248822001	<sub> </sub> AMANDEEP SINGH			
2	88370248822018	NISHA RANI	L		
3	88370248823001	AMARJIT SINGH	L	<u> </u>	
4	88370248823002	JARNAIL SINGH	L	<u> </u>	
5	88370248823003	JMANNU	L	<u> </u>	
6	88370248823004	POOJA MONGA	<u> </u>	<u> </u>	
7	88370248823005	RANJI BALA		<u> </u>	
Tot	al No. Of Students in al No. Of Answer She me and Signature Of		ent:		
			Undertaki ng		
I (N abov have here	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally check upervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	nereby certify that I have conducted the particulars of all the students who added correctly in the OMR sheets. I also any remuneration.	
			Si gnat	cure of the Invigilator	
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Name	of the Superintenden	nt	Si gnat	ture of the Superintendent	
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have bee filled correctly as per instructions.				
Name	of the Deputy Contro	oller	Si gnat	cure of the Deputy Controller	
	ave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been	
Name	of the Controller		Si gnat	cure of the Controller	

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70074 / TEACHING OF ART & CRAFT(P)

5.N	o   Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88370248823001	<sub> </sub> AMARJIT SINGH		L			
2		LA DALAIL OLALOLI					
3	88370248823003			L			
4				L			
5	88370248823005			L			
Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge							
			Undertaki ng				
n	I (Name) hereby certify that I have conducted to above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I all hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
	Signature of the Invigilator						
l f	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
N	ame of the Superintendent Signature of the Superintendent			ure of the Superintendent			
l f	have conducted 10% rand illed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been			
N	ame of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller			
f	l have conducted 5% rand illed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been			
N	ame of the Controller		Si gnat	ure of the Controller			

Class: Second

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

Center Name :

PAGE: 1

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course :

665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70075 / PROJECT

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370248823001 | AMARJIT SINGH 88370248823002 | JARNAIL SINGH 2 3 88370248823003 <sub>I</sub>MANNU 88370248823004 <sub>I</sub> POOJA MONGA 5 88370248823005 | RANJI BALA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng hereby certify that I have conducted the (Designation) above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

o   Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
88370248823001	AMARJIT SINGH	<u> </u>	L			
88370248823002	JARNAIL SINGH	<u> </u>	L			
88370248823003	MANNU	<u> </u>	L			
88370248823004	POOJA MONGA	<u> </u>	L			
88370248823005	RANJI BALA	<u> </u>	L			
Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
		Undertaki ng				
I (Name) hereby certify that I have conducted above examination as Invigilator. I have personally checked and ensured that particulars of all the students wh have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
		Si gnati	ure of the Invigilator			
I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
ame of the Superintenden	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 be filled correctly as per instructions.			n and found that particulars have been			
ame of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller			
l have conducted 5% rand illed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been			
ame of the Controller		Si gnati	ure of the Controller			
	88370248823003  88370248823004  88370248823004  88370248823005  Total No. Of Students in Total No. Of Answer She Name and Signature Of  (Name) bove examination as Invitate appeared under my substrate that if  have conducted 20% rance illed correctly as per if ame of the Superintender have conducted 10% rance illed correctly as per if ame of the Deputy Control of the Deputy Control of the Deputy Control of the Deputy Control of the Conducted 5% rance of the Deputy Control of the D	88370248823002 JARNAIL SINGH  88370248823002 JARNAIL SINGH  88370248823003 MANNU  88370248823004 POOJA MONGA  88370248823005 RANJI BALA  Total No. Of Students in this Subject > Present: Abstrotal No. Of Answer Sheets Packed > Name and Signature Of Incharge  (Name) (Designation) Designation (Designation)	88370248823002 JARNAIL SINGH  88370248823003 MANNU  88370248823004 POOJA MONGA  88370248823005 RANJI BALA  Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge  Undertaking  (Name) Undertaking  (Name) Undertaking have examination as Invigilator. I have personally checked and ensured that ave appeared under my supervision in today's exam, have been filled and shaereby undertake that if any mistakes are found, I will not be entitled for signation in the said examination in the superintendent of the Superintendent Signate have conducted 10% random checking of the OMR sheet of the said examination in the superintendent of the Superintendent Signate have conducted 10% random checking of the OMR sheet of the said examination in the superintendent Signate have conducted 10% random checking of the OMR sheet of the said examination in the superintendent Signate			

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

Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231251124001	<sub> </sub> ABHISHEK KUMAR	<u> </u>	L
2	88231251124002	ADIT KUMAR	<u> </u>	<u> </u>
3	88231251124004	AKASHDEEP SINGH	<u> </u>	<u> </u>
4	88231251124005	<sub> </sub> ANKUSH	<u> </u>	<u> </u>
5	88231251124006	ARSHDEEP SINGH	L	L
6	88231251124007	<sub>J</sub> ARZOO	<u> </u>	<u></u>
7	88231251124008	DAVIK	<u> </u>	<u></u>
8	88231251124009	GAGANDEEP KAUR	<u> </u>	<u> </u>
9	88231251124011	GURSEWAK SINGH	<u> </u>	<u> </u>
10	88231251124013	LOVEPREET SINGH	<u> </u>	<u> </u>
11	88231251124014	MANMEET SINGH	<u> </u>	L
12	88231251124015	PAWAN KUMAR	<u> </u>	
13	88231251124016	RAMAANJOT SINGH BRAR	<u> </u>	L
14	88231251124018	SUKHJINDER SINGH BRAR	<u> </u>	
15	88231251124019	SUNEHA RANI		
16	88231251124020	UPINDERJEET SINGH	 	

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

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

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PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR Center Name: Course: 132 / ELECTRICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

filled correctly as per instructions.

Name of the Superintendent

Signature of the Deputy Controller

Signature of the Superintendent

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

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

Name of the Controller

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

Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231251124001	ABHISHEK KUMAR	 	 
2	88231251124002	ADIT KUMAR		
3	88231251124004	AKASHDEEP SINGH		
4	88231251124005	JANKUSH	<u> </u>	<u>L</u>
5 	88231251124006	ARSHDEEP SINGH	<u> </u>	L
6	88231251124007	<sub>]</sub> ARZOO	<u> </u>	L
7	88231251124008	<sub>]</sub> DAVIK	<u> </u>	<u> </u>
8	88231251124009	GAGANDEEP KAUR	<u> </u>	<u> </u>
9	88231251124011	GURSEWAK SINGH	<u> </u>	L
10	88231251124013	LOVEPREET SINGH	<u> </u>	L
11	88231251124014	MANMEET SINGH	1	L
12	88231251124015	PAWAN KUMAR	1	L
13	88231251124016	RAMAANJOT SINGH BRAR	<u> </u>	L
14	88231251124018	SUKHJINDER SINGH BRAR	<u></u>	<u></u>
15 	88231251124019	SUNEHA RANI	<u></u>	<u></u>

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

88231251124020 | UPINDERJEET SINGH

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

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PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE( SC) MUKATSAR
Course: 132 / ELECTRICIAN Class: First
Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231251124001	ABHISHEK KUMAR		L
2	88231251124002	JADIT KUMAR		L
3	88231251124004	AKASHDEEP SINGH		L
4	88231251124005	ANKUSH		
5	88231251124006	ARSHDEEP SINGH		
6	88231251124007	  ARZOO		
7	88231251124008	DAVIK		
8	88231251124009	GAGANDEEP KAUR		L
9	88231251124011	GURSEWAK SINGH		L
10	88231251124013	LOVEPREET SINGH		L
11	88231251124014	MANMEET SINGH		
12	88231251124015	PAWAN KUMAR		
13	88231251124016	RAMAANJOT SINGH BRAR		
14	88231251124018	SUKHJINDER SINGH BRAR	<u></u>	L
15	88231251124019	SUNEHA RANI		

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

88231251124020 | UPINDERJEET SINGH

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

16

\_\_\_\_

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 EXAMS -SCVT
Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR
Course: 132 / ELECTRICIAN Class: First
Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR

Course: 143 / DRAUGHTSMAN ( CIVIL) Class: Second

Subject: 44441 / TRADE THEORY

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR

Course: 143 / DRAUGHTSMAN ( CIVIL) Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Name Of the Student | Answer Sheet No.

Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR

Course : 143 / DRAUGHTSMAN ( CIVIL) Class: Second

44445 / PRACTICAL Subject:

Regd. No.

S.No

88217251323001 <sub>|</sub>AARTI 88217251323003 <sub>I</sub>ARPNA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

Student's Sign.

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR Course : 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17511 / PRINCIPLE OF EDUCATION Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175151322011 | PARAMJIT 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR August' 2025 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

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