ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175154322001	AMANDEEP KAUR	<u> </u>	
2	88175154322002	JAMRITPAL KAUR	<u> </u>	
3	88175154322003	GURPREET KAUR	<u> </u>	
4	88175154322004	JASKARAN SHARMA	<u> </u>	
5 	88175154322005	JASPREET KAUR	<u> </u>	
6	88175154322006	JASVIR KAUR	<u> </u>	
7	88175154322007	KAMALDEEP KAUR	<u> </u>	
8	88175154322008	KULJEET KAUR	<u> </u>	
9	88175154322009	LAKHWINDER PAL KAUR	<u> </u>	
10	88175154322010	MANPREET KAUR	<u> </u>	
11 <u> </u>	88175154322011	NAVDEEP KAUR	<u> </u>	
12	88175154322012	PINKY	<u> </u>	
13	88175154322013	RAJNI RANI	<u> </u>	
14	88175154322014	RENU KAUR	<u> </u>	
15	88175154322015	SUKHBIR KAUR	<u> </u>	
16	88175154322016	SUKHVEER KAUR		

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 July' 2023 EXAMS -SCVT 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name: Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17511 / PRINCIPLE OF EDUCATION 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Subject: 17512 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175154322001	AMANDEEP KAUR	<u> </u>	
2	88175154322002	JAMRITPAL KAUR	<u> </u>	
3	88175154322003	GURPREET KAUR	<u> </u>	
4	88175154322004	JASKARAN SHARMA	<u> </u>	
5	88175154322005	JASPREET KAUR	<u> </u>	
6	88175154322006	JASVIR KAUR	<u> </u>	
7	88175154322007	KAMALDEEP KAUR	L	
8	88175154322008	KULJEET KAUR	<u> </u>	
9	88175154322009	LAKHWINDER PAL KAUR	<u> </u>	
10	88175154322010	JMANPREET KAUR	<u> </u>	
11	88175154322011	NAVDEEP KAUR	<u> </u>	
12	88175154322012	PINKY	<u> </u>	
13	88175154322013	RAJNI RANI	<u> </u>	
14	88175154322014	JRENU KAUR	<u> </u>	
15 	88175154322015	SUKHBIR KAUR	<u> </u>	
16	88175154322016	SUKHVEER KAUR	<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 July' 2023 EXAMS -SCVT 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name: Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First Subject: 17512 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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 July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Course:

Class: First

Subject: 17513 / PRACTICE OF TEACHING

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175154322001	JAMANDEEP KAUR		
2	88175154322002	JAMRITPAL KAUR	<u> </u>	
3	88175154322003	GURPREET KAUR	<u> </u>	L
4	88175154322004	JASKARAN SHARMA	<u> </u>	L
5 	88175154322005	JASPREET KAUR	<u> </u>	L
6	88175154322006	JASVIR KAUR	<u> </u>	
7	88175154322007	KAMALDEEP KAUR	<u> </u>	L
8	88175154322008	KULJEET KAUR	<u> </u>	L
9	88175154322009	LAKHWINDER PAL KAUR	<u> </u>	L
10	88175154322010	MANPREET KAUR	<u> </u>	
11	88175154322011	NAVDEEP KAUR		
12	88175154322012	PINKY		
13	88175154322013	RAJNI RANI		
14	88175154322014	RENU KAUR		
15	88175154322015	SUKHBIR KAUR		
16	88175154322016	SUKHVEER KAUR	<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 July' 2023 EXAMS -SCVT 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name: Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17513 / PRACTICE OF TEACHING 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

17525 / PRACTICAL IV-A (MEN GARMENTS) Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175154322001	JAMANDEEP KAUR		
2	88175154322002	JAMRITPAL KAUR		
3	88175154322003	GURPREET KAUR	<u> </u>	
4	88175154322004	JASKARAN SHARMA	<u> </u>	
5	88175154322005	JASPREET KAUR	<u> </u>	L
6	88175154322006	JASVIR KAUR		
7	88175154322007	KAMALDEEP KAUR		L
8	88175154322008	KULJEET KAUR	<u> </u>	L
9	88175154322009	LAKHWINDER PAL KAUR	<u> </u>	
10	88175154322010	JMANPREET KAUR	<u> </u>	
11 	88175154322011	NAVDEEP KAUR	<u> </u>	
12	88175154322012	PINKY		
13	88175154322013	RAJNI RANI		<u></u>
14	88175154322014	JRENU KAUR		<u></u>
15	88175154322015	SUKHBIR KAUR		
16 	88175154322016	SUKHVEER KAUR	[L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17525 / PRACTICAL IV-A (MEN GARMENTS) 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Subject: 17526 / PRACTICAL IV-B (WOMEN GARMENTS)

PAGE: 1

13

14

15

16

S.No Regd. No. Name Of the Student Answer Sheet No. 88175154322001 _| AMANDEEP KAUR 2 88175154322002 _| AMRITPAL KAUR 3 88175154322003 | GURPREET KAUR 88175154322004 $_{
m |}$ JASKARAN SHARMA 5 88175154322005 | JASPREET KAUR 88175154322006 _| JASVIR KAUR 88175154322007 | KAMALDEEP KAUR 88175154322008 | KULJEET KAUR |LAKHWINDER PAL KAUR 88175154322010 _|MANPREET KAUR 10 12 88175154322012 _| PINKY

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

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

88175154322013 _| RAJNI RANI

88175154322014 | RENU KAUR

88175154322015 _ISUKHBIR KAUR

88175154322016 | SUKHVEER KAUR

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17526 / PRACTICAL IV-B (WOMEN GARMENTS) 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17527 / PRACTICAL IV-C (CHILD. GARMENTS)

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175154319021	MANPREET KAUR	<u> </u>	L
2	88175154322001	AMANDEEP KAUR	<u> </u>	L
3	88175154322002	JAMRITPAL KAUR	<u> </u>	L
4	88175154322003	GURPREET KAUR	<u> </u>	L
5	88175154322004	JASKARAN SHARMA	<u> </u>	L
6	88175154322005	JASPREET KAUR	<u> </u>	L
7 l	88175154322006	JASVIR KAUR	<u> </u>	L
8	88175154322007	KAMALDEEP KAUR	<u> </u>	L
9	88175154322008	KULJEET KAUR	<u> </u>	L
10	88175154322009	LAKHWINDER PAL KAUR	<u> </u>	L
11 	88175154322010	MANPREET KAUR	<u> </u>	L
12	88175154322011	NAVDEEP KAUR	<u> </u>	L
13	88175154322012	_] PINKY	<u> </u>	L
14	88175154322013	RAJNI RANI	<u> </u>	L
15 	88175154322014	RENU KAUR	<u> </u>	L
16	88175154322015	SUKHBIR KAUR	<u> </u>	L
17	88175154322016	SUKHVEER KAUR	<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 July' 2023 EXAMS -SCVT 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name: Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17527 / PRACTICAL IV-C (CHILD. GARMENTS) 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Subject: 17528 / SCHEME WORK

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175154322001	JAMANDEEP KAUR	<u> </u>	L
2	88175154322002	JAMRITPAL KAUR	<u> </u>	L
3	88175154322003	GURPREET KAUR	<u> </u>	L
4	88175154322004	JASKARAN SHARMA	<u> </u>	L
5	88175154322005	JASPREET KAUR	<u> </u>	L
6	88175154322006	JASVIR KAUR	<u> </u>	L
7	88175154322007	KAMALDEEP KAUR	<u> </u>	L
8	88175154322008	KULJEET KAUR	<u> </u>	L
9	88175154322009	LAKHWINDER PAL KAUR	<u> </u>	L
10	88175154322010	MANPREET KAUR	<u> </u>	L
11	88175154322011	NAVDEEP KAUR	<u> </u>	L
12	88175154322012	_] PINKY	<u> </u>	L
13	88175154322013	RAJNI RANI	<u> </u>	L
14	88175154322014	RENU KAUR		L
15 <u> </u>	88175154322015	SUKHBIR KAUR	<u></u>	L
16	88175154322016	SUKHVEER KAUR		L

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name: Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17528 / SCHEME WORK 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name: Course : 370 / ART & CRAFTS Class: First 17073 / GEOMETRICAL DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370152818007 | 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

PAGE: 1

Name of the Deputy Controller

Name of the Controller Signature of the Controller

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 370 / ART & CRAFTS Class: Second 70071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370152818007 | 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 July' 2023 EXAMS -SCVT

PAGE: 1

Name of the Deputy Controller

Name of the Controller

filled correctly as per instructions.

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

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 	
1	88370152218028	RAMANDEEP SINGH		<u> </u>	
2	88370153718053	GURMEET SINGH		<u> </u>	
3	88370153719063	GURPREET KAUR	<u> </u>	L	
4	88370153719097	SARBJIT KAUR	<u> </u>	L	
5	88370153719099	SUKHJEET KAUR	<u> </u>	L	
6	88370154319034	AMANDEEP SINGH	<u> </u>	L	
7	88370154319055	KULWINDER SINGH		I	
То	tal No. Of Answer She ime and Signature Of				
(Name)	(Designation)	Undertaking h	ereby certify that I have conducted the particulars of all the students who	
nave	e appeared under my su	ipervision in today's exam, have any mistakes are found, I will	been filled and sna	ided correctly in the UMR sheets. I also	
			Si gnat	ure of the Invigilator	
l ha fill	ave conducted 20% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	on and found that particulars have been	
Name	e of the Superintenden	t	Si gnat	ure of the Superintendent	
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	e of the Deputy Contro	ller	Si gnat	ture of the Deputy Controller	
l l fill	have conducted 5% rand Led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	on and found that particulars have been	
Name	e of the Controller		Si gnat	ure of the Controller	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name: Course : 370 / ART & CRAFTS Class: Second 70075 / PROJECT Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370154319055 | KULWINDER 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 July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 664 / PUNJABI STENOGRAPHY Class: First 17411 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88174150221007 JASHANPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 664 / PUNJABI STENOGRAPHY Class: First 17414 / SOCIAL STUDIES Subject: Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88174150221040 | TANIYA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17416 / COGNATE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88174150221004	JGREHEETA	<u></u>	L			
2		LACULANDDEET MALID					
3	88174150221040	JTANIYA	<u> </u>	<u>L</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 (Nabov have here	Name)_ ve examination as Invi e appeared under my su eby undertake that if	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.			
			Si gnat	ure of the Invigilator			
l ha fill	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			

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: First

17051 / PAINTING Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252221014	HARKIRAT SINGH	<u>[</u>	
2	88370252222006	HARPREET SINGH	<u> </u>	
3	88370252222007	JAGDEEP SINGH	<u> </u>	
4	88370252222008	JAGTAR. SINGH		
5	88370252222011	KAWANDEEP KAUR		
6	88370252222013	NARINDER KAUR		
7	88370252222014	RAJWINDER SINGH	<u> </u>	
8	88370252222015	RAMANDEEP SINGH		
9	88370252222017	RIMMI	<u> </u>	
10	88370252222018	RUBI KAUR		
11	88370252821001	GAGANDEEP KAUR	<u> </u>	
12	88370252822001	SHAGANDEEP KAUR	<u> </u>	
13	88370254322021	MANDEEP KAUR		
14	88370254322022	MEHIKDEEP KAUR	<u> </u>	
15	88370254322023	NARINDER KAUR	<u>[</u>	
16	88370254322025	RAMANDEEP KAUR	<u>[</u>	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

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

Subject: 17051 / PAINTING

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

Name Of the Student

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

PAGE: 1

S.No

Regd. No.

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

Subject: 17055 / CRAFT(T)

Answer Sheet No.

Student's Sign.

J.110			Aliswei Sheet No. 1	
1	88370252221014	HARKIRAT SINGH		
2	88370252222006	HARPREET SINGH		L
3	88370252222007	JAGDEEP SINGH		
4	88370252222008	JAGTAR. SINGH		
5	88370252222011	KAWANDEEP KAUR		
6	88370252222013	NARINDER KAUR		<u></u>
7	88370252222014	RAJWINDER SINGH		
8	88370252222015	RAMANDEEP SINGH		
9	88370252222017	RIMMI		
10	88370252222018	RUBI KAUR		
11	88370252821001	GAGANDEEP KAUR		
12	88370252822001	SHAGANDEEP KAUR		
13	88370253721029	DAYA SINGH		
14	88370253721037	HAPINDER KUMAR		
15	88370254322021	MANDEEP KAUR		
16	88370254322022	MEHIKDEEP KAUR		
17	88370254322023	NARINDER KAUR		
18	88370254322025	RAMANDEEP KAUR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First Subject: 17055 / CRAFT(T) Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17059 / DESIGN

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252222006	HARPREET SINGH		
2	88370252222007	JAGDEEP SINGH	<u> </u>	L
3	88370252222008	JAGTAR. SINGH	<u> </u>	L
4	88370252222011	KAWANDEEP KAUR	<u> </u>	L
5	88370252222013	NARINDER KAUR	<u> </u>	L
6	88370252222014	RAJWINDER SINGH	<u> </u>	L
7	88370252222015	RAMANDEEP SINGH	<u> </u>	L
8	88370252222017	_] RIMMI	<u> </u>	L
9	88370252222018	RUBI KAUR		L
10	88370252821001	JGAGANDEEP KAUR		L
11	88370252822001	SHAGANDEEP KAUR		L
12	88370253721029	DAYA SINGH		L
13	88370254322021	MANDEEP KAUR		L
14	88370254322022	MEHIKDEEP KAUR		
15	88370254322023	NARINDER KAUR		
16	88370254322025	RAMANDEEP KAUR		

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

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

Subject: 17059 / DESIGN

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Answer Sheet No.

Student's Sign.

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Name Of the Student

Subject: 17060 / STILL LIFE

Regd. No.

PAGE: 1

S.No

3.110		Name of the Student	Allswei Sheet No.	
1	88370252221014	HARKIRAT SINGH	<u></u>	
2	88370252222006	HARPREET SINGH	<u> </u>	<u> </u>
3	88370252222007	JAGDEEP SINGH	L	L
4	88370252222008	JAGTAR. SINGH	L	L
5	88370252222011	KAWANDEEP KAUR	<u> </u>	L
6	88370252222013	NARINDER KAUR	<u> </u>	L
7	88370252222014	RAJWINDER SINGH	<u> </u>	L
8	88370252222015	RAMANDEEP SINGH	<u> </u>	L
9	88370252222017	_] RIMMI	<u> </u>	L
10	88370252222018	RUBI KAUR	<u> </u>	L
11	88370252821001	GAGANDEEP KAUR	<u> </u>	L
12	88370252822001	SHAGANDEEP KAUR	<u> </u>	L
13	88370254322021	MANDEEP KAUR		L
14	88370254322022	MEHIKDEEP KAUR	<u> </u>	
15	88370254322023	NARINDER KAUR		
16	88370254322025	RAMANDEEP KAUR		L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

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

Subject: 17060 / STILL LIFE

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Answer Sheet No.

Student's Sign.

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Name Of the Student

Subject: 17065 / CRAFT(P)

Regd. No.

PAGE: 1

S.No

3.1 1 0			Answer Sheet No.	
1	88370252222006	HARPREET SINGH	<u> </u>	<u></u>
2	88370252222007	JAGDEEP SINGH	<u> </u>	L
3	88370252222008	JAGTAR. SINGH	<u> </u>	L
4	88370252222011	KAWANDEEP KAUR	<u> </u>	L
5	88370252222013	NARINDER KAUR	<u> </u>	L
6	88370252222014	RAJWINDER SINGH	<u> </u>	L
7	88370252222015	RAMANDEEP SINGH	<u> </u>	L
8	88370252222017	_] RIMMI	<u> </u>	L
9	88370252222018	RUBI KAUR	<u> </u>	L
10	88370252821001	GAGANDEEP KAUR	<u> </u>	L
11	88370252822001	SHAGANDEEP KAUR	<u> </u>	L
12	88370253721029	DAYA SINGH	<u> </u>	L
13	88370254322021	MANDEEP KAUR	<u> </u>	L
14	88370254322022	MEHIKDEEP KAUR	<u> </u>	L
15	88370254322023	NARINDER KAUR	<u> </u>	<u></u>
16	88370254322025	RAMANDEEP KAUR	<u> </u>	<u></u>

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First

Subject: 17065 / CRAFT(P)

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: First

17070 / PRINCIPLES OF EDUCATION Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252222006	HARPREET SINGH	<u> </u>	<u> </u>
2	88370252222007	JAGDEEP SINGH	<u> </u>	L
3	88370252222008	JAGTAR. SINGH	<u> </u>	L
4	88370252222011	KAWANDEEP KAUR	<u> </u>	L
5	88370252222013	NARINDER KAUR	<u> </u>	L
6	88370252222014	RAJWINDER SINGH	<u> </u>	<u></u>
7	88370252222015	RAMANDEEP SINGH	<u> </u>	L
8	88370252222017	_] RIMMI	<u> </u>	L
9	88370252222018	RUBI KAUR	<u> </u>	L
10 	88370252821001	GAGANDEEP KAUR	<u> </u>	L
11	88370252822001	SHAGANDEEP KAUR	<u> </u>	<u> </u>
12	88370253721029	_J DAYA SINGH	<u>[</u>	<u></u>
13	88370254322021	MANDEEP KAUR		<u> </u>
14	88370254322022	_J MEHIKDEEP KAUR	<u> </u>	<u> </u>
15	88370254322023	NARINDER KAUR	<u> </u>	<u> </u>
16	88370254322025	RAMANDEEP KAUR	<u>[</u>	<u> </u>

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

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

Subject: 17070 / PRINCIPLES OF EDUCATION

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

Subject: 17071 / HISTORY & APPRECIATION OF ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252222006	HARPREET SINGH	<u> </u>	<u> </u>
2	88370252222007	JAGDEEP SINGH	L	L
3	88370252222008	JAGTAR. SINGH	<u> </u>	L
4	88370252222011	KAWANDEEP KAUR	L	L
5	88370252222013	NARINDER KAUR	L	L
6	88370252222014	RAJWINDER SINGH	<u> </u>	L
7	88370252222015	RAMANDEEP SINGH	<u> </u>	L
8	88370252222017	RIMMI	L	L
9	88370252222018	RUBI KAUR	L	L
10	88370252821001	GAGANDEEP KAUR	L	L
11	88370252822001	SHAGANDEEP KAUR	L	L
12	88370253721029	DAYA SINGH	L	L
13	88370254322021	MANDEEP KAUR		L
14	88370254322022	MEHIKDEEP KAUR	<u> </u>	L
15	88370254322023	NARINDER KAUR	L	L
16	88370254322025	RAMANDEEP KAUR		

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

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

Subject: 17071 / HISTORY & APPRECIATION OF ART

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

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

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252221014	HARKIRAT SINGH	<u> </u>	
2	88370252222006	HARPREET SINGH	L	L
3	88370252222007	JAGDEEP SINGH	L	L
4	88370252222008	JAGTAR. SINGH	L	L
5	88370252222011	JKAWANDEEP KAUR	L	L
6	88370252222013	NARINDER KAUR	L	<u></u>
7	88370252222014	RAJWINDER SINGH	L	L
8	88370252222015	RAMANDEEP SINGH	L	L
9	88370252222017	_] RIMMI	L	L
10	88370252222018	RUBI KAUR	<u> </u>	L
11 	88370252821001	JGAGANDEEP KAUR	L	L
12	88370252822001	SHAGANDEEP KAUR	<u> </u>	<u> </u>
13	88370253721029	_J DAYA SINGH	<u> </u>	L
14	88370254322021	MANDEEP KAUR	<u> </u>	<u></u>
15	88370254322022	_J MEHIKDEEP KAUR	<u> </u>	<u> </u>
16 	88370254322023	NARINDER KAUR	<u> </u>	<u></u>
17	88370254322025	RAMANDEEP KAUR	<u> </u>	

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

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name:

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

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

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course:

Class: First

Subject: 17073 / GEOMETRICAL DRAWING

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252221014	HARKIRAT SINGH	<u> </u>	
2	88370252221018	JASPREET KAUR	<u> </u>	L
3	88370252221036	SHUBHI DALMIA	<u> </u>	L
4	88370252222006	HARPREET SINGH	L	L
5 	88370252222007	JAGDEEP SINGH	<u></u>	L
6	88370252222008	JAGTAR. SINGH	<u> </u>	L
7	88370252222011	KAWANDEEP KAUR	<u></u>	L
8	88370252222013	NARINDER KAUR	<u> </u>	L
9	88370252222014	RAJWINDER SINGH	<u> </u>	L
10	88370252222015	RAMANDEEP SINGH	<u> </u>	L
11	88370252222017	_] RIMMI	<u> </u>	L
12	88370252222018	RUBI KAUR	<u> </u>	L
13	88370252821001	GAGANDEEP KAUR	<u> </u>	L
14	88370252822001	SHAGANDEEP KAUR	<u> </u>	L
15 	88370253721029	DAYA SINGH	<u> </u>	L
16	88370253721037	HAPINDER KUMAR	<u> </u>	L
17	88370253721045	JAGJIT KAUR	<u> </u>	L
18	88370253721062	MANPREET KAUR	<u> </u>	L
19	88370253721080	SARBJEET KAUR	<u></u>	L
20	88370254322021	MANDEEP KAUR	<u> </u>	
21	88370254322022	MEHIKDEEP KAUR	<u> </u>	L

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name : 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Name of the Controller

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.		
22	88370254322023	NARINDER KAUR				
23	88370254322025	RAMANDEEP KAUR				
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
hav	re appeared under my su	(Designation)_ gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	e been filled and sh	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.		
			Si gna	ture of the Invigilator		
	I 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	ne of the Superintender	nt	Si gna	ture of the Superintendent		
l h fil	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Nam	ne of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
	have conducted 5% rand led correctly as per i		f the said examinati	on and found that particulars have been		

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

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

PAGE: 1

12

13

14

Center Name:

S.No Student's Sign. Regd. No. Name Of the Student Answer Sheet No. 88370252222006 | HARPREET SINGH 2 3 88370252222008 | JAGTAR. SINGH 5 88370252222013 | NARINDER KAUR 88370252222015 | RAMANDEEP SINGH 88370252222017 _I RIMMI 88370252222018 _| RUBI KAUR 88370252821001 | GAGANDEEP KAUR 10

Class: First

88370254322023 | NARINDER KAUR 15 16 88370254322025 | RAMANDEEP KAUR

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

88370252822001 | SHAGANDEEP KAUR

88370253721029 | DAYA SINGH

88370254322021 | MANDEEP KAUR

88370254322022 | MEHIKDEEP KAUR

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 July' 2023 EXAMS -SCVT

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name:

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

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

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252221004	BEANT KAUR	<u> </u>	
2	88370252221014	HARKIRAT SINGH	<u> </u>	<u> </u>
3	88370252221017	JASPREET KAUR	<u> </u>	<u> </u>
4	88370252221018	JASPREET KAUR	<u> </u>	<u> </u>
5	88370252221023	MAHINDERJEET KAUR	<u> </u>	<u> </u>
6	88370252221025	MANPREET KAUR	<u> </u>	<u> </u>
7	88370252221026	MANPREET KAUR	<u> </u>	<u> </u>
8	88370252221028	NIRMAL KAUR	<u> </u>	<u> </u>
9	88370252221034	RAMANDEEP KAUR	<u> </u>	<u> </u>
10	88370252221035	SARBJEET KAUR	<u> </u>	<u> </u>
11	88370252221036	SHUBHI DALMIA	<u> </u>	<u> </u>
12	88370253721015	JAJAY KUMAR	<u> </u>	<u> </u>
13	88370253721029	_J DAYA SINGH	<u> </u>	<u> </u>
14	88370253721037	_J HAPINDER KUMAR	<u> </u>	<u> </u>
15	88370253721045	JAGJIT KAUR	<u> </u>	<u> </u>
16	88370253721062	MANPREET KAUR	<u> </u>	<u> </u>
17	88370253721080	SARBJEET KAUR	 	<u> </u>

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT
Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA
Course: 665 / ART & CRAFT TEACHER TRAINING COURSE
Subject: 70051 / PAINTING

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: Second

70055 / CRAFT(T) Subject:

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252221004	BEANT KAUR	<u> </u>	
2	88370252221014	HARKIRAT SINGH	L	L
3	88370252221017	JASPREET KAUR	<u> </u>	L
4	88370252221018	JASPREET KAUR	<u> </u>	L
5	88370252221023	MAHINDERJEET KAUR	L	L
6	88370252221025	MANPREET KAUR	L	L
7	88370252221026	MANPREET KAUR	L	L
8	88370252221028	NIRMAL KAUR	L	L
9	88370252221034	RAMANDEEP KAUR	L	L
10	88370252221035	SARBJEET KAUR	L	L
11 	88370252221036	SHUBHI DALMIA	L	L
12	88370253721015	JAJAY KUMAR	<u> </u>	L
13	88370253721029	DAYA SINGH	<u> </u>	L
14	88370253721037	HAPINDER KUMAR	<u> </u>	L
15 	88370253721045	JAGJIT KAUR	<u> </u>	L
16	88370253721062	MANPREET KAUR	<u> </u>	L
17 	88370253721080	SARBJEET KAUR	<u> </u>	L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second Subject: 70055 / CRAFT(T) Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

I 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 Signature of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: Second

Subject: 70056 / CRAFT(P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252221004	BEANT KAUR		L
2	88370252221014	HARKIRAT SINGH		
3	88370252221017	JASPREET KAUR		
4	88370252221018	JASPREET KAUR	<u> </u>	
5 	88370252221023	_J MAHINDERJEET KAUR	<u> </u>	L
6	88370252221025	MANPREET KAUR		
7	88370252221026	MANPREET KAUR	<u> </u>	<u></u>
8	88370252221028	NIRMAL KAUR	<u> </u>	<u></u>
9	88370252221034	RAMANDEEP KAUR	<u> </u>	<u></u>
10	88370252221035	SARBJEET KAUR	<u> </u>	<u></u>
11	88370252221036	SHUBHI DALMIA	<u> </u>	<u> </u>
12	88370253721015	JAJAY KUMAR	<u> </u>	
13	88370253721029	DAYA SINGH		
14	88370253721037	HAPINDER KUMAR	<u> </u>	L
15	88370253721045	JAGJIT KAUR		
16	88370253721062	MANPREET KAUR		
17	88370253721080	SARBJEET KAUR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second Subject: 70056 / CRAFT(P) Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR 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 July' 2023 EXAMS -SCVT

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

PAGE: 1

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252221004	BEANT KAUR	<u> </u>	<u> </u>
2	88370252221014	HARKIRAT SINGH	<u> </u>	L
3	88370252221017	JASPREET KAUR	<u> </u>	L
4	88370252221018	JASPREET KAUR	<u> </u>	L
5	88370252221023	MAHINDERJEET KAUR	<u> </u>	L
6	88370252221025	MANPREET KAUR	<u> </u>	L
7	88370252221026	MANPREET KAUR	<u> </u>	L
8	88370252221028	NIRMAL KAUR	<u> </u>	L
9	88370252221034	RAMANDEEP KAUR	<u> </u>	L
10	88370252221035	SARBJEET KAUR	<u> </u>	L
11	88370252221036	SHUBHI DALMIA	<u> </u>	L
12	88370253721015	JAJAY KUMAR	<u> </u>	L
13	88370253721029	DAYA SINGH	<u> </u>	L
14	88370253721037	HAPINDER KUMAR	<u> </u>	L
15 	88370253721045	JAGJIT KAUR		L
16	88370253721062	MANPREET KAUR		L
17	88370253721080	SARBJEET KAUR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

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

70070 / EDUCATIONAL PSYCHOLOGY 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 July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252221004	BEANT KAUR	<u> </u>	<u> </u>
2	88370252221014	HARKIRAT SINGH	<u> </u>	L
3	88370252221017	JASPREET KAUR	L	L
4	88370252221018	JASPREET KAUR	L	L
5	88370252221023	MAHINDERJEET KAUR	L	L
6	88370252221025	MANPREET KAUR	<u> </u>	L
7	88370252221026	MANPREET KAUR	<u> </u>	L
8	88370252221028	NIRMAL KAUR	<u> </u>	L
9	88370252221034	RAMANDEEP KAUR	<u> </u>	L
10	88370252221035	SARBJEET KAUR	<u> </u>	L
11	88370252221036	SHUBHI DALMIA	<u> </u>	L
12	88370253721015	JAJAY KUMAR	<u> </u>	L
13	88370253721029	DAYA SINGH		L
14	88370253721037	HAPINDER KUMAR	<u> </u>	L
15	88370253721045	JAGJIT KAUR	<u> </u>	L
16	88370253721062	MANPREET KAUR	<u> </u>	<u> </u>
17	88370253721080	SARBJEET KAUR		

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

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

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

Subject: 70071 / HISTORY & APPRECIATION OF ART

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

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	88370252221004	BEANT KAUR	<u> </u>	L
2	88370252221014	HARKIRAT SINGH	<u> </u>	L
3	88370252221017	JASPREET KAUR	<u> </u>	L
4	88370252221018	JASPREET KAUR	L	L
5	88370252221023	MAHINDERJEET KAUR	L	L
6	88370252221025	MANPREET KAUR	<u> </u>	L
7	88370252221026	MANPREET KAUR	<u> </u>	L
8	88370252221028	NIRMAL KAUR	<u> </u>	L
9	88370252221034	RAMANDEEP KAUR	<u> </u>	L
10	88370252221035	SARBJEET KAUR	<u> </u>	L
11	88370252221036	SHUBHI DALMIA	<u> </u>	L
12	88370253721015	JAJAY KUMAR	<u> </u>	L
13	88370253721029	DAYA SINGH	<u> </u>	L
14	88370253721037	HAPINDER KUMAR	<u> </u>	L
15	88370253721045	JAGJIT KAUR	<u> </u>	L
16	88370253721062	MANPREET KAUR	<u> </u>	L
17	88370253721080	SARBJEET KAUR	 	L
	_		·	·

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT
Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA
Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second
Subject: 70072 / COMMERCIAL ART

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

Name and Signature Of Incharge

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name :

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	88370252221004	BEANT KAUR		
2	88370252221014	HARKIRAT SINGH	<u> </u>	<u>L</u>
3	88370252221017	JASPREET KAUR	<u></u>	<u>L</u>
4	88370252221018	JASPREET KAUR	<u></u>	<u>L</u>
5	88370252221023	MAHINDERJEET KAUR	<u></u>	<u> </u>
6	88370252221025	MANPREET KAUR	<u> </u>	<u> </u>
7	88370252221026	MANPREET KAUR	<u></u>	<u> </u>
8	88370252221028	NIRMAL KAUR	<u> </u>	<u>L</u>
9	88370252221034	RAMANDEEP KAUR	<u> </u>	<u>L</u>
10	88370252221035	SARBJEET KAUR	<u> </u>	<u>L</u>
11	88370252221036	SHUBHI DALMIA	<u> </u>	<u>L</u>
12	88370253720071	SAXENA SUMANDEEP	<u> </u>	<u>L</u>
13	88370253721015	JAJAY KUMAR	<u> </u>	<u>L</u>
14	88370253721029	DAYA SINGH	<u> </u>	<u>L</u>
15	88370253721037	HAPINDER KUMAR	<u> </u>	<u>L</u>
16	88370253721045	JAGJIT KAUR		<u>L</u>
17	88370253721062	MANPREET KAUR	<u></u>	<u> </u>
18	88370253721080	SARBJEET KAUR	<u> </u>	
				

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70073 / SCALE & PERSPECTIVE DRAWING Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

filled correctly as per instructions. Name of the Deputy Controller

Name of the Superintendent

Signature of the Deputy Controller

Signature of the Superintendent

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

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

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252221004	BEANT KAUR		
2	88370252221014	HARKIRAT SINGH	<u> </u>	<u> </u>
3	88370252221017	JASPREET KAUR	<u> </u>	L
4	88370252221018	JASPREET KAUR	<u> </u>	L
5 	88370252221023	MAHINDERJEET KAUR		L
6	88370252221025	MANPREET KAUR		L
7	88370252221026	MANPREET KAUR		L
8	88370252221028	NIRMAL KAUR		L
9	88370252221034	RAMANDEEP KAUR		L
10	88370252221035	SARBJEET KAUR		L
11	88370252221036	SHUBHI DALMIA		L
12	88370253721015	AJAY KUMAR	<u></u>	<u> </u>
13	88370253721029	DAYA SINGH		L
14	88370253721037	HAPINDER KUMAR	<u> </u>	L
15	88370253721045	JAGJIT KAUR	<u> </u>	L
16	88370253721062	MANPREET KAUR	<u></u>	L
17	88370253721080	SARBJEET KAUR	<u> </u>	<u> </u>

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT
Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA
Course: 665 / ART & CRAFT TEACHER TRAINING COURSE
Subject: 70074 / TEACHING OF ART & CRAFT(P)

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70075 / PROJECT

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252221004	BEANT KAUR	<u> </u>	<u> </u>
2	88370252221014	HARKIRAT SINGH	<u> </u>	L
3	88370252221017	JASPREET KAUR	<u> </u>	L
4	88370252221018	JASPREET KAUR	<u> </u>	L
5	88370252221023	MAHINDERJEET KAUR	<u> </u>	L
6	88370252221025	MANPREET KAUR	<u> </u>	L
7	88370252221026	MANPREET KAUR	<u> </u>	L
8	88370252221028	NIRMAL KAUR	<u> </u>	L
9	88370252221034	RAMANDEEP KAUR	<u> </u>	L
10	88370252221035	SARBJEET KAUR	<u> </u>	L
11	88370252221036	SHUBHI DALMIA	<u> </u>	L
12	88370253721015	JAJAY KUMAR	<u> </u>	L
13	88370253721029	DAYA SINGH	<u> </u>	L
14	88370253721037	HAPINDER KUMAR	<u> </u>	L
15	88370253721045	JAGJIT KAUR	<u> </u>	L
16	88370253721062	MANPREET KAUR	<u> </u>	L
17	88370253721080	SARBJEET KAUR	<u> </u>	L

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70075 / PROJECT 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 July' 2023 EXAMS -SCVT

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252221004	BEANT KAUR	<u> </u>	<u> </u>
2	88370252221014	HARKIRAT SINGH	<u> </u>	L
3	88370252221017	JASPREET KAUR	<u> </u>	L
4	88370252221018	JASPREET KAUR	<u> </u>	L
5 	88370252221023	MAHINDERJEET KAUR	<u> </u>	L
6	88370252221025	MANPREET KAUR	<u> </u>	L
7	88370252221026	MANPREET KAUR	<u> </u>	L
8	88370252221028	NIRMAL KAUR	<u> </u>	L
9	88370252221034	RAMANDEEP KAUR	<u> </u>	L
10	88370252221035	SARBJEET KAUR	<u> </u>	L
11	88370252221036	SHUBHI DALMIA	<u> </u>	L
12	88370253721015	JAJAY KUMAR		L
13	88370253721029	DAYA SINGH	<u> </u>	L
14	88370253721037	HAPINDER KUMAR	<u> </u>	L
15	88370253721045	JAGJIT KAUR		L
16	88370253721062	MANPREET KAUR		L
17 _I	88370253721080	SARBJEET KAUR	:	

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 July' 2023 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P) Total No. Of Students in this Subject > Present : Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Course : 114 / PLUMBER Class: First 44435 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209154621006 | GURPYAR SINGH SIDHU 88209154621024 JVIKKAR RAM Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Signature of the Deputy Controller

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of 1

Name of the Deputy Controller

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4132 / INDUSTRIAL TRAINING INSTITUTE (W) , RAMPURA PHUL

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Subject: 44431 / TRADE THEORY

Center Name:

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242154622001	ANITA	<u> </u>	<u> </u>
2	88242154622002	ANJALI GUPTA	<u> </u>	L
3	88242154622003	ARSHDEEP KAUR	<u> </u>	L
4	88242154622004	BASPREET KAUR	<u> </u>	L
5	88242154622005	DEEPIKA JAIN	<u> </u>	L
6	88242154622006	GAGANDEEP KAUR	<u></u>	<u> </u>
7	88242154622007	HARDEEP KAUR	<u> </u>	<u> </u>
8	88242154622008	HARPREET KAUR	<u> </u>	L
9	88242154622009	HARPREET KAUR	<u> </u>	<u> </u>
10	88242154622010	JASHANPREET KAUR	<u> </u>	<u> </u>
11	88242154622011	JASPREET KAUR	<u> </u>	<u> </u>
12	88242154622012	JASVEER KAUR	<u> </u>	<u> </u>
13	88242154622013	JASWINDER KAUR	<u> </u>	<u> </u>
14	88242154622014	KAMALJEET KAUR	<u> </u>	<u> </u>
15	88242154622015	KARAM KAUR	<u> </u>	<u> </u>
16	88242154622016	KHUSHBOO	<u> </u>	<u> </u>
17	88242154622017	LOVEPREET KAUR		
18	88242154622018	MANPREET KAUR		
19	88242154622019	MANPREET KAUR		
20	88242154622021	PRABHJOT KAUR	 	
21	88242154622022	PUSHPINDER KAUR		
4	·			

4132 / INDUSTRIAL TRAINING INSTITUTE (W) , RAMPURA PHUL Center Name: Course : 222 / COMP. OP. PROGRAM. ASSISTANT Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Answer Sheet No. Student's Sign. Regd. No. 88242154622023 | RAJPREET 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 July' 2023 EXAMS -SCVT

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 2 of

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4132 / INDUSTRIAL TRAINING INSTITUTE (W) , RAMPURA PHUL

222 / COMP. OP. PROGRAM. ASSISTANT

Course: Class: First

44434 / EMPLOYBILITY SKILL Subject:

Center Name:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88242154622001 | ANITA 88242154622002 _| ANJALI GUPTA 3 88242154622003 | ARSHDEEP KAUR 88242154622004 | BASPREET KAUR 5 88242154622005 | DEEPIKA JAIN 88242154622007 | HARDEEP KAUR 88242154622008 | HARPREET KAUR 88242154622009 | HARPREET KAUR 88242154622010 | JASHANPREET KAUR 10 88242154622011 _| JASPREET KAUR 12 88242154622012 | JASVEER KAUR 13 88242154622013 _IJASWINDER KAUR 14 88242154622014 KAMALJEET KAUR 88242154622015 | KARAM KAUR 15 88242154622016 | KHUSHBOO 16 17 88242154622017 | LOVEPREET KAUR 18 88242154622018 | MANPREET KAUR 88242154622019 _| MANPREET KAUR 20 88242154622021 | PRABHJOT KAUR 88242154622022 | PUSHPINDER KAUR

PAGE: 2 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Course : 222 / COMP. OP. PROGRAM. ASSISTANT Class: First 44434 / EMPLOYBILITY SKILL Subject: Name Of the Student S.No Answer Sheet No. Student's Sign. Regd. No. 88242154622023 | RAJPREET 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

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.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4132 / INDUSTRIAL TRAINING INSTITUTE (W) , RAMPURA PHUL

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

44435 / PRACTICAL

Class: First

Subject:

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242154621028	BALWINDER KAUR	<u> </u>	
2	88242154622001	JANITA	<u> </u>	L
3	88242154622002	ANJALI GUPTA	<u> </u>	<u> </u>
4	88242154622003	ARSHDEEP KAUR	<u> </u>	<u> </u>
5	88242154622004	BASPREET KAUR	<u> </u>	L
6	88242154622005	DEEPIKA JAIN	<u> </u>	<u> </u>
7	88242154622006	GAGANDEEP KAUR	<u> </u>	L
8	88242154622007	HARDEEP KAUR	<u> </u>	L
9	88242154622008	HARPREET KAUR	<u> </u>	<u> </u>
10	88242154622009	HARPREET KAUR	<u> </u>	<u> </u>
11 	88242154622010	JASHANPREET KAUR	<u> </u>	L
12	88242154622011	JASPREET KAUR	<u> </u>	<u> </u>
13	88242154622012	JASVEER KAUR	<u> </u>	L
14	88242154622013	JASWINDER KAUR	<u> </u>	L
15	88242154622014	KAMALJEET KAUR	<u> </u>	L
16	88242154622015	JKARAM KAUR	<u> </u>	L
17 	88242154622016	KHUSHBOO	<u> </u>	L
18	88242154622017	LOVEPREET KAUR	<u> </u>	<u> </u>
19	88242154622018	J	<u> </u>	<u></u>
20	88242154622019	J	<u> </u>	<u></u>
21	88242154622021	PRABHJOT KAUR	<u> </u>	<u></u>

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

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

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

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4132 / INDUSTRIAL TRAINING INSTITUTE (W) , RAMPURA PHUL

Course: 671 / SURFACE ORNAMENTATION TECHNIQUES((EMBRIODERY)

Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88249150322001	JAMARJEET KAUR		L
2	88249150322002	ARSHDEEP KAUR	<u> </u>	L
3	88249150322003	ARSHDEEP KAUR	<u> </u>	<u> </u>
4	88249150322006	_J MANDEEP KAUR	<u> </u>	<u> </u>
5	88249150322008	MANPREET KAUR		L
6	88249150322010	RAJWINDER KAUR		L
7	88249150322011	RAMANDEEP KAUR	<u> </u>	<u> </u>
8	88249150322013	RAMPY KAUR		L
9	88249150322014	RANI KAUR	<u> </u>	<u> </u>
10	88249150322015	SANDEEP KAUR		L
11	88249150322016	SIMRANJIT KAUR		L
12	88249150322017	SUMANPREET KAUR		L
13	88249150322018	SWARAN KAUR		L
14	88249150322019	VEERPAL KAUR		
15	88249150322020	VEERPAL KAUR		

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 July' 2023 EXAMS -SCVT Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY) Course: 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

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.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4132 / INDUSTRIAL TRAINING INSTITUTE (W) , RAMPURA PHUL

Course: 671 / SURFACE ORNAMENTATION TECHNIQUES((EMBRIODERY)

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88249150322001	JAMARJEET KAUR	<u> </u>	L
2	88249150322002	ARSHDEEP KAUR	<u> </u>	L
3	88249150322003	ARSHDEEP KAUR	<u> </u>	L
4	88249150322006	MANDEEP KAUR	<u> </u>	L
5	88249150322008	MANPREET KAUR		L
6	88249150322010	RAJWINDER KAUR		I
7	88249150322011	RAMANDEEP KAUR		<u> </u>
8	88249150322013	RAMPY KAUR	<u> </u>	L
9	88249150322014	RANI KAUR		L
10	88249150322015	SANDEEP KAUR		L
11	88249150322016	SIMRANJIT KAUR		L
12	88249150322017	SUMANPREET KAUR		
13	88249150322018	SWARAN KAUR		L
14	88249150322019	VEERPAL KAUR		<u> </u>
15 _I	88249150322020	_I VEERPAL KAUR		I

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 July' 2023 EXAMS -SCVT Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY) Course: 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 July' 2023 EXAMS -SCVT

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

671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY) Course:

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88249150322001	AMARJEET KAUR		<u>L</u>
2	88249150322002	ARSHDEEP KAUR		<u>L</u>
3	88249150322003	ARSHDEEP KAUR	<u></u>	<u> </u>
4	88249150322006	MANDEEP KAUR	<u></u>	<u> </u>
5	88249150322008	MANPREET KAUR	<u></u>	<u> </u>
6	88249150322010	RAJWINDER KAUR		<u> </u>
7	88249150322011	RAMANDEEP KAUR		<u>L</u>
8	88249150322013	RAMPY KAUR		<u>L</u>
9	88249150322014	RANI KAUR		<u>L</u>
10	88249150322015	SANDEEP KAUR		<u>L</u>
11	88249150322016	SIMRANJIT KAUR		<u>L</u>
12	88249150322017	SUMANPREET KAUR		<u>L</u>
13	88249150322018	SWARAN KAUR		<u>L</u>
14	88249150322019	VEERPAL KAUR		<u>L</u>
15 	88249150322020	VEERPAL KAUR		<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 July' 2023 EXAMS -SCVT Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY) Course: 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course: 139 / MECH. REF. & AIR CONDITIONING Class: First 44413 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88218240319037 LOVEPREET SINGH SANDE Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 139 / MECH. REF. & AIR CONDITIONING Class: Second 44421 / TRADE THEORY Subject: Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88218240318039 | MUDSSIR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 139 / MECH. REF. & AIR CONDITIONING Class: Second 44422 / WORKSHOP CALCULATIONS AND SCIENCE Subject: Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88218240319041 | SUKHDEEP SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1

filled correctly as per instructions.

Name of the Controller

PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Center Name: Course : 145 / ELECTRONICS MECHANIC Class: Second 44423 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88219240319054 | KARMJEET 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

Name of the Deputy Controller

Name of the Controller

filled correctly as per instructions.

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175143621003	JASPREET KAUR	<u> </u>	
2	88175143622001	ANJU DEVI	<u> </u>	
3	88175143622002	JASVEER KAUR	<u> </u>	
4	88175143622003	JKOMAL	<u> </u>	
5	88175143622004	KULWINDER KAUR	<u> </u>	
6	88175143622005	LAKHVIR KAUR	<u> </u>	
7	88175143622006	MANPREET KAUR	<u> </u>	
8	88175143822001	SARABJIT KAUR		
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	e examination as Invi appeared under my su	(Designation)_ gilator. I have personally 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 hav fill∈	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l hav fille	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l ha fill∈	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Course: Class: First

Subject: 17512 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175143621003	JASPREET KAUR	<u> </u>	
2	88175143622001	ANJU DEVI	<u> </u>	
3	88175143622002	JASVEER KAUR	<u> </u>	
4	88175143622003	JKOMAL	<u> </u>	
5	88175143622004	JKULWINDER KAUR	<u> </u>	
6	88175143622005	LAKHVIR KAUR	<u> </u>	<u> </u>
7	88175143622006	MANPREET KAUR	<u> </u>	<u> </u>
8	88175143822001	SARABJIT KAUR		
To	otal No. Of Students in otal No. Of Answer Shame and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abo hav	re appeared under my si	(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	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
	nave conducted 20% rand led correctly as per		the said examination	on and found that particulars have been
Nam	ne of the Superintende	nt	Si gna	ture of the Superintendent
l h fil	nave conducted 10% rand led correctly as per	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been
Nam	ne of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l fil	have conducted 5% randled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been
Nam	ne of the Controller		Si gna	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 Center Name:

4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course:

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First 17513 / PRACTICE OF TEACHING Subject:

S.No Regd. No. Name Of the Student Answer Sheet No. 88175143621003 _|JASPREET KAUR 88175143622001 | ANJU DEVI 3 88175143622002 | JASVEER KAUR 88175143622003 _I KOMAL 5 88175143622004 | KULWINDER KAUR 88175143622006 | MANPREET KAUR 88175143822001 | SARABJIT KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Signature of the Controller

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of 1 Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Course: Class: First

Subject: 17525 / PRACTICAL IV-A (MEN GARMENTS)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175143621003	JASPREET KAUR	<u> </u>	
2	88175143622001	ANJU DEVI	<u> </u>	<u> </u>
3	88175143622002	JASVEER KAUR	<u> </u>	
4	88175143622003	KOMAL	L	
5	88175143622004	KULWINDER KAUR	<u> </u>	<u> </u>
6	88175143622005	LAKHVIR KAUR	<u> </u>	<u> </u>
7	88175143622006	MANPREET KAUR	<u> </u>	<u> </u>
8	88175143822001	SARABJIT KAUR		1
Tot	al No. Of Answer She me and Signature Of		ent.	
			Undertaki ng	
have	e appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	been filled and sha	nereby certify that I have conducted the particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	cure of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintender	t	Si gnat	cure of the Superintendent
	ve conducted 10% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	e of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller
	ave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	cure of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Center Name : Class: First

Julise .	175 / COTTING SEWING & EMBROIDERY TEACHER TRG.	(
Subject :	17526 / DDACTICAL IV B.(WOMEN CADMENTS)	

Subject : 17526 / PRACTICAL IV-B (WOMEN GARMENTS)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175143621003	JASPREET KAUR		
2	88175143622001			
3	88175143622002	JASVEER KAUR	<u> </u>	<u> </u>
4	88175143622003	KOMAL	<u> </u>	<u> </u>
5 	88175143622004	KULWINDER KAUR	<u> </u>	<u> </u>
6	88175143622005	LAKHVIR KAUR	<u></u>	<u> </u>
7	88175143622006	MANPREET KAUR	<u> </u>	L
8	88175143822001	SARABJIT KAUR		I
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of		ent.	
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l hav fille	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintenden	t	Si gnat	ure of the Superintendent
	re 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
	eve conducted 5% rand and correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Class: First

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

17527 / PRACTICAL IV-C (CHILD. GARMENTS) Subject: S.No Regd. No. Name Of the Student Answer Sheet No. 88175143621003 _|JASPREET KAUR 88175143622001 | ANJU DEVI 3 88175143622002 | JASVEER KAUR 88175143622003 _I KOMAL 5 88175143622004 | KULWINDER KAUR 88175143622006 | MANPREET KAUR

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

88175143822001 | SARABJIT KAUR

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: First

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name:

4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Subject: 17528 / SCHEME WORK

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88175143622001	ANJU DEVI	<u> </u>		
2	88175143622002	. IASVEED KALID			
3	88175143622003	KOMAL	<u> </u>		
4	88175143622004	KULWINDER KAUR	<u> </u>		
5	88175143622005	LAKHVIR KAUR	<u> </u>		
6		.MANIDDEET KALID			
7	88175143822001	SARABJIT KAUR			
Tot	al No. Of Answer She me and Signature Of				
			Undertaki ng		
have	e appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	been filled and sha	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.	
			Si gna	ture of the Invigilator	
l 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	t	Si gna	ture of the Superintendent	
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	e of the Deputy Contro	ller	Si gna	ture of the Deputy Controller	
l h fill	nave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Name	e of the Controller		Si gna	ture of the Controller	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 370 / ART & CRAFTS Class: First 17055 / CRAFT(T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370143618035 | GAGANDEEP KAUR $88370143618039_{\mathsf{I}}\mathsf{KARINA}\;\mathsf{DEVI}$ Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course : 370 / ART & CRAFTS Class: First

17070 / PRINCIPLES OF EDUCATION Subject:

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370143618035 | GAGANDEEP KAUR 88370143618039 | KARINA DEVI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Center Name: Course : 370 / ART & CRAFTS Class: Second 70055 / CRAFT(T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370143618035 | GAGANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Name of the Controller

filled correctly as per instructions.

PAGE: 1

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 370 / ART & CRAFTS Class: Second 70071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370143618035 | GAGANDEEP KAUR $88370143618039_{\mathsf{I}}\mathsf{KARINA}\;\mathsf{DEVI}$

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Center Name: Course : 370 / ART & CRAFTS Class: Second 70073 / SCALE & PERSPECTIVE DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370143618032 | BETAB SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.N	lo 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88231232221002	BALVEER SINGH		
2		88231232221003	BINDER SINGH		
3		88231232221007	GURJIT SINGH		
4		88231232221008	GURLAL SINGH		
5		88231232221013	JASSI KAUR		_L
6	I	88231232221017	DARRED CINCII		
		No. Of Answer She and Signature Of		Undertaki ng	
		Ü	g	Undertaking	hereby certify that I have conducted the it particulars of all the students who haded correctly in the OMR sheets. I also
h h	nave a nereby	ppeared under my su undertake that if	ıpervision in today's exam, hav any mistakes are found, I will	e been filled and sh not be entitled for	naded correctly in the OMR sheets. I also $^{\circ}$ any remuneration.
				Si gna	ture of the Invigilator
l f	have illed	conducted 20% rand correctly as per i	lom checking of the OMR sheet c nstructions.	f the said examinati	on and found that particulars have been
Ν	lame o	f the Superintender	t	Si gna	ture of the Superintendent
l f	have illed	conducted 10% rand correctly as per i	lom checking of the OMR sheet onstructions.	f the said examinati	on and found that particulars have been
N	lame o	f the Deputy Contro	ller	Si gna	ture of the Deputy Controller
f	l hav illed	re conducted 5% rand correctly as per i	lom checking of the OMR sheet c nstructions.	of the said examinati	on and found that particulars have been
N	lame o	f the Controller		Si ana	iture of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: Course : 132 / ELECTRICIAN Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231232221007 | GURJIT 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

2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

14

15

16

17

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231232221001	JBABBU SINGH	1	1
2	88231232221002	BALVEER SINGH		1
3	88231232221003	BINDER SINGH		1
4	88231232221004	¹ JGAGANDEEP SINGH		<u> </u>
5 <u> </u>	88231232221005	GAGANDEEP SINGH		1
6	88231232221007	JGURJIT SINGH		1
7	88231232221008	GURLAL SINGH		<u> </u>
8	88231232221009	GURPIAR SINGH		1
9	88231232221011	 HARJEET SINGH		1
10	88231232221012	² JAGJIT SINGH		1
11	88231232221013	JASSI KAUR		<u></u>
12	88231232221014	JASVEER SINGH		
13	88231232221015	 5 KARAM IFFT SINGH		1

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

88231232221016 | LOVEPREET SINGH

88231232221017 | PARDEEP SINGH

88231232221019 | SAGAR KUMAR

88231232221020 $_{\mathsf{I}}\mathsf{SOMA}$ 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 July' 2023 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231232221001	BABBU SINGH	 	
2	88231232221002	BALVEER SINGH		
3	88231232221003	BINDER SINGH		
4	88231232221004	GAGANDEEP SINGH		
5	88231232221005	GAGANDEEP SINGH		
6	88231232221007	GURJIT SINGH		
7	88231232221008	GURLAL SINGH	<u> </u>	
8	88231232221009	GURPIAR SINGH	<u> </u>	
9	88231232221011	HARJEET SINGH	<u> </u>	
10	88231232221012	JAGJIT SINGH	<u> </u>	
11	88231232221013	JASSI KAUR	<u> </u>	
12	88231232221014	JASVEER SINGH	<u> </u>	
13	88231232221015	KARAMJEET SINGH	<u> </u>	
14	88231232221016	LOVEPREET SINGH	<u> </u>	
15	88231232221017	PARDEEP SINGH	<u> </u>	
16	88231232221019	SAGAR KUMAR	<u> </u>	
17	88231232221020	SOMA SINGH	<u></u>	

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

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 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

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231232221001	BABBU SINGH	<u> </u>	
2	88231232221002	BALVEER SINGH	<u> </u>	
3	88231232221003	BINDER SINGH	<u> </u>	
4	88231232221004	GAGANDEEP SINGH	<u> </u>	
5	88231232221005	GAGANDEEP SINGH	<u> </u>	
6	88231232221007	GURJIT SINGH	<u> </u>	
7	88231232221008	GURLAL SINGH		
8	88231232221009	GURPIAR SINGH		
9	88231232221011	HARJEET SINGH	<u> </u>	
10	88231232221012	JAGJIT SINGH	<u> </u>	
11	88231232221013	JASSI KAUR	<u> </u>	
12	88231232221014	JASVEER SINGH	<u>[</u>	
13	88231232221015	KARAMJEET SINGH	<u> </u>	
14	88231232221016	LOVEPREET SINGH	<u>[</u>	
15	88231232221017	PARDEEP SINGH	<u>[</u>	
16	88231232221019	SAGAR KUMAR	<u>[</u>	
17 	88231232221020	JSOMA SINGH	<u> </u>	

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

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 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

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175138721020	MANPREET KAUR	<u> </u>	L
2	88175138721026	RAJVEER KAUR		L
3	88175138722001	JAMANDEEP KAUR		L
4	88175138722002	BAGGO KAUR		L
5 	88175138722003	BALJINDER KAUR		L
6	88175138722004	JBHAWNA KAUR		L
7	88175138722005	DASHAMPREET KAUR	<u> </u>	L
8	88175138722006	GAGANDEEP KAUR		L
9	88175138722007	GURPREET KAUR		L
10	88175138722008	HARPREET KAUR		L
11	88175138722009	HARVINDER KAUR		L
12	88175138722010	JATINDER KAUR		L
13	88175138722011	KANCHAN PREET KAUR	<u> </u>	L
14	88175138722012	KULWINDER KAUR	<u> </u>	L
15	88175138722013	LOVEDEEP KAUR	<u> </u>	L
16	88175138722016	MANPREET KAUR	<u> </u>	L
17 	88175138722018	MANPREET KAUR		L
18	88175138722019	MANPREET KAUR		L
19	88175138722020	MANPREET KAUR		L
20	88175138722022	POOJA RANI		
21	88175138722023	RAJVEER KAUR	<u> </u>	

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175138722024	JRANI	<u> </u>	
23	88175138722025	RAVINDER KAUR	L	L
24	88175138722026	RUPINDER KAUR	<u> </u>	L
25 	88175138722027	RUPINDER KAUR	L	L
26 	88175138722028	SANDEEP KAUR	L	L
27	88175138722029	SARBJEET KAUR	<u> </u>	L
28	88175138722030	SARBJEET KAUR	<u> </u>	L
29	88175138722031	SATWINDER KAUR	<u> </u>	L
30	88175138722032	SEHNAAZ	<u> </u>	L
31	88175138722033	SUKHJEET KAUR	<u> </u>	L
32	88175138722034	SUKHPAL KAUR	<u> </u>	L
33	88175138722035	SUMANJEET KAUR	L	<u> </u>
34	88175138722036	SUMANJIT KAUR	<u> </u>	L
35 	88175138722037	SUNDER KAUR	<u> </u>	L
36	88175138722040	YOBANPREET KAUR	 	
_ _				

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

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

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17511 / PRINCIPLE OF EDUCATION 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Subject: 17512 / TRADE THEORY

Center Name:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175138720021 | PARMJIT KAUR 2 88175138721026 | RAJVEER KAUR 3 88175138722001 | AMANDEEP KAUR 88175138722002 $_{\mid}$ BAGGO KAUR 5 88175138722003 | BALJINDER KAUR 88175138722004 _|BHAWNA KAUR 88175138722005 | DASHAMPREET KAUR 88175138722006 | GAGANDEEP KAUR 88175138722007 _| GURPREET KAUR 88175138722008 | HARPREET KAUR 10 88175138722009 _| HARVINDER KAUR 88175138722010 | JATINDER KAUR 12 13 88175138722011 KANCHAN PREET KAUR 14 88175138722012 | KULWINDER KAUR 88175138722013 | LOVEDEEP KAUR 15 88175138722016 | MANPREET KAUR 16 17 88175138722018 | MANPREET KAUR 18 88175138722019 | MANPREET KAUR 88175138722020 _| MANPREET KAUR 20 88175138722022 _| POOJA RANI 88175138722023 | RAJVEER KAUR

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17512 / TRADE THEORY

PAGE: 2

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175138722024	RANI	<u> </u>	L
23	88175138722025	RAVINDER KAUR	<u> </u>	L
24	88175138722026	RUPINDER KAUR	<u> </u>	L
25 	88175138722027	RUPINDER KAUR	<u> </u>	L
26	88175138722028	SANDEEP KAUR	<u> </u>	L
27	88175138722029	SARBJEET KAUR	<u> </u>	L
28	88175138722030	SARBJEET KAUR	<u> </u>	L
29	88175138722031	SATWINDER KAUR	<u> </u>	L
30	88175138722032	SEHNAAZ	<u> </u>	L
31	88175138722033	SUKHJEET KAUR	<u> </u>	L
32	88175138722034	SUKHPAL KAUR	<u> </u>	L
33	88175138722035	SUMANJEET KAUR	<u> </u>	<u> </u>
34	88175138722036	SUMANJIT KAUR		
35	88175138722037	SUNDER KAUR		
36	88175138722040	YOBANPREET KAUR		

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

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

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First Subject: 17512 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

Subject: 17513 / PRACTICE OF TEACHING

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175138721026	RAJVEER KAUR	<u> </u>	<u> </u>
2	88175138722001	JAMANDEEP KAUR	<u> </u>	<u> </u>
3	88175138722002	_J BAGGO KAUR	<u> </u>	<u>L</u>
4	88175138722003	BALJINDER KAUR	<u> </u>	<u> </u>
5	88175138722004	JBHAWNA KAUR	<u> </u>	<u> </u>
6	88175138722005	DASHAMPREET KAUR	<u> </u>	<u> </u>
7	88175138722006	GAGANDEEP KAUR	<u> </u>	<u> </u>
8	88175138722007	GURPREET KAUR	<u> </u>	<u> </u>
9	88175138722008	HARPREET KAUR	<u> </u>	<u> </u>
10	88175138722009	HARVINDER KAUR		L
11	88175138722010	JATINDER KAUR		L
12	88175138722011	KANCHAN PREET KAUR		L
13	88175138722012	KULWINDER KAUR	<u> </u>	L
14	88175138722013	LOVEDEEP KAUR		L
15	88175138722016	MANPREET KAUR	<u> </u>	L
16	88175138722018	MANPREET KAUR		L
17	88175138722019	MANPREET KAUR		L
18	88175138722020	MANPREET KAUR		L
19	88175138722022	POOJA RANI		
20	88175138722023	RAJVEER KAUR		
21	88175138722024	RANI		

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17513 / PRACTICE OF TEACHING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175138722025	RAVINDER KAUR	<u> </u>	
23	88175138722026	RUPINDER KAUR	<u> </u>	
24	88175138722027	RUPINDER KAUR	<u> </u>	
25	88175138722028	SANDEEP KAUR	<u> </u>	
26	88175138722029	SARBJEET KAUR	<u> </u>	
27	88175138722030	SARBJEET KAUR		
28	88175138722031	SATWINDER KAUR	<u> </u>	
29	88175138722032	SEHNAAZ		
30	88175138722033	SUKHJEET KAUR	<u> </u>	
31	88175138722034	SUKHPAL KAUR		
32	88175138722035	SUMANJEET KAUR		
33	88175138722036	SUMANJIT KAUR	<u></u>	
34	88175138722037	SUNDER KAUR		
35	88175138722040	YOBANPREET KAUR		
		·		

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

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

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17513 / PRACTICE OF TEACHING 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17525 / PRACTICAL IV-A (MEN GARMENTS)

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175138721026	RAJVEER KAUR	<u> </u>	<u> </u>
2	88175138722001	AMANDEEP KAUR	<u> </u>	L
3	88175138722002	BAGGO KAUR	<u> </u>	L
4	88175138722003	BALJINDER KAUR	<u> </u>	L
5	88175138722004	BHAWNA KAUR	<u> </u>	L
6	88175138722005	DASHAMPREET KAUR	<u> </u>	L
7	88175138722006	GAGANDEEP KAUR	<u> </u>	L
8	88175138722007	GURPREET KAUR	<u> </u>	L
9	88175138722008	HARPREET KAUR	<u></u>	L
10	88175138722009	HARVINDER KAUR	<u></u>	L
11	88175138722010	JATINDER KAUR	<u></u>	L
12	88175138722011	KANCHAN PREET KAUR	<u></u>	L
13	88175138722012	KULWINDER KAUR	<u></u>	L
14	88175138722013	LOVEDEEP KAUR	<u></u>	L
15 	88175138722016	MANPREET KAUR	<u> </u>	L
16	88175138722018	MANPREET KAUR	<u></u>	L
17	88175138722019	MANPREET KAUR	<u></u>	L
18	88175138722020	MANPREET KAUR	<u> </u>	L
19	88175138722022	POOJA RANI	L	<u></u>
20	88175138722023	RAJVEER KAUR	L	<u></u>
21	88175138722024	RANI	<u> </u>	<u> </u>

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17525 / PRACTICAL IV-A (MEN GARMENTS)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175138722025	RAVINDER KAUR	<u> </u>	<u></u>
23	88175138722026	RUPINDER KAUR	<u> </u>	L
24	88175138722027	RUPINDER KAUR	<u> </u>	L
25	88175138722028	SANDEEP KAUR	<u> </u>	L
26	88175138722029	SARBJEET KAUR	<u> </u>	L
27	88175138722030	SARBJEET KAUR		L
28	88175138722031	SATWINDER KAUR	<u> </u>	L
29	88175138722032	SEHNAAZ		L
30	88175138722033	SUKHJEET KAUR	<u> </u>	L
31	88175138722034	SUKHPAL KAUR	<u> </u>	L
32	88175138722035	SUMANJEET KAUR		L
33	88175138722036	SUMANJIT KAUR		L
34	88175138722037	SUNDER KAUR	<u></u>	
35	88175138722040	YOBANPREET KAUR	<u></u>	

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

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

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17525 / PRACTICAL IV-A (MEN GARMENTS) 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17526 / PRACTICAL IV-B (WOMEN GARMENTS)

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175138721026	RAJVEER KAUR	<u> </u>	<u></u>
2	88175138722001	JAMANDEEP KAUR		L
3	88175138722002	BAGGO KAUR		L
4	88175138722003	BALJINDER KAUR	<u> </u>	L
5 	88175138722004	BHAWNA KAUR	<u> </u>	L
6	88175138722005	DASHAMPREET KAUR	<u> </u>	L
7	88175138722006	GAGANDEEP KAUR	<u> </u>	L
8	88175138722007	GURPREET KAUR	<u> </u>	L
9	88175138722008	HARPREET KAUR	<u> </u>	L
10	88175138722009	HARVINDER KAUR		L
11	88175138722010	JATINDER KAUR	<u> </u>	L
12	88175138722011	KANCHAN PREET KAUR		L
13	88175138722012	KULWINDER KAUR	<u> </u>	L
14	88175138722013	LOVEDEEP KAUR	<u> </u>	L
15	88175138722016	MANPREET KAUR	<u> </u>	L
16	88175138722018	MANPREET KAUR		L
17	88175138722019	MANPREET KAUR		L
18	88175138722020	MANPREET KAUR		L
19	88175138722022	POOJA RANI		L
20	88175138722023	RAJVEER KAUR		
21	88175138722024	RANI	<u> </u>	
				

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17526 / PRACTICAL IV-B (WOMEN GARMENTS)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175138722025	RAVINDER KAUR	<u> </u>	<u></u>
23	88175138722026	RUPINDER KAUR	<u> </u>	L
24	88175138722027	RUPINDER KAUR	<u> </u>	L
25 	88175138722028	SANDEEP KAUR	L	L
26	88175138722029	SARBJEET KAUR	<u> </u>	L
27	88175138722030	SARBJEET KAUR	<u> </u>	L
28	88175138722031	SATWINDER KAUR	<u> </u>	L
29	88175138722032	SEHNAAZ	<u> </u>	L
30	88175138722033	SUKHJEET KAUR	<u> </u>	L
31	88175138722034	SUKHPAL KAUR	<u> </u>	L
32	88175138722035	SUMANJEET KAUR	<u> </u>	L
33	88175138722036	SUMANJIT KAUR	<u> </u>	L
34	88175138722037	SUNDER KAUR	 	L
35 	88175138722040	YOBANPREET KAUR	<u> </u>	L

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

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

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17526 / PRACTICAL IV-B (WOMEN GARMENTS) 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

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

3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17527 / PRACTICAL IV-C (CHILD. GARMENTS)

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175138721026	RAJVEER KAUR		L
2	88175138722001	AMANDEEP KAUR		L
3	88175138722002	BAGGO KAUR		L
4	88175138722003	BALJINDER KAUR	L	L
5	88175138722004	BHAWNA KAUR	<u> </u>	L
6	88175138722005	DASHAMPREET KAUR	<u> </u>	L
7	88175138722006	GAGANDEEP KAUR	<u> </u>	L
8	88175138722007	GURPREET KAUR	L	L
9	88175138722008	HARPREET KAUR	<u> </u>	L
10	88175138722009	HARVINDER KAUR	<u> </u>	L
11	88175138722010	JATINDER KAUR	<u> </u>	L
12	88175138722011	KANCHAN PREET KAUR	<u> </u>	L
13	88175138722012	KULWINDER KAUR	<u> </u>	L
14	88175138722013	LOVEDEEP KAUR	<u> </u>	L
15 	88175138722016	MANPREET KAUR	<u> </u>	L
16	88175138722018	MANPREET KAUR	<u> </u>	L
17 	88175138722019	MANPREET KAUR	<u> </u>	L
18	88175138722020	MANPREET KAUR	<u> </u>	L
19	88175138722022	POOJA RANI	<u> </u>	L
20	88175138722023	RAJVEER KAUR	<u> </u>	<u> </u>
21	88175138722024	RANI	L	L

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17527 / PRACTICAL IV-C (CHILD. GARMENTS)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175138722025	RAVINDER KAUR		
23	88175138722026	RUPINDER KAUR		
24	88175138722027	RUPINDER KAUR		
25 	88175138722028	SANDEEP KAUR		
26 	88175138722029	SARBJEET KAUR		
27	88175138722030	SARBJEET KAUR		
28	88175138722031	SATWINDER KAUR		
29 	88175138722032	SEHNAAZ		
30 <u> </u>	88175138722033	SUKHJEET KAUR		
31	88175138722034	SUKHPAL KAUR		
32	88175138722035	SUMANJEET KAUR		
33	88175138722036	SUMANJIT KAUR		
34	88175138722037	SUNDER KAUR		
35	88175138722040	YOBANPREET KAUR		

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

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

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17527 / PRACTICAL IV-C (CHILD. GARMENTS) 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Subject: 17528 / SCHEME WORK

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175138721026	RAJVEER KAUR	<u> </u>	<u> </u>
2	88175138722001	AMANDEEP KAUR	<u> </u>	L
3	88175138722002	BAGGO KAUR	<u> </u>	L
4	88175138722003	BALJINDER KAUR	<u> </u>	L
5	88175138722004	BHAWNA KAUR	<u> </u>	L
6	88175138722005	DASHAMPREET KAUR	<u> </u>	L
7	88175138722006	GAGANDEEP KAUR	<u> </u>	L
8	88175138722007	GURPREET KAUR	<u> </u>	L
9	88175138722008	HARPREET KAUR	<u> </u>	L
10	88175138722009	HARVINDER KAUR	<u> </u>	L
11	88175138722010	JATINDER KAUR	<u> </u>	L
12	88175138722011	KANCHAN PREET KAUR	<u> </u>	L
13	88175138722012	KULWINDER KAUR	<u> </u>	L
14	88175138722013	LOVEDEEP KAUR	<u> </u>	L
15	88175138722016	MANPREET KAUR	<u> </u>	L
16	88175138722018	MANPREET KAUR	<u> </u>	L
17	88175138722019	MANPREET KAUR	<u> </u>	L
18	88175138722020	MANPREET KAUR	<u> </u>	L
19	88175138722022	POOJA RANI	<u> </u>	L
20	88175138722023	RAJVEER KAUR	<u> </u>	
21	88175138722024	RANI	<u> </u>	<u></u>

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17528 / SCHEME WORK

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22 	88175138722025	RAVINDER KAUR	<u> </u>	
23	88175138722026	RUPINDER KAUR	<u> </u>	
24	88175138722027	RUPINDER KAUR	<u> </u>	
25 	88175138722028	SANDEEP KAUR	<u> </u>	
26 	88175138722029	SARBJEET KAUR	<u> </u>	
27	88175138722030	SARBJEET KAUR		
28	88175138722031	SATWINDER KAUR		
29	88175138722032	SEHNAAZ	<u> </u>	<u> </u>
30 L	88175138722033	SUKHJEET KAUR	<u> </u>	<u> </u>
31 	88175138722034	SUKHPAL KAUR	<u>[</u>	
32	88175138722035	SUMANJEET KAUR	<u>[</u>	
33	88175138722036	SUMANJIT KAUR		
34	88175138722037	SUNDER KAUR	<u></u>	
35	88175138722040	YOBANPREET KAUR		
	 _			

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

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

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17528 / SCHEME WORK 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 192 / CONSUMER ELECTRONICS Class: Second 44422 / WORKSHOP CALCULATIONS AND SCIENCE Subject: Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88273232218034 | HARPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Name of the Controller

PAGE: 1 of

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: Course : 370 / ART & CRAFTS Class: First 17055 / CRAFT(T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370139018037 | SUMANPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

filled correctly as per instructions.

Name of the Controller

PAGE: 1

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370139018037 | SUMANPREET KAUR 88370139019001 | AKKI KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 370 / ART & CRAFTS Class: Second 70055 / CRAFT(T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370139018037 | SUMANPREET KAUR 88370139019010 | GURJOT SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 370 / ART & CRAFTS Class: Second 70071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370139018037 | SUMANPREET KAUR

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

88370139019010 | GURJOT SINGH

Name and Signature Of Incharge

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No		Regd. No.	Name Of the Student		Answer Sheet No.	Student's Sign.
1		88370139018037	SUMANPREET KAUR		<u> </u>	
2		88370139019001				
3		88370139019038	RANJEET KAUR		<u> </u>	
To	otal N	No. Of Students in No. Of Answer Shand Signature Of	eets Packed >	Abs	ent: Undertaki ng	
abo hav	e app	xamination as Inv peared under my s	(Designation) igilator. I have personally upervision in today's exam, any mistakes are found, I w	have	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 of	conducted 20% rand correctly as per	dom checking of the OMR shee instructions.	et of	the said examination	on and found that particulars have been
Nam	ne of	the Superintender	nt		Si gna	ture of the Superintendent
l h fil	ave of	conducted 10% rand correctly as per	dom checking of the OMR shee instructions.	t of	the said examination	on and found that particulars have been
Nam	ne of	the Deputy Contro	oller		Si gna	ture of the Deputy Controller
l fi l	have Led o	conducted 5% rand	dom checking of the OMR shee instructions.	et of	the said examination	on and found that particulars have been
Nam	ne of	the Controller			Si gna	ture of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 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

Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller

filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 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

filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

1 ATTENDANCE CUM CHALLAN FORM - FOR July 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 654 / MACHINIST Class: First

Subject: 44435 / PRACTICAL

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88222232221023 | GURBINDER SINGH 88222232221027 JAGJEET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 654 / MACHINIST Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88222232221021	AJITPAL SINGH	<u> </u>	L
2	88222232221023	GURBINDER SINGH	L	L
3	88222232221024	GURDEEP SINGH	L	L
4	88222232221027	JAGJEET SINGH	L	L
5	88222232221028	JASPAL SINGH	<u> </u>	L
6	88222232221029	JASSI SINGH	<u> </u>	L
7	88222232221031	KULDEEP SINGH	<u> </u>	L
8	88222232221032	KULWINDER SINGH	L	L
9	88222232221036	MANJINDER SINGH	<u> </u>	L
10	88222232221038	ROHAN SINGH	L	L
11	88222232221039	SUKHVINDER SINGH	<u> </u>	L

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

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

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 654 / MACHINIST Class: Second

Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 654 / MACHINIST Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88222232221021	JAJITPAL SINGH	<u> </u>	<u> </u>
2	88222232221023	GURBINDER SINGH	<u> </u>	L
3	88222232221024	GURDEEP SINGH	<u> </u>	<u> </u>
4	88222232221027	JAGJEET SINGH	<u> </u>	<u> </u>
5	88222232221028	JASPAL SINGH	<u> </u>	<u> </u>
6	88222232221029	JASSI SINGH	<u> </u>	<u> </u>
7	88222232221031	KULDEEP SINGH	<u> </u>	L
8	88222232221032	KULWINDER SINGH	L	L
9	88222232221036	JMANJINDER SINGH	L	L
10	88222232221038	ROHAN SINGH	L	<u>L</u>
11	88222232221039	SUKHVINDER SINGH		<u> </u>

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 654 / MACHINIST Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 654 / MACHINIST Class: Second

Subject: 44445 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88222232221021	AJITPAL SINGH	<u> </u>	<u> </u>
2	88222232221023	GURBINDER SINGH	<u> </u>	L
3	88222232221024	GURDEEP SINGH	<u> </u>	L
4	88222232221027	JAGJEET SINGH	<u> </u>	L
5	88222232221028	JASPAL SINGH	L	L
6	88222232221029	JASSI SINGH	L	L
7	88222232221031	KULDEEP SINGH	L	L
8	88222232221032	KULWINDER SINGH	L	L
9	88222232221036	MANJINDER SINGH	L	L
10	88222232221038	ROHAN SINGH	<u> </u>	L
11	88222232221039	SUKHVINDER SINGH		I

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

Course: 654 / MACHINIST Class: Second

44445 / 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

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049232222001	JAJAY KUMAR	<u> </u>	L
2	88049232222003	BEANT SINGH	<u> </u>	L
3	88049232222004	GURDEEP SINGH	<u> </u>	L
4	88049232222005	GURPREET KAUR	<u> </u>	L
5 	88049232222010	HARMANPREET SINGH	<u> </u>	L
6	88049232222011	HARPREET SINGH	<u> </u>	L
7	88049232222012	JASPAL SINGH	<u> </u>	L
8	88049232222015	KRISHAN KUMAR	<u> </u>	L
9	88049232222016	NAVDEEP SINGH	<u> </u>	L
10	88049232222018	NIRBHEY SINGH	<u> </u>	L
11	88049232222020	_J RAJU SINGH	<u> </u>	L
12	88049232222022	SIKANDER SINGH	 	
13	88049232222024	VIKASH	 	 L
1				

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 July' 2023 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Course: 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: First

Name Of the Student

Subject: 44434 / EMPLOYBILITY SKILL

Regd. No.

S.No

		, , , , , , , , , , , , , , , , , , , ,	7 (113 WEI 311 CET 140.	
1	88049232222001	AJAY KUMAR		
2	88049232222003	BEANT SINGH	<u> </u>	<u> </u>
3	88049232222004	GURDEEP SINGH	<u> </u>	<u> </u>
4	88049232222005	GURPREET KAUR	<u> </u>	<u> </u>
5	88049232222010	HARMANPREET SINGH	<u> </u>	<u> </u>
6	88049232222011	HARPREET SINGH	<u> </u>	<u> </u>
7	88049232222012	JASPAL SINGH	<u> </u>	<u> </u>
8	88049232222015	KRISHAN KUMAR	<u> </u>	<u> </u>
9	88049232222016	NAVDEEP SINGH	<u> </u>	<u> </u>
10	88049232222018	NIRBHEY SINGH	<u> </u>	<u> </u>
11	88049232222020	RAJU SINGH	<u> </u>	<u> </u>
12	88049232222022	SIKANDER SINGH	L	<u> </u>
13	88049232222024	VIKASH	 	

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 July' 2023 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Course: Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Course:

Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049232222001	JAJAY KUMAR	<u> </u>	L
2	88049232222003	BEANT SINGH	<u> </u>	<u> </u>
3	88049232222004	GURDEEP SINGH	<u> </u>	<u> </u>
4	88049232222005	GURPREET KAUR	<u> </u>	<u> </u>
5 	88049232222010	HARMANPREET SINGH		<u> </u>
6	88049232222011	HARPREET SINGH		<u> </u>
7 l	88049232222012	JASPAL SINGH	<u> </u>	<u> </u>
8	88049232222015	KRISHAN KUMAR	<u> </u>	<u> </u>
9	88049232222016	NAVDEEP SINGH		L
10	88049232222018	NIRBHEY SINGH		L
11	88049232222020	RAJU SINGH		L
12	88049232222022	SIKANDER SINGH		L
13	88049232222024	VIKASH		l

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Course: 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 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Name Of the Student

Subject: 17051 / PAINTING

Regd. No.

S.No

		1	7 (113Wei 311eet 146.	
1	88370239022001	HARPREET KAUR		
2	88370239022002	JASPREET KAUR	<u> </u>	L
3	88370239022003	JASPREET PAL SINGH	<u> </u>	L
4	88370239022004	JASVEER SINGH	<u> </u>	L
5 	88370239022007	MANKIRAT KAUR	<u> </u>	L
6 <u> </u>	88370239022008	MANPREET KAUR	<u> </u>	L
7	88370239022009	POOJA	<u> </u>	L
8 	88370239022010	RAMANDEEP KAUR	<u> </u>	L
9	88370239022011	RAMANDEEP KAUR	<u> </u>	L
10	88370239022013	SAWARN SINGH	<u> </u>	L
11	88370239022014	SUPREET KAUR	<u> </u>	L
4				

Answer Sheet No.

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

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

Student's Sign.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

Subject: 17051 / PAINTING

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Name Of the Student

Subject: 17055 / CRAFT(T)

Regd. No.

PAGE: 1

S.No

0.110		1	7 THISWEL SHEET NO.	
1	88370239020030	SURVIVAL		
2	88370239021008	POOJA RANI	<u> </u>	
3	88370239022001	HARPREET KAUR	<u> </u>	<u> </u>
4	88370239022002	JASPREET KAUR	<u> </u>	<u> </u>
5	88370239022003	JASPREET PAL SINGH	<u> </u>	<u> </u>
6	88370239022004	JASVEER SINGH		
7	88370239022007	MANKIRAT KAUR	<u> </u>	
8	88370239022008	MANPREET KAUR	<u> </u>	
9	88370239022009	POOJA	<u> </u>	
10	88370239022010	RAMANDEEP KAUR	<u> </u>	<u> </u>
11	88370239022011	RAMANDEEP KAUR	<u> </u>	
12	88370239022013	SAWARN SINGH	<u> </u>	<u> </u>
13	88370239022014	SUPREET KAUR	<u> </u>	

Answer Sheet No.

Student's Sign.

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT
Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA
Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First
Subject: 17055 / CRAFT(T)

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Subject: 17059 / DESIGN

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239022001	HARPREET KAUR	<u> </u>	<u> </u>
2	88370239022002	JASPREET KAUR	<u> </u>	L
3	88370239022003	JASPREET PAL SINGH	<u> </u>	L
4	88370239022004	JASVEER SINGH	<u> </u>	L
5	88370239022007	MANKIRAT KAUR	<u> </u>	L
6	88370239022008	MANPREET KAUR	<u> </u>	L
7	88370239022009	POOJA	<u> </u>	L
8	88370239022010	RAMANDEEP KAUR	L	L
9	88370239022011	RAMANDEEP KAUR	L	L
10	88370239022013	JSAWARN SINGH	L	L
11	88370239022014	SUPREET KAUR		<u> </u>

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

Subject: 17059 / DESIGN

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17060 / STILL LIFE

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239021012	SUKHBIR KAUR		
2	88370239022001	HARPREET KAUR		L
3	88370239022002	JASPREET KAUR		L
4	88370239022003	JASPREET PAL SINGH		I
5	88370239022004	JASVEER SINGH		
6	88370239022007	MANKIRAT KAUR		 [
7	88370239022008	MANPREET KAUR		L
8	88370239022009	POOJA		
9	88370239022010	RAMANDEEP KAUR		I
10	88370239022011	RAMANDEEP KAUR		I
11	88370239022013	SAWARN SINGH		L
12	88370239022014	SUPREET KAUR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

Subject: 17060 / STILL LIFE

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Name Of the Student

Subject: 17065 / CRAFT(P)

Regd. No.

S.No

	5	'		•
1	88370239022001	HARPREET KAUR		
2	88370239022002	JASPREET KAUR	<u> </u>	
3	88370239022003	JASPREET PAL SINGH	<u> </u>	.L
4	88370239022004	JASVEER SINGH		.L
5	88370239022007	MANKIRAT KAUR	<u> </u>	<u> </u>
6	88370239022008	MANPREET KAUR	<u> </u>	<u> </u>
7	88370239022009	POOJA	<u> </u>	<u> </u>
8	88370239022010	RAMANDEEP KAUR	<u> </u>	<u> </u>
9	88370239022011	RAMANDEEP KAUR	<u> </u>	.L
10	88370239022013	SAWARN SINGH	<u> </u>	<u> </u>
11	88370239022014	SUPREET KAUR	<u> </u>	
4				

Answer Sheet No.

Student's Sign.

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

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

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 July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

Subject: 17065 / CRAFT(P)

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Name of the Controller Signature of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Name Of the Student

Subject: 17070 / PRINCIPLES OF EDUCATION

Regd. No.

S.No

0		1	Allower officer No.	
1	88370239020030	SURVIVAL	<u> </u>	<u> </u>
2	88370239021008	POOJA RANI	L	L
3	88370239022001	HARPREET KAUR	<u> </u>	L
4	88370239022002	JASPREET KAUR	<u> </u>	L
5	88370239022003	JASPREET PAL SINGH	<u> </u>	L
6	88370239022004	JASVEER SINGH	<u> </u>	L
7	88370239022007	MANKIRAT KAUR	<u> </u>	L
8	88370239022008	JMANPREET KAUR	<u> </u>	L
9	88370239022009	_J POOJA	<u> </u>	L
10	88370239022010	RAMANDEEP KAUR	<u> </u>	L
11	88370239022011	RAMANDEEP KAUR	<u> </u>	L
12	88370239022013	SAWARN SINGH	<u> </u>	L
13	88370239022014	SUPREET KAUR	 	

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 July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

Subject: 17070 / PRINCIPLES OF EDUCATION

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Name Of the Student

Subject: 17071 / HISTORY & APPRECIATION OF ART

S.No

Regd. No.

0.110			Aliswei Sheet No.	
1	88370239020030	SURVIVAL		
2	88370239022001	HARPREET KAUR	<u> </u>	<u> </u>
3	88370239022002	JASPREET KAUR	<u> </u>	<u> </u>
4	88370239022003	JASPREET PAL SINGH	<u> </u>	<u> </u>
5 	88370239022004	JASVEER SINGH	<u> </u>	<u> </u>
6 <u> </u>	88370239022007	MANKIRAT KAUR	<u> </u>	<u> </u>
7	88370239022008	MANPREET KAUR	<u> </u>	<u> </u>
8	88370239022009	POOJA	<u> </u>	<u> </u>
9	88370239022010	RAMANDEEP KAUR	<u> </u>	<u> </u>
10	88370239022011	RAMANDEEP KAUR	<u> </u>	<u> </u>
11	88370239022013	SAWARN SINGH	<u> </u>	L
12	88370239022014	SUPREET KAUR		

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 July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

Subject: 17071 / HISTORY & APPRECIATION OF ART

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Name Of the Student

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

PAGE: 1

S.No

Regd. No.

O.110				
1	88370239020030	SURVIVAL	<u> </u>	<u></u>
2	88370239021008	POOJA RANI	<u> </u>	L
3	88370239022001	HARPREET KAUR	<u> </u>	L
4	88370239022002	JASPREET KAUR	<u> </u>	L
5 	88370239022003	JASPREET PAL SINGH	<u> </u>	L
6	88370239022004	JASVEER SINGH	<u> </u>	L
7	88370239022007	MANKIRAT KAUR	<u> </u>	L
8	88370239022008	MANPREET KAUR	<u> </u>	L
9	88370239022009	POOJA	<u> </u>	L
10	88370239022010	RAMANDEEP KAUR	<u> </u>	L
11	88370239022011	RAMANDEEP KAUR	<u> </u>	
12	88370239022013	SAWARN SINGH	<u> </u>	
13	88370239022014	SUPREET KAUR	<u> </u>	

Answer Sheet No.

Student's Sign.

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

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

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

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17073 / GEOMETRICAL DRAWING

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239020019	MANJEET KAUR	<u> </u>	L
2	88370239020030	SURVIVAL	<u> </u>	L
3	88370239021008	POOJA RANI	<u> </u>	L
4	88370239021012	SUKHBIR KAUR	<u> </u>	L
5	88370239022001	HARPREET KAUR	<u> </u>	L
6	88370239022002	JASPREET KAUR	<u> </u>	L
7	88370239022003	JASPREET PAL SINGH	<u> </u>	L
8	88370239022004	JASVEER SINGH	L	L
9	88370239022007	MANKIRAT KAUR	<u> </u>	L
10	88370239022008	MANPREET KAUR	<u> </u>	L
11	88370239022009	POOJA	<u> </u>	L
12	88370239022010	RAMANDEEP KAUR	<u> </u>	L
13	88370239022011	RAMANDEEP KAUR	<u> </u>	L
14	88370239022013	SAWARN SINGH	<u> </u>	<u> </u>
15	88370239022014	SUPREET KAUR	 	L

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

Subject: 17073 / GEOMETRICAL DRAWING

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

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

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239022001	HARPREET KAUR	<u> </u>	L
2	88370239022002	JASPREET KAUR	<u> </u>	L
3	88370239022003	JASPREET PAL SINGH	<u> </u>	L
4	88370239022004	JASVEER SINGH	L	L
5	88370239022007	MANKIRAT KAUR	L	L
6	88370239022008	MANPREET KAUR	L	L
7	88370239022009	POOJA	<u> </u>	L
8	88370239022010	RAMANDEEP KAUR	L	L
9	88370239022011	RAMANDEEP KAUR	L	L
10	88370239022013	SAWARN SINGH	L	L
11	88370239022014	SUPREET KAUR	L	L

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

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

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

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70051 / PAINTING

5.No 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 		
 	88370239021008	POOJA RANI				
<u>)</u> 	88370239021009	SAHIL				
3		CHINIDID KALID				
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
have	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnati	ure of the Invigilator		
l ha fill	ive 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	e of the Superintenden	t	Si gnati	ure of the Superintendent		
l ha fill	ive 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		
l h fill	nave 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		
Name	e of the Controller		Si gnati	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70055 / CRAFT(T)

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1		88370239021008	POOJA RANI	<u> </u>	L		
2					L		
3			011111111111111111111111111111111111111		L		
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
na۱	Undertaking I (Name) (Designation) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
				Si gnat	ure of the Invigilator		
l h fil	nave I ed	conducted 20% rand correctly as per i	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
Nan	ne of	the Superintender	nt	Si gnat	ure of the Superintendent		
l h fil	nave I ed	conducted 10% rand correctly as per i	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
Nan	ne of	the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l fi l	have Led	conducted 5% rand correctly as per i	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
Nan	ne of	the Controller		Si gnat	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

Subject: 70056 / CRAFT(P)

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370239021008 | POOJA RANI 88370239021009 | SAHIL 88370239021012 | SUKHBIR KAUR 3 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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	88370239020022	MANPREET SINGH				
2	88370239021008	DOO IA DANII		<u> </u>		
3	88370239021009			<u> </u>		
4	88370239021012			<u> </u>		
Na	Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	ure of the Invigilator		
l ha fill	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	e of the Superintenden	nt	Si gnat	ure of the Superintendent		
l ha fill	ave conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l h fill	nave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	e of the Controller		Si gnat	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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	88370239021008	POOJA RANI	<u> </u>	L
2	00270220021000	CALI		L
3	88370239021012	SUKHBIR KAUR	<u> </u>	L
To	otal No. Of Students in otal No. Of Answer Sheame and Signature Of		ent: Undertaki ng	
l ((Name)	(Designation)	9	ereby certify that I have conducted the particulars of all the students who
hav	/e appeared under my su	pervision in today's exam, have any mistakes are found, I will	been filled and sha	ded correctly in the UMR sheets. I also
			Si gnat	ure of the Invigilator
l h fil	nave conducted 20% rand led correctly as per i	om checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Nam	ne of the Superintenden	t	Si gnat	ure of the Superintendent
l h fil	nave conducted 10% rand led correctly as per i	om checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Nan	ne of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l fi l	have conducted 5% rand led correctly as per i	om checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Nam	ne of the Controller		Si gnat	ure of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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.		
l 	88370239021008	POOJA RANI	<u> </u>			
<u> </u>	88370239021009	SAHIL	<u> </u>	L		
3		CHICHDID ICALID		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 (abc hav her	Name)_ ve examination as Invi re appeared under my su reby undertake that if	(Designation) gilator. I have personally check pervision in today's exam, have any mistakes are found, I will u	ked and ensured that been filled and shad not be entitled for a	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
			Si gnati	ure of the Invigilator		
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		
Nam	ne of the Superintenden	t	Si gnati	ure of the Superintendent		
l h fil	ave conducted 10% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	ne 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	ne of the Controller		Si gnati	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S	.No Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370239020019	MANJEET KAUR				
2	88370239021008			L		
3				L		
4	0007000001010			<u></u>		
	Total No. Of Students in this Subject > Present: Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who					
	have appeared under my s hereby undertake that if	upervision in today's exam, have any mistakes are found, I will n	not be entitled for a			
	L b d 20%	dan abadi'aa af tha OND abaat af	G	ure of the Invigilator		
	filled correctly as per	instructions.	the said examination	n and found that particulars have been		
	Name of the Superintende	nt	Si gnat	ure of the Superintendent		
	I have conducted 10% ran- filled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Deputy Contr	oller	Si gnati	ure of the Deputy Controller		
	I have conducted 5% ran filled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Controller		Si anati	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

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

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1		88370239021008	POOJA RANI	<u> </u>	L		
2					L		
3			011111111111111111111111111111111111111		L		
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
na۱	e ap	peared under my si	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	- been filled and sna	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	nave I ed	conducted 20% rand correctly as per i	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
Nan	ne of	the Superintender	nt	Si gnat	ure of the Superintendent		
l h fil	nave I ed	conducted 10% rand correctly as per i	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
Nan	ne of	the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l fi l	have Led	conducted 5% rand correctly as per i	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
Nan	ne of	the Controller		Si gnat	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70075 / PROJECT

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239021008	POOJA RANI	<u> </u>	L
2				L
3				L
То	tal No. Of Students in tal No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (I abov have here	Name) ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally chec pervision 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 ha fill	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Superintenden	t	Si gnat	ure of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l l fill	nave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Controller		Si gnat	ure of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1		88370239021008	POOJA RANI	<u></u>	L		
2		88370239021009	CALIII		L		
3		88370239021012	SUKHBIR KAUR	<u></u>	<u>L</u>		
T	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
				Undertaki ng			
hav	/e a	ibbeared under mv st	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
				Si gnat	ure of the Invigilator		
l l fil	nave I ed	conducted 20% rand correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Nar	ne o	of the Superintender	nt	Si gnat	ure of the Superintendent		
l l fil	nave I ed	conducted 10% rand correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Nar	ne o	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l fi l	hav I ed	re conducted 5% rand correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Nar	ne o	f the Controller		Si gnat	ure of the Controller		

Class: Second

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 143 / DRAUGHTSMAN (CIVIL)

Subject: 44441 / TRADE THEORY

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88217242321004	DILJEET SINGH	<u> </u>	<u> </u>
2		88217242321005	GURPREET SINGH	<u> </u>	<u> </u>
3		88217242321006	HAREESH KUMAR	<u> </u>	L
4		88217242321009	JASHANDEEP		L
5		88217242321010	JASWANT SINGH		L
6		88217242321017	NAVDEEP SINGH		L
7		88217242321018	PARGAT SINGH		<u> </u>
8		88217242321021	SARBJEET KAUR	<u> </u>	L
Т	otal	No. Of Students in No. Of Answer She and Signature Of		ent:	
				Undertaki ng	
ab ha	ve a	examination as Invi ppeared under my su	(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 sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
				Si gnat	ure of the Invigilator
		conducted 20% rand correctly as per i		the said examinatio	n and found that particulars have been
Na	me o	f the Superintenden	t	Si gnat	ure of the Superintendent
l fi	have IIed	conducted 10% rand correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Na	me o	f the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l fi	hav Iled	e conducted 5% rand correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Na	me o	f the Controller		Si gnat	ure of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of 1
Center Name: 4412

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 143 / DRAUGHTSMAN (CIVIL) Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88217242321004 | DILJEET SINGH 3 88217242321006 | HAREESH KUMAR 88217242321009 JASHANDEEP 5 88217242321010 JASWANT SINGH 88217242321018 | PARGAT SINGH 88217242321021 | SARBJEET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 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	88217242321004	DILJEET SINGH	<u> </u>	L
2	88217242321005	GURPREET SINGH	<u> </u>	<u> </u>
3	88217242321006	HAREESH KUMAR	L	L
4	88217242321009	JASHANDEEP	L	L
5	88217242321010	JASWANT SINGH	L	L
6	88217242321017	NAVDEEP SINGH	L	<u> </u>
7	88217242321018	PARGAT SINGH	<u> </u>	<u> </u>
8	88217242321021	SARBJEET KAUR		
T	otal No. Of Students in otal No. Of Answer Sho lame and Signature Of		ent:	
			Undertaki ng	
abo hav	ive appeared under my si	(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	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
	have conducted 20% rand lled correctly as per i		the said examinatio	n and found that particulars have been
Nai	me of the Superintender	nt	Si gnat	ure of the Superintendent
l l fi	have conducted 10% rand lled correctly as per i	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been
Naı	me of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l fi	have conducted 5% rand lled correctly as per i	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been
Nai	me of the Controller		Si gnat	ure of the Controller

3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175141222002	BABALDEEP KAUR	<u> </u>	<u> </u>
2	88175141222003	BABALJEET KAUR	<u> </u>	L
3	88175141222004	BALJEET KAUR	<u> </u>	L
4	88175141222005	BALJEET KAUR	L	L
5 	88175141222006	CHARANJEET KAUR	<u> </u>	L
6	88175141222007	GAGANDEEP KAUR	<u></u>	L
7	88175141222008	HARJEET KAUR	<u></u>	L
8	88175141222009	JISHA HANDA	L	L
9	88175141222010	JASPREET KAUR	<u> </u>	L
10	88175141222011	KIRANDEEP KAUR	<u> </u>	L
11 <u> </u>	88175141222013	KULDIP KAUR	<u> </u>	L
12	88175141222014	_] MEENAKSHI	<u> </u>	L
13	88175141222016	JMONKA RANI	<u></u>	L
14	88175141222017	JMUSKAN	<u></u>	L
15 	88175141222018	_J NEHA	<u> </u>	L
16	88175141222019	PARAMJIT KAUR	<u> </u>	L
17 	88175141222020	PRABSHARNDEEP KAUR	<u> </u>	<u> </u>
18	88175141222021	RAJVEER KAUR	<u> </u>	<u> </u>
19	88175141222022	RAJVEER KAUR	<u> </u>	<u></u>
20	88175141222023	RAJWINDER KAUR	L	<u></u>
21	88175141222024	_] RAMANDEEP	<u> </u>	<u> </u>
				

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175141222025	JRAMANDEEP KAUR	<u> </u>	<u></u>
23	88175141222026	RAMANDEEP KAUR	<u> </u>	L
24	88175141222027	RAVNEET KAUR	<u> </u>	<u> </u>
25 	88175141222028	RINKPREET KAUR	L	L
26 	88175141222030	SIMARJIT KAUR	L	L
27	88175141222031	SONIA	L	<u> </u>
28 	88175141222033	SUKHPREET KAUR	<u> </u>	L
29	88175141222034	SUKHVEER KAUR	<u> </u>	L
30 L	88175141222035	SUKHWINDER KAUR	<u></u>	L
31	88175141222036	VEERDAVINDER KAUR	<u></u>	L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17511 / PRINCIPLE OF EDUCATION 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

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 July' 2023 EXAMS -SCVT

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17512 / TRADE THEORY

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175141222002	BABALDEEP KAUR		L
2	88175141222003	BABALJEET KAUR		L
3	88175141222004	BALJEET KAUR	<u></u>	L
4	88175141222005	BALJEET KAUR	<u></u>	L
5	88175141222006	CHARANJEET KAUR	<u> </u>	L
6	88175141222007	GAGANDEEP KAUR	<u> </u>	L
7	88175141222008	HARJEET KAUR		L
8	88175141222009	JISHA HANDA		L
9	88175141222010	JASPREET KAUR		L
10	88175141222011	KIRANDEEP KAUR		L
11	88175141222013	KULDIP KAUR		L
12	88175141222014	_J MEENAKSHI		L
13	88175141222016	JMONKA RANI		L
14	88175141222017	MUSKAN		L
15	88175141222018	_J NEHA		L
16	88175141222019	PARAMJIT KAUR		L
17 	88175141222020	PRABSHARNDEEP KAUR		L
18	88175141222021	RAJVEER KAUR		L
19	88175141222022	RAJVEER KAUR		L
20	88175141222023	RAJWINDER KAUR		
21	88175141222024	RAMANDEEP		

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Course:

Subject: 17512 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175141222025	RAMANDEEP KAUR		
23	88175141222026	RAMANDEEP KAUR	<u> </u>	
24	88175141222027	RAVNEET KAUR	<u> </u>	<u> </u>
25	88175141222028	RINKPREET KAUR	<u>[</u>	L
26	88175141222030	SIMARJIT KAUR	<u>[</u>	L
27	88175141222031	SONIA	<u>[</u>	
28	88175141222033	SUKHPREET KAUR	<u>[</u>	<u> </u>
29	88175141222034	SUKHVEER KAUR	<u>[</u>	<u> </u>
30	88175141222035	SUKHWINDER KAUR	<u>[</u>	<u> </u>
31	88175141222036	VEERDAVINDER KAUR	<u> </u>	

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

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

Class: First

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name: Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First Subject: 17512 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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 July' 2023 EXAMS -SCVT

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17513 / PRACTICE OF TEACHING

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175141222002	BABALDEEP KAUR	<u> </u>	<u> </u>
2	88175141222003	BABALJEET KAUR	<u> </u>	L
3	88175141222004	BALJEET KAUR	<u></u>	L
4	88175141222005	BALJEET KAUR	<u></u>	L
5 	88175141222006	CHARANJEET KAUR	<u> </u>	L
6	88175141222007	GAGANDEEP KAUR	<u> </u>	L
7	88175141222008	HARJEET KAUR	<u> </u>	L
8	88175141222009	JISHA HANDA	<u> </u>	L
9	88175141222010	JASPREET KAUR	<u> </u>	L
10	88175141222011	KIRANDEEP KAUR	<u> </u>	L
11	88175141222013	KULDIP KAUR	<u> </u>	L
12	88175141222014	MEENAKSHI	<u> </u>	L
13	88175141222016	JMONKA RANI	<u> </u>	L
14	88175141222017	MUSKAN	<u> </u>	L
15 	88175141222018	_J NEHA	<u> </u>	L
16	88175141222019	PARAMJIT KAUR	<u> </u>	L
17	88175141222020	PRABSHARNDEEP KAUR	<u> </u>	L
18	88175141222021	RAJVEER KAUR	<u> </u>	L
19	88175141222022	RAJVEER KAUR		L
20	88175141222023	RAJWINDER KAUR	<u></u>	<u> </u>
21	88175141222024	RAMANDEEP		L

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17513 / PRACTICE OF TEACHING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175141222025	RAMANDEEP KAUR	<u> </u>	L
23	88175141222026	RAMANDEEP KAUR	<u> </u>	L
24	88175141222027	RAVNEET KAUR	<u> </u>	L
25	88175141222028	RINKPREET KAUR	<u> </u>	L
26	88175141222030	SIMARJIT KAUR	<u> </u>	L
27	88175141222031	SONIA	<u> </u>	<u></u>
28	88175141222033	SUKHPREET KAUR	<u> </u>	<u></u>
29	88175141222034	SUKHVEER KAUR	<u> </u>	L
30	88175141222035	SUKHWINDER KAUR	 	
31	88175141222036	VEERDAVINDER KAUR	 	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17513 / PRACTICE OF TEACHING 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17525 / PRACTICAL IV-A (MEN GARMENTS)

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175141222002	BABALDEEP KAUR	<u> </u>	<u> </u>
2	88175141222003	BABALJEET KAUR	<u> </u>	<u>L</u>
3	88175141222004	BALJEET KAUR	<u> </u>	L
4	88175141222005	BALJEET KAUR	<u> </u>	L
5 	88175141222006	CHARANJEET KAUR	<u></u>	L
6	88175141222007	GAGANDEEP KAUR	<u> </u>	<u> </u>
7	88175141222008	HARJEET KAUR	<u> </u>	<u> </u>
8	88175141222009	JISHA HANDA	<u> </u>	<u> </u>
9	88175141222010	JASPREET KAUR		<u> </u>
10	88175141222011	KIRANDEEP KAUR		<u> </u>
11	88175141222013	KULDIP KAUR	<u> </u>	<u> </u>
12	88175141222014	_] MEENAKSHI		<u> </u>
13	88175141222016	JMONKA RANI	<u> </u>	<u> </u>
14	88175141222017	_] MUSKAN	<u> </u>	<u> </u>
15 	88175141222018	_] NEHA	<u> </u>	<u> </u>
16	88175141222019	PARAMJIT KAUR		<u> </u>
17	88175141222020	PRABSHARNDEEP KAUR		<u> </u>
18	88175141222021	RAJVEER KAUR		<u> </u>
19	88175141222022	RAJVEER KAUR		L
20	88175141222023	RAJWINDER KAUR		
21	88175141222024	RAMANDEEP		<u> </u>

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Course:

Class: First

17525 / PRACTICAL IV-A (MEN GARMENTS) Subject:

PAGE: 2

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175141222025	RAMANDEEP KAUR	<u> </u>	<u> </u>
23	88175141222026	RAMANDEEP KAUR	<u> </u>	L
24	88175141222027	RAVNEET KAUR		L
25	88175141222028	RINKPREET KAUR		L
26	88175141222030	SIMARJIT KAUR		L
27	88175141222031	SONIA		L
28	88175141222033	SUKHPREET KAUR		L
29	88175141222034	SUKHVEER KAUR		L
30 L	88175141222035	SUKHWINDER KAUR	<u> </u>	L
31	88175141222036	VEERDAVINDER KAUR	<u></u>	L

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

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

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17525 / PRACTICAL IV-A (MEN GARMENTS) 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

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

3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17526 / PRACTICAL IV-B (WOMEN GARMENTS)

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175141222002	BABALDEEP KAUR		L
2	88175141222003	BABALJEET KAUR		L
3	88175141222004	BALJEET KAUR	<u></u>	L
4	88175141222005	BALJEET KAUR	<u></u>	L
5	88175141222006	CHARANJEET KAUR	<u> </u>	L
6	88175141222007	GAGANDEEP KAUR	<u></u>	L
7	88175141222008	HARJEET KAUR		L
8	88175141222009	JISHA HANDA		L
9	88175141222010	JASPREET KAUR		L
10	88175141222011	KIRANDEEP KAUR		L
11	88175141222013	KULDIP KAUR		L
12	88175141222014	_J MEENAKSHI		L
13	88175141222016	JMONKA RANI		L
14	88175141222017	MUSKAN		L
15	88175141222018	_J NEHA		L
16	88175141222019	PARAMJIT KAUR		L
17 	88175141222020	PRABSHARNDEEP KAUR		L
18	88175141222021	RAJVEER KAUR		L
19	88175141222022	RAJVEER KAUR		L
20	88175141222023	RAJWINDER KAUR		
21	88175141222024	RAMANDEEP		

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name:

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Course:

Class: First

17526 / PRACTICAL IV-B(WOMEN GARMENTS) Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175141222025	RAMANDEEP KAUR	<u> </u>	<u> </u>
23	88175141222026	RAMANDEEP KAUR		L
24	88175141222027	RAVNEET KAUR	<u> </u>	L
25 _L	88175141222028	RINKPREET KAUR		L
26	88175141222030	SIMARJIT KAUR		L
27	88175141222031	SONIA		L
28	88175141222033	SUKHPREET KAUR		L
29	88175141222034	SUKHVEER KAUR		L
30	88175141222035	SUKHWINDER KAUR		L
31	88175141222036	VEERDAVINDER KAUR		L

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

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

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

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17526 / PRACTICAL IV-B (WOMEN GARMENTS) 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Subject: 17527 / PRACTICAL IV-C (CHILD. GARMENTS)

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175141222002	BABALDEEP KAUR		L
2	88175141222003	BABALJEET KAUR		L
3	88175141222004	BALJEET KAUR	<u></u>	L
4	88175141222005	BALJEET KAUR	<u></u>	L
5	88175141222006	CHARANJEET KAUR	<u> </u>	L
6	88175141222007	GAGANDEEP KAUR	<u> </u>	L
7	88175141222008	HARJEET KAUR		L
8	88175141222009	JISHA HANDA		L
9	88175141222010	JASPREET KAUR		L
10	88175141222011	KIRANDEEP KAUR		L
11	88175141222013	KULDIP KAUR		L
12	88175141222014	_J MEENAKSHI		L
13	88175141222016	JMONKA RANI		L
14	88175141222017	MUSKAN		L
15	88175141222018	_J NEHA		L
16	88175141222019	PARAMJIT KAUR		L
17 	88175141222020	PRABSHARNDEEP KAUR		L
18	88175141222021	RAJVEER KAUR		L
19	88175141222022	RAJVEER KAUR		L
20	88175141222023	RAJWINDER KAUR		
21	88175141222024	RAMANDEEP		

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name:

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Course:

Class: First

17527 / PRACTICAL IV-C (CHILD. GARMENTS) Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175141222025	JRAMANDEEP KAUR	<u> </u>	<u></u>
23	88175141222026	RAMANDEEP KAUR	<u> </u>	L
24	88175141222027	RAVNEET KAUR	L	<u> </u>
25 	88175141222028	RINKPREET KAUR	L	L
26 	88175141222030	SIMARJIT KAUR	L	L
27	88175141222031	SONIA	L	<u> </u>
28 	88175141222033	SUKHPREET KAUR	<u> </u>	L
29	88175141222034	SUKHVEER KAUR	<u> </u>	L
30 L	88175141222035	SUKHWINDER KAUR	<u></u>	L
31	88175141222036	VEERDAVINDER KAUR	<u></u>	L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17527 / PRACTICAL IV-C (CHILD. GARMENTS) 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

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

3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17528 / SCHEME WORK

Center Name :

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175141222002	BABALDEEP KAUR	<u> </u>	L
2	88175141222003	BABALJEET KAUR	<u> </u>	L
3	88175141222004	BALJEET KAUR	<u> </u>	L
4	88175141222005	BALJEET KAUR	<u> </u>	L
5	88175141222006	CHARANJEET KAUR	<u> </u>	L
6	88175141222007	GAGANDEEP KAUR	<u> </u>	L
7	88175141222008	HARJEET KAUR	<u> </u>	L
8	88175141222009	JISHA HANDA	<u> </u>	L
9	88175141222010	JASPREET KAUR	<u> </u>	L
10	88175141222011	KIRANDEEP KAUR	<u> </u>	L
11	88175141222013	KULDIP KAUR	<u> </u>	L
12	88175141222014	_] MEENAKSHI	<u> </u>	L
13	88175141222016	JMONKA RANI	<u> </u>	L
14	88175141222017	_J MUSKAN	L	L
15 	88175141222018	_J NEHA	L	L
16	88175141222019	PARAMJIT KAUR	L	L
17	88175141222020	PRABSHARNDEEP KAUR	<u> </u>	L
18	88175141222021	RAJVEER KAUR	<u> </u>	L
19	88175141222022	RAJVEER KAUR	<u> </u>	L
20	88175141222023	RAJWINDER KAUR	<u> </u>	<u> </u>
21	88175141222024	RAMANDEEP	<u> </u>	<u> </u>
NI- OCC	Otrodonto On This Do	na Duarant Alexant		

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 2 of Center Name:

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Course:

17528 / SCHEME WORK

Class: First

Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88175141222025	RAMANDEEP KAUR	<u> </u>	<u> </u>
23	88175141222026	RAMANDEEP KAUR		L
24	88175141222027	RAVNEET KAUR	<u> </u>	L
25 _L	88175141222028	RINKPREET KAUR		L
26	88175141222030	SIMARJIT KAUR		L
27	88175141222031	SONIA		L
28	88175141222033	SUKHPREET KAUR		L
29	88175141222034	SUKHVEER KAUR		L
30	88175141222035	SUKHWINDER KAUR		L
31	88175141222036	VEERDAVINDER KAUR		L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name: Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17528 / SCHEME WORK 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Course : 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Class: First 44413 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88049241120018 | SEMAL 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 July' 2023 EXAMS -SCVT

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Course: Class: Second

44441 / TRADE THEORY Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88049241121001	AKASHDEEP SINGH				
2	88049241121002	AKASHDEEP SINGH				
3	88049241121005	BALWINDER SINGH		L		
4	88049241121022	SUKHWINDER SINGH				
5	88049241121023			L		
Na L (otal No. Of Answer Sheame and Signature Of	Incharge (Designation)	Undertaki ng	ereby certify that I have conducted the		
INC	ame and Signature Or	incharge	Undertaki ng			
abo	ve examination as Invi	gilator. I have personally che	cked and ensured that	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	I 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 Superintender	nt	Si gnat	ure of the Superintendent		
l h fil	ave conducted 10% rand led correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinatio	on and found that particulars have been		
Nam	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet onstructions.	f the said examinatio	on and found that particulars have been		
Nam	e of the Controller		Si gnat	ure of the Controller		

Class: Second

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name:

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Subject: 44444 / EMPLOYBILITY SKILL

<u>ک</u>	.No Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88049241121001	AKASHDEEP SINGH	<u> </u>	L			
2		AKACHDEED CINCH					
3	88049241121005	RAI WINDED SINGU	<u> </u>				
4	88049241121022	SUKHWINDER SINGH	<u> </u>				
5	88049241121023	VINDAM SINICH					
	Total No. Of Students in this 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 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 gnatı	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 of the Superintendent				Signature of the Superintendent			
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
	Name of the Deputy Controller Signature of the Deputy Controller						
	I have conducted 5% rand filled 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 Controller		Si gnati	ure of the Controller			

Class: Second

1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name :

PAGE: 1

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 657 / MI

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Subject: 44445 / PRACTICAL

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88049241121001 | AKASHDEEP SINGH 88049241121002 | AKASHDEEP SINGH 2 3 88049241121005 | BALWINDER SINGH 88049241121022 | SUKHWINDER SINGH 5 88049241121023 IVIKRAM SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng hereby certify that I have conducted the (Designation) above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course : 658 / SEWING TECHNOLOGY Class: First

44431 / TRADE THEORY Subject:

Name of the Deputy Controller

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88247142322004 | KOMALPREET KAUR $88247142322005_{\mathsf{I}}\mathsf{NAVNEET}\mathsf{KAUR}$ 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.

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

Signature of the Deputy Controller

1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 658 / SEWING TECHNOLOGY

Subject: 44434 / EMPLOYBILITY SKILL

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88247142322004 | KOMALPREET KAUR $88247142322005_{\mathsf{I}}\mathsf{NAVNEET}\mathsf{KAUR}$ 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.

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course : 658 / SEWING TECHNOLOGY

Class: First

44435 / PRACTICAL Subject:

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88247142322004 | KOMALPREET KAUR $88247142322005_{\mathsf{I}}\mathsf{NAVNEET}\mathsf{KAUR}$ 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.

Name of the Controller

Class: Second

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218241121028	_] GANESH		
2	88218241121030	GURPREET SINGH	<u> </u>	L
3	88218241121031	GURPREET SINGH	<u> </u>	L
4	88218241121032	GURSEWAK SINGH	L	L
5	88218241121034	JASHANPREET SINGH	L	L
6	88218241121037	KARAN	<u> </u>	L
7	88218241121038	KASHDEEP SINGH	<u> </u>	L
8	88218241121040	NIRMAL SINGH	<u> </u>	L
9	88218241121043	RAHUL SHARMA	<u> </u>	L
10	88218241121044	RANJIT SINGH	L	L
11	88218241121045	_J RISHAV SHARMA	L	L
12	88218241121046	SANDEEP KUMAR	 	

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

88218241121047 | SATNAM SINGH

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: Second Subject: 44441 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218241121028	GANESH	<u> </u>	L
2	88218241121030	GURPREET SINGH	<u> </u>	L
3	88218241121031	GURPREET SINGH	L	L
4	88218241121032	GURSEWAK SINGH	L	L
5	88218241121034	JASHANPREET SINGH	L	L
6	88218241121037	KARAN	L	L
7	88218241121038	KASHDEEP SINGH	L	L
8	88218241121040	NIRMAL SINGH	L	L
9	88218241121043	RAHUL SHARMA	L	L
10	88218241121044	RANJIT SINGH	L	L
11	88218241121045	RISHAV SHARMA	L	L
12	88218241121046	SANDEEP KUMAR	L	
13	88218241121047	SATNAM SINGH	L	

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

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: Second Subject: 44444 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: Second

Subject :	44445 / PRACTICAL	
-----------	-------------------	--

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218241121028	GANESH		L
2	88218241121030	GURPREET SINGH	<u> </u>	L
3	88218241121031	GURPREET SINGH	L	L
4	88218241121032	GURSEWAK SINGH	L	L
5	88218241121034	JASHANPREET SINGH	L	L
6	88218241121037	KARAN	L	L
7	88218241121038	KASHDEEP SINGH	<u> </u>	L
8	88218241121040	NIRMAL SINGH	L	L
9	88218241121043	RAHUL SHARMA	L	L
10	88218241121044	RANJIT SINGH	L	L
11	88218241121045	RISHAV SHARMA	L	L
12	88218241121046	SANDEEP KUMAR		L
13	88218241121047	SATNAM 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 July' 2023 EXAMS -SCVT Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: Second Subject: 44445 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Course : 370 / ART & CRAFTS Class: First 17073 / GEOMETRICAL DRAWING Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88370147918009 | KOMAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Center Name: Course : 370 / ART & CRAFTS Class: Second 70055 / CRAFT(T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370147917035 | SUKHCHAIN SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1

filled correctly as per instructions.

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Course : 370 / ART & CRAFTS Class: Second 70070 / EDUCATIONAL PSYCHOLOGY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370147917035 | SUKHCHAIN 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 July' 2023 EXAMS -SCVT Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Course : 370 / ART & CRAFTS Class: Second 70071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370147917035 | SUKHCHAIN SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70072 / COMMERCIAL ART

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370147917029 | SANTOSH RANI 88370147917035 SUKHCHAIN SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370147518047	SONU SINGH	L	L		
2		0.44.70.01.1.0.44.11				
3	88370147917035	SUKHCHAIN 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	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	ure of the Invigilator		
I have 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					
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l h fill	nave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	e of the Controller		Si gnat	ure of the Controller		

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17411 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174147621003	JASPREET SINGH		
2	88174147622001	JABHINAV		
3	88174147622004	GURNOOR SINGH AHUJA		
4	88174147622005	MANDEEP KAUR		
5	88174147622007	_J MONIKA RANI		
6	88174147622008	NISHA RANI		
7	88174147622009	PRIYANKA		
8	88174147622010	ROHIT KATARIA		
9	88174147622011	SUMAN RANI		
10	88174148422002	JATINDER SINGH		
11	88174148422007	KRISHNA RANI		
12	88174148422008	MANJEET KAUR		
13	88174148422010	POOJA RANI		
14	88174148422011	JSAJAN SINGH		
15	88174148422012	SAKEENA RANI		
16	88174148422013	SANDEEP 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 July' 2023 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17411 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Center Name:

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17414 / SOCIAL STUDIES

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174147622001	JABHINAV	<u> </u>	
2	88174147622004	GURNOOR SINGH AHUJA	<u> </u>	L
3	88174147622005	JMANDEEP KAUR	<u> </u>	L
4	88174147622007	JMONIKA RANI	<u> </u>	L
5	88174147622008	NISHA RANI	<u> </u>	L
6	88174147622009	PRIYANKA	<u> </u>	<u> </u>
7	88174147622010	ROHIT KATARIA	<u> </u>	L
8	88174147622011	SUMAN RANI	<u> </u>	L
9	88174148422002	JATINDER SINGH	<u> </u>	L
10	88174148422007	KRISHNA RANI	<u> </u>	<u> </u>
11	88174148422008	JMANJEET KAUR	<u> </u>	<u> </u>
12	88174148422010	JPOOJA RANI	<u> </u>	<u> </u>
13	88174148422011	_J SAJAN SINGH	<u> </u>	<u> </u>
14	88174148422012	SAKEENA RANI	<u> </u>	<u> </u>
15	88174148422013	SANDEEP 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 July' 2023 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17414 / SOCIAL STUDIES

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17415 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174147622001	JABHINAV	<u> </u>	L
2	88174147622004	GURNOOR SINGH AHUJA		L
3	88174147622005	MANDEEP KAUR		L
4	88174147622007	MONIKA RANI	<u> </u>	L
5	88174147622008	NISHA RANI		L
6	88174147622009	PRIYANKA		L
7	88174147622010	ROHIT KATARIA		L
8	88174147622011	SUMAN RANI		L
9	88174148422002	JATINDER SINGH		L
10	88174148422007	KRISHNA RANI		L
11	88174148422008	MANJEET KAUR		L
12	88174148422010	POOJA RANI		L
13	88174148422011	SAJAN SINGH		L
14	88174148422012	SAKEENA RANI		L
15	88174148422013	SANDEEP 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 July' 2023 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17415 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17416 / COGNATE

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174147620005	YOGESH		I
2	88174147622001	ABHINAV		
3	88174147622004	GURNOOR SINGH AHUJA		
4	88174147622005	MANDEEP KAUR		
5	88174147622007	MONIKA RANI		
6	88174147622008		` 	
7	88174147622009	' PRIYANKA	 	
8	88174147622010	ROHIT KATARIA	 	
9	88174147622011	' SUMAN RANI	` 	
10	88174148422002	JATINDER SINGH		
11	88174148422007	KRISHNA RANI	` 	
12	88174148422008	MANJEET KAUR		
13	88174148422010	, POOJA RANI	` 	
14	88174148422011		 	
15	88174148422012	¦SAKEENA RANI	 	
16	88174148422013	SANDEEP 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 July' 2023 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17416 / COGNATE

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course:

Subject:

665 / ART & CRAFT TEACHER TRAINING COURSE

17051 / PAINTING

Class: First

S.No Regd. No. Name Of the Student | Student's Sign. Answer Sheet No. 88370247521006 | PARDEEP KUMAR 88370247522001 | AMAR SINGH 2 3 88370247522002 | GAGANDEEP 88370247522003 _IKRISHAN SINGH 5 88370247522004 | SUKHVEER KAUR 88370247922001 _IPALVIKA SHARMA 88370247922002 | PREETI SAINI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng (Designation)_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course : 665 / A

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	88370247521003	KASHISH		L
2	88370247521005	PARBATPREET SINGH	<u> </u>	L
3	88370247521006	PARDEEP KUMAR	<u> </u>	L
4	88370247522001	AMAR SINGH	<u> </u>	L
5	88370247522002	GAGANDEEP	<u> </u>	L
6	88370247522003	KRISHAN SINGH	<u> </u>	L
7	88370247522004	SUKHVEER KAUR	<u> </u>	L
8	88370247922001	PALVIKA SHARMA	L	L
9	88370247922002	PREETI SAINI	L	L
To	tal No. Of Students in tal No. Of Answer She me and Signature Of	eets Packed >	ent:	
			Undertaki ng	
I (N abov have here	Name)_ ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	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.
				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 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 examination	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 examination	n and found that particulars have been
Name	e of the Controller		Si gnati	ure of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name:

PAGE: 1

Subject:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

17059 / DESIGN

Class: First

Signature of the Controller

S.No Regd. No. Name Of the Student | Student's Sign. Answer Sheet No. 88370247521006 | PARDEEP KUMAR 88370247522001 | AMAR SINGH 2 3 88370247522002 | GAGANDEEP 88370247522003 _IKRISHAN SINGH 5 88370247522004 | SUKHVEER KAUR 88370247922001 _IPALVIKA SHARMA 88370247922002 | PREETI SAINI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng (Designation)_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17060 / STILL LIFE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370247521006	PARDEEP KUMAR		
2	88370247522001	AMAR SINGH	<u></u>	
3	88370247522002	JGAGANDEEP	<u></u>	
4	88370247522003	KRISHAN SINGH	<u> </u>	
5	88370247522004	SUKHVEER KAUR	<u> </u>	
6	88370247922001	PALVIKA SHARMA		
7	88370247922002	PREETI SAINI	1	I
	tal No. Of Answer She me and Signature Of			
			Undertaki ng	
I (N abov have here	Name)_ ve examination as Invi e appeared under my su eby undertake that if	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and shannot be entitled for	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
	nave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17065 / CRAFT(P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370247521006	PARDEEP KUMAR		
2	88370247522001	AMAR SINGH		
3	88370247522002	JGAGANDEEP		
4	88370247522003	KRISHAN SINGH		
5	88370247522004	SUKHVEER KAUR		
6	88370247922001	PALVIKA SHARMA		
7	88370247922002	PREETI SAINI		
	tal No. Of Answer She me and Signature Of			
			Undertaki ng	
I (N abov have here	Name) ve examination as Invi e appeared under my su eby undertake that if	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and should be entitled for	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e 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	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
	nave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First 17070 / PRINCIPLES OF EDUCATION

Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.				
1	88370247521003	KASHISH	1	<u>L</u>				
2	88370247521005	PARBATPREET SINGH	1	<u> </u>				
3	88370247521006	PARDEEP KUMAR	<u></u>	<u> </u>				
4	88370247522001	AMAR SINGH		<u> </u>				
5	88370247522002	GAGANDEEP	<u></u>	<u> </u>				
6	88370247522003	KRISHAN SINGH		<u> </u>				
7	88370247522004	SUKHVEER KAUR		<u> </u>				
8	88370247922001	PALVIKA SHARMA	<u></u>	<u> </u>				
9	88370247922002	PREETI SAINI	<u></u>	<u> </u>				
Tot	al No. Of Students in al No. Of Answer She 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 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.	f the said examination	on and found that particulars have been				
Name	of the Superintender	nt	Si gnat	ture of the Superintendent				
	ve conducted 10% rand ed correctly as per i		f the said examination	on and found that particulars have been				
Name	of the Deputy Contro	oller	Si gnat	rure of the Deputy Controller				
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been				

Signature of the Controller

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First 17071 / HISTORY & APPRECIATION OF ART Subject:

S.No Regd. No. Name Of the Student | Student's Sign. Answer Sheet No. 88370247521006 | PARDEEP KUMAR 88370247522001 | AMAR SINGH 2 3 88370247522002 | GAGANDEEP 88370247522003 _IKRISHAN SINGH 5 88370247522004 | SUKHVEER KAUR 88370247922001 _IPALVIKA SHARMA 88370247922002 | PREETI SAINI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370247521006	PARDEEP KUMAR		<u> </u>
2	88370247522001	AMAR SINGH	<u></u>	<u>L</u>
3	88370247522002	GAGANDEEP	<u></u>	<u> </u>
4	88370247522003	KRISHAN SINGH	<u></u>	<u> </u>
5	88370247522004	SUKHVEER KAUR	<u></u>	<u> </u>
6	88370247922001	PALVIKA SHARMA	<u> </u>	<u> </u>
7	88370247922002	PREETI SAINI		<u> </u>
Tot	al No. Of Answer She me and Signature Of			
I (N		(Danimuntinu)	Undertaki ng	anahar asati Sa that I have asadostad the
abov have here	ame) e examination as Invi appeared under my su by undertake that if	gilator. I have personally checl pervision in today's exam, have any mistakes are found, I will n	n ked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintender	t	Si gnat	ure of the Superintendent
	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
	ave conducted 5% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of 1 Center Name :

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

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.
1	8837024752100	⁰³ KASHISH			
2	8837024752100	⁰⁶ PARDEEP KUMA	\R	- -	
3	8837024752100	⁰⁷ PARMPREET KA	.UR		
4	8837024752200	⁰¹ AMAR SINGH			
5	8837024752200	⁰² GAGANDEEP			
6	8837024752200	⁰³ KRISHAN SINGH	1		
7	8837024752200	⁰⁴ SUKHVEER KAU	IR		
8	8837024792200	⁾¹ PALVIKA SHARN	ЛA		
9	8837024792200	⁰² PREETI SAINI			
Tot	tal No. Of Students tal No. Of Answer S me and Signature C		esent: Abs	sent:	
				Undertaki ng	
I (N abov have here	Name) ve examination as In e appeared under my eby undertake that i	Designation Nvigilator. I have per Supervision in today f any mistakes are f	n) rsonally chec 's exam, have Tound, I will	hked and ensured that been filled and sha not be entitled for	nereby 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% ra ed correctly as per	andom checking of the rinstructions.	e OMR sheet of	the said examination	on and found that particulars have been
Name	e of the Superintend	dent		Si gnat	ure of the Superintendent
	ave conducted 10% ra ed correctly as per		e OMR sheet of	the said examination	on and found that particulars have been
Name	e of the Deputy Cont	troller		Si gnat	ure of the Deputy Controller
l h fill	nave conducted 5% ra ed correctly as per	andom checking of the r instructions.	e OMR sheet of	the said examination	on and found that particulars have been
Name	e of the Controller			Si gnat	ure of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

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

S.No		Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370247521006	PARDEEP KUMAR		L	
2	88370247522001	AMAR SINGH		L	
3	88370247522002	GAGANDEEP		L	
4	88370247522003	KRISHAN SINGH	<u> </u>	L	
5	88370247522004	SUKHVEER KAUR	<u> </u>	L	
6	88370247922001	PALVIKA SHARMA		<u> </u>	
7	88370247922002	PREETI SAINI		 	
To	tal No. Of Students in tal No. Of Answer She me and Signature Of	eets Packed >	sent:		
			Undertaki ng		
have	e appeared under mv su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.	
			Si gnat	ure of the Invigilator	
l ha fill	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 Superintenden	nt	Si gnat	ure of the Superintendent	
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	e of the Deputy Contro	ller	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	

Class: Second

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name:

PAGE: 1 of

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course :

665 / ART & CRAFT TEACHER TRAINING COURSE

70051 / PAINTING Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370247521003₁KASHISH 88370247521005 PARBATPREET SINGH 3 88370247521007 | PARMPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

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

70055 / CRAFT(T) Subject:

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370247521003₁KASHISH 88370247521005 PARBATPREET SINGH 3 88370247521007 | PARMPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70056 / CRAFT(P)

Š.	No Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370247521003	KASHISH				
2		DADDATDDEET CINICII				
3	88370247521007	PARMPREET 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)above examination as Invihave appeared under my since hereby undertake that if	(Designation) igilator. I have personally check upervision in today's exam, have any mistakes are found, I will m	heked and ensured that been filled and shadnot 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 gnatı	ure of the Invigilator		
	I have conducted 20% rand filled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Superintender	nt	Si gnati	ure of the Superintendent		
	I have conducted 10% rand filled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller		
	I have conducted 5% rand filled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Controller		Si gnati	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No) 		Regd. No.	Name Of	f the Student	Answer Sheet No.	Student's Sign.	
1		L	88370247521003	KASHISH		<u> </u>		
2		L					1	
3		L	88370247521007		- 1/ 4 15		<u> </u>	
7	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge							
						Undertaki ng		
I ak ha he	(N pov ave ere	lame ve e e ap eby	e) xamination as Inv peared under my s undertake that if	(Designa rigilator. I hav supervision in t any mistakes a	tion)_ e personally chec oday's exam, have re found, I will	ked and ensured that been filled and sha not be entitled for	nereby certify that I have conducted the t particulars of all the students who added correctly in the OMR sheets. I also any remuneration.	
						Si gna	ture of the Invigilator	
l fi	ha I I	ed	conducted 20% ran correctly as per	dom checking of instructions.	the OMR sheet of	the said examination	on and found that particulars have been	
Na	ame	of	the Superintende	nt		Si gna	ture of the Superintendent	
l fi	ha I I	ed	conducted 10% ran correctly as per	dom checking of instructions.	the OMR sheet of	the said examination	on and found that particulars have been	
Na	ame	e of	the Deputy Contr	oller		Si gna	ture of the Deputy Controller	
l fi	h	nave ed	conducted 5% ran	idom checking of instructions.	the OMR sheet of	the said examination	on and found that particulars have been	
Na	ame	e of	the Controller			Si gna	ture of the Controller	

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

5.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
l 	88370247521003	KASHISH	<u> </u>			
<u> </u>	88370247521005	PARBATPREET SINGH	<u> </u>	L		
3	88370247521007	PARMPREET KAUR	<u> </u>	L		
Т	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I ab ha he	(Name)_ ove examination as Invi ve appeared under my su reby 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 sha not be entitled for a	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
			Si gnat	ure of the Invigilator		
l fi	have conducted 20% rand lled correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Na	me of the Superintenden	it	Si gnat	ure of the Superintendent		
l fi	have conducted 10% rand lled correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Na	me of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l fi	have conducted 5% rand lled correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Na	me of the Controller		Si gnat	ure of the Controller		

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name:

Name of the Controller

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

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.			
 	88370247521003	KASHISH	<u> </u>	<u> </u>			
<u>)</u>	88370247521005	PARBATPREET SINGH	<u></u>	L			
3	88370247521007	PARMPREET KAUR	<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				
I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.							
			Si gnat	ure of the Invigilator			
I have 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 have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.							
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller			
	nave conducted 5% rand ed correctly as per i		the said examination	n and found that particulars have been			

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88370247521003	KASHISH	<u> </u>	<u> </u>			
2	88370247521005	PARBATPREET SINGH	<u> </u>	L			
3	88370247521007	JPARMPREET KAUR		L			
4				L			
I (N abov have	Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also						
here	hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
l ha fill	Signature of the Invigilator I have 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						
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
Name	Name of the Deputy Controller Signature of the Deputy Controller						
l h fill	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 July' 2023 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

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

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1		88370247521003	KASHISH		L		
2					L		
3			PARMPREET KAUR				
Т	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
ab ha	Undertaking I (Name) (Designation) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
				Si gna	ture of the Invigilator		
l fi	hav He	re conducted 20% rand ed correctly as per i	dom checking of the OMR shee instructions.	et of the said examinati	on and found that particulars have been		
Na	me	of the Superintender	nt	Si gna	ture of the Superintendent		
l fi	hav He	re conducted 10% rand ed correctly as per i	dom checking of the OMR shee instructions.	et of the said examinati	on and found that particulars have been		
Na	me	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
l fi	ha ∐e	ve conducted 5% rand d correctly as per i	dom checking of the OMR shee instructions.	et of the said examinati	on and found that particulars have been		
Na	me	of the Controller		Si gna	ture of the Controller		

Class: Second

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name:

PAGE: 1 of

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course :

665 / ART & CRAFT TEACHER TRAINING COURSE

70075 / PROJECT Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370247521003₁KASHISH 88370247521005 PARBATPREET SINGH 3 88370247521007 | PARMPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

Class: Second

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name:

PAGE: 1 of

Course :

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

70082 / COMPUTER AWARENESS & GRAPHICS (P) Subject:

665 / ART & CRAFT TEACHER TRAINING COURSE

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370247521003₁KASHISH 88370247521005 PARBATPREET SINGH 3 88370247521007 | PARMPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name: Course : 114 / PLUMBER Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209141421010 JAGDISH CHAND Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name: Course : 114 / PLUMBER Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209141421010 JAGDISH CHAND Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been

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.

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 128 / FITTER Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227242221003	Gold Singh		
2	88227242221004	Gurjeet singh	1	L
3	88227242221005	Gurpreet singh		I
4	88227242221007	Gurwinder singh		
5	88227242221009	, Kulwinder singh		
6	8822724222101	Manpreet singh		
7	88227242221014	Om Parkash		
8	88227242221016	Raj Singh		I
9	88227242221017	' Sukhchain singh		L
10	88227242221020) Vikasjeet 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 July' 2023 EXAMS -SCVT
Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD
Course: 128 / FITTER Class: Second

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

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

44441 / TRADE THEORY

Undertaki ng

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

Signature of the Invigilator

I have conducted 20% random 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 July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 128 / FITTER Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227242221003	Gold Singh		
2	88227242221004	¹ Gurjeet singh		L
3	88227242221005	Gurpreet singh		L
4	88227242221007	Gurwinder singh		L
5	88227242221009	Hulwinder singh		L
6	8822724222101	Manpreet singh		<u> </u>
7	88227242221014	¹ Om Parkash		L
8	88227242221016	S Raj Singh		L
9	8822724222101	7 Sukhchain singh		
10	88227242221020) Vikasjeet 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 July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 128 / FITTER Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 128 / FITTER Class: Second

Subject: 44445 / PRACTICAL

PAGE: 1

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

1	88227242221003	Gold Singh	
2	88227242221004	Gurjeet singh	L
3	88227242221005	Gurpreet singh	L
4	88227242221007	Gurwinder singh	L
5	88227242221009	Kulwinder singh	L
6	88227242221011	Manpreet singh	L
7	88227242221014	Om Parkash	L
8	88227242221016	Raj Singh	L
9	88227242221017	Sukhchain singh	 L
10	88227242221020	Vikasjeet 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 July' 2023 EXAMS -SCVT Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Class: Second

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

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

44445 / 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name: Course : 370 / ART & CRAFTS Class: First 17073 / GEOMETRICAL DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370148819013 _IMONIKA RANI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Course : 370 / ART & CRAFTS Class: Second 70070 / EDUCATIONAL PSYCHOLOGY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No.

88370148819006 _|JAGDISH LAL 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.

Signature of the Controller

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Class: Second

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS

Subject: 70071 / HISTORY & APPRECIATION OF ART

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370148818008 | BINDER SINGH 88370148818012 | GOURAV KUMAR 88370148819006 JAGDISH LAL 3 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370148818001_{\mid} AKSHAY KUMAR 88370148819013 $_{\mathsf{I}}\mathsf{MONIKA}$ RANI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

Subject: 17051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	JAMANDEEP SINGH	<u> </u>	L
2	88370248822002	JAMANJEET KAUR	<u> </u>	L
3	88370248822003	JAMANJOT KAUR	<u> </u>	L
4	88370248822005	ARSHDEEP	<u> </u>	L
5	88370248822006	BINDERPAL	L	L
6	88370248822007	JBITTU SINGH	L	L
7	88370248822008	GURJEET SINGH	<u> </u>	L
8	88370248822010	HARMAN RANI	<u> </u>	L
9	88370248822011	JATINDER SINGH	<u> </u>	L
10	88370248822012	KARAN KMABOJ	<u> </u>	L
11	88370248822013	KHUSHPREET KAUR	<u> </u>	L
12	88370248822014	LOVEPREET	<u> </u>	L
13	88370248822015	LOVEPREET HANDA	<u> </u>	L
14	88370248822016	_J MUSKAN	<u> </u>	L
15 	88370248822017	JNEELAM RANI	<u> </u>	L
16	88370248822018	_J NISHA RANI	<u> </u>	L
17	88370248822019	PARVEEN KUMARI	<u> </u>	L
18	88370248822021	_J POOJA RANI	<u> </u>	L
19	88370248822022	POORAN SINGH		L
20	88370248822024	SANDEEP SINGH		
21	88370248822025	SEEMA RANI		
		·		

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370248822026	SHAILPA RANI		_L
23	88370248822028	JSONIA RANI		_L
24	88370248822029	SOURAV		
25	88370248822030	SUKHJINDER KAUR		
26	88370248822031	SUKHWANT SINGH		_L
27	88370248822032	SUKHWINDER KAUR		
28	88370248822033	SUNITA RANI		
29	88370248822035	JVEENA RANI		1
Tota	al No. Of Students in al No. Of Answer Sho me and Signature Of	eets Packed >	osent:	
			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 cha upervision in today's exam, hav any mistakes are found, I wil	ecked and ensured that we 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
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ature of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ature of the Deputy Controller
	ave conducted 5% rand ed correctly as per i		of the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	ature of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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	88370248822001	JAMANDEEP SINGH	<u> </u>	<u> </u>
2	88370248822002	JAMANJEET KAUR	<u> </u>	L
3	88370248822003	JAMANJOT KAUR	<u> </u>	L
4	88370248822005	JARSHDEEP	<u> </u>	L
5 	88370248822006	BINDERPAL	<u> </u>	L
6	88370248822007	JBITTU SINGH	<u> </u>	L
7	88370248822008	GURJEET SINGH	<u></u>	L
8	88370248822010	JHARMAN RANI	<u> </u>	L
9	88370248822011	JATINDER SINGH	<u> </u>	L
10	88370248822012	JKARAN KMABOJ	<u> </u>	L
11 	88370248822013	KHUSHPREET KAUR	<u> </u>	L
12	88370248822014	_J LOVEPREET	<u> </u>	L
13	88370248822015	JLOVEPREET HANDA	<u></u>	L
14	88370248822016	_J MUSKAN	<u></u>	L
15 	88370248822017	JNEELAM RANI	<u> </u>	L
16	88370248822018	_J NISHA RANI	<u> </u>	L
17 	88370248822019	JPARVEEN KUMARI	<u> </u>	L
18	88370248822021	JPOOJA RANI	<u> </u>	L
19	88370248822022	JPOORAN SINGH	<u> </u>	L
20	88370248822024	SANDEEP SINGH	<u></u>	
21	88370248822025	SEEMA RANI		L
		·		·

Class: First

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name:

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 17055 / CRAFT(T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370248822026	SHAILPA RANI		L
23	88370248822028	SONIA RANI		L
24	88370248822029	SOURAV	<u> </u>	
25 	88370248822030	SUKHJINDER KAUR	<u> </u>	L
26 	88370248822031	SUKHWANT SINGH	<u> </u>	<u> </u>
27	88370248822032	SUKHWINDER KAUR	<u> </u>	<u> </u>
28	88370248822033	SUNITA RANI	<u> </u>	<u> </u>
29	88370248822035	VEENA RANI	1	1
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	ent:	
			Undertaki ng	
abòv have	appeared under my su	(Designation) gilator. I have personally checl pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Superintenden	nt	Si gnat	ure of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l 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

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

17059 / DESIGN Subject:

Center Name:

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88370248822001 | AMANDEEP SINGH 88370248822002 | AMANJEET KAUR 88370248822003 | AMANJOT KAUR 3 88370248822005 | ARSHDEEP 5 88370248822006 | BINDERPAL 88370248822007 _IBITTU SINGH 88370248822008 | GURJEET SINGH 88370248822010 _| HARMAN RANI 88370248822011 _| JATINDER SINGH 88370248822012 _| KARAN KMABOJ 10 88370248822013 _| KHUSHPREET KAUR 88370248822014 | LOVEPREET 12 13 88370248822015 LOVEPREET HANDA 88370248822016 MUSKAN 14 15 88370248822017 | NEELAM RANI 16 88370248822018 | NISHA RANI 17 88370248822019 | PARVEEN KUMARI 88370248822021 _| POOJA RANI 18 88370248822022 _| POORAN SINGH 20 88370248822024 | SANDEEP SINGH 88370248822025 | SEEMA RANI

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

Subject: 17059 / DESIGN

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370248822026	SHAILPA RANI	1	<u> </u>
23	88370248822028	JSONIA RANI	<u> </u>	
24	88370248822029	JSOURAV		<u> </u>
25	88370248822030	SUKHJINDER KAUR		<u> </u>
26	88370248822031	SUKHWANT SINGH	<u> </u>	<u> </u>
27	88370248822032	SUKHWINDER KAUR	<u> </u>	<u> </u>
28	88370248822033	SUNITA RANI		<u> </u>
29	88370248822035	VEENA RANI		I
To	otal No. Of Students in otal No. Of Answer Sho ame and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abo hav	/e appeared under my si	(Designation) igilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	cked and ensured that e been filled and sha	nereby certify that I have conducted the particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	cure of the Invigilator
[}				
TII	nave conducted 20% rand Led correctly as per i	dom checking of the OMR sheet of instructions.	f the said examination	on and found that particulars have been
	nave conducted 20% rand led correctly as per i me of the Superintenden	instructions.		on and found that particulars have been ture of the Superintendent
Nar I h	led correctly as per ine of the Superintender	instructions. nt dom checking of the OMR sheet of	Si gnat	·
Nar I h fil	led correctly as per ine of the Superintendernave conducted 10% randomics.	instructions. nt dom checking of the OMR sheet of instructions.	Signat the said examination	cure of the Superintendent
Nar I h fil Nar	led correctly as per intender of the Superintender nave conducted 10% randled correctly as per intender of the Deputy Control	instructions. Int Int Idom checking of the OMR sheet of instructions. Instructions of the OMR sheet of t	Signat f the said examination Signat	cure of the Superintendent on and found that particulars have been

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: First

Subject: 17060 / STILL LIFE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	JAMANDEEP SINGH	<u> </u>	<u> </u>
2	88370248822002	JAMANJEET KAUR	<u> </u>	L
3	88370248822003	JAMANJOT KAUR	<u> </u>	L
4	88370248822005	JARSHDEEP	<u> </u>	L
5 	88370248822006	BINDERPAL	<u> </u>	L
6	88370248822007	JBITTU SINGH	<u> </u>	L
7	88370248822008	GURJEET SINGH	<u> </u>	L
8	88370248822010	JHARMAN RANI	<u> </u>	L
9	88370248822011	JATINDER SINGH	<u> </u>	<u> </u>
10	88370248822012	JKARAN KMABOJ	<u> </u>	L
11	88370248822013	KHUSHPREET KAUR	<u> </u>	L
12	88370248822014	_J LOVEPREET	<u> </u>	L
13	88370248822015	JLOVEPREET HANDA	<u> </u>	L
14	88370248822016	_J MUSKAN	<u> </u>	L
15 	88370248822017	JNEELAM RANI	<u> </u>	L
16 	88370248822018	_J NISHA RANI	<u> </u>	L
17 	88370248822019	JPARVEEN KUMARI	<u> </u>	<u> </u>
18	88370248822021	JPOOJA RANI	<u> </u>	<u> </u>
19	88370248822022	JPOORAN SINGH	<u> </u>	
20	88370248822024	JSANDEEP SINGH	<u> </u>	<u></u>
21	88370248822025	SEEMA RANI	<u> </u>	<u> </u>

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

Subject: 17060 / STILL LIFE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370248822026	JSHAILPA RANI		
23	88370248822028	JSONIA RANI		
24	88370248822029	SOURAV		
25 	88370248822030	SUKHJINDER KAUR		
26	88370248822031	SUKHWANT SINGH		
27	88370248822032	SUKHWINDER KAUR		
28	88370248822033	SUNITA RANI		
29	88370248822035	VEENA RANI		
Tota	al No. Of Students in al No. Of Answer Sho ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (Na above have herek	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally checupervision in today's exam, have any mistakes are found, I will	cked and ensured thate been filled and should not be entitled for	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
				ture of the Invigilator
l ha√ fill∈	ve conducted 20% randed correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha∖ fill∈	ve conducted 10% randed correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Name	of the Deputy Contro	ol I er	Si gna	ture of the Deputy Controller
l ha fille	ave conducted 5% randed correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 17065 / CRAFT(P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	AMANDEEP SINGH	<u> </u>	
2	88370248822002	AMANJEET KAUR	<u>[</u>	
3	88370248822003	JAMANJOT KAUR		
4	88370248822005	ARSHDEEP	<u>[</u>	
5	88370248822006	BINDERPAL	<u>[</u>	
6	88370248822007	BITTU SINGH	<u> </u>	
7	88370248822008	GURJEET SINGH	<u> </u>	
8	88370248822010	HARMAN RANI	<u>[</u>	
9	88370248822011	JATINDER SINGH	<u>[</u>	
10	88370248822012	KARAN KMABOJ	<u>[</u>	
11	88370248822013	KHUSHPREET KAUR	<u>[</u>	
12	88370248822014	LOVEPREET	<u> </u>	
13	88370248822015	LOVEPREET HANDA		<u> </u>
14	88370248822016	MUSKAN		<u> </u>
15	88370248822017	NEELAM RANI	<u> </u>	
16	88370248822018	NISHA RANI	<u>[</u>	
17	88370248822019	PARVEEN KUMARI	<u>[</u>	
18	88370248822021	POOJA RANI	<u> </u>	
19	88370248822022	POORAN SINGH		
20	88370248822024	SANDEEP SINGH		
21	88370248822025	SEEMA RANI		

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

17065 / CRAFT(P) Subject:

PAGE: 2

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88370248822026 | SHAILPA RANI 23 88370248822028 _I SONIA RANI 24 88370248822029 _I SOURAV 88370248822030 | SUKHJINDER KAUR 25 26 88370248822031 | SUKHWANT SINGH 27 88370248822032 _I SUKHWINDER KAUR 28 88370248822033 | SUNITA RANI 29 88370248822035 | VEENA 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 Signature of the Controller

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

17070 / PRINCIPLES OF EDUCATION Subject:

Center Name:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370248822001 | AMANDEEP SINGH 88370248822002 | AMANJEET KAUR 3 88370248822003 | AMANJOT KAUR 88370248822005 | ARSHDEEP 5 88370248822006 | BINDERPAL 88370248822007 _IBITTU SINGH 88370248822008 | GURJEET SINGH 88370248822010 $_{\mid}$ HARMAN RANI 88370248822011 _| JATINDER SINGH 88370248822012 _| KARAN KMABOJ 10 88370248822013 | KHUSHPREET KAUR 88370248822014 | LOVEPREET 12 13 88370248822015 LOVEPREET HANDA 88370248822016 MUSKAN 14 15 88370248822017 | NEELAM RANI 88370248822018 | NISHA RANI 16 17 88370248822019 | PARVEEN KUMARI 88370248822021 _| POOJA RANI 18 88370248822022 _| POORAN SINGH 20 88370248822024 | SANDEEP SINGH 88370248822025 | SEEMA RANI

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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.
22	88370248822026	SHAILPA RANI		L
23	88370248822028	SONIA RANI	<u> </u>	
24	88370248822029	SOURAV	<u> </u>	<u> </u>
25	88370248822030	SUKHJINDER KAUR	<u> </u>	<u> </u>
26	88370248822031	SUKHWANT SINGH	L	L
27	88370248822032	SUKHWINDER KAUR	L	L
28	88370248822033	SUNITA RANI	<u> </u>	L
29	88370248822035	VEENA RANI		I
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of		ent.	
			Undertaki ng	
above have	nme) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally checupervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha√ fill∈	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintender	t	Si gnat	ure of the Superintendent
l hav fille	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l ha fill∈	ave conducted 5% ranc ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

Subject: 17071 / HISTORY & APPRECIATION OF ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	JAMANDEEP SINGH	<u> </u>	L
2	88370248822002	JAMANJEET KAUR	<u> </u>	L
3	88370248822003	JAMANJOT KAUR	<u> </u>	L
4	88370248822005	ARSHDEEP	<u> </u>	L
5	88370248822006	BINDERPAL	<u> </u>	L
6	88370248822007	_] BITTU SINGH	<u> </u>	L
7	88370248822008	GURJEET SINGH	<u> </u>	L
8	88370248822010	_J HARMAN RANI	<u> </u>	L
9	88370248822011	JATINDER SINGH	<u> </u>	L
10	88370248822012	JKARAN KMABOJ	<u> </u>	L
11	88370248822013	KHUSHPREET KAUR	<u> </u>	L
12	88370248822014	LOVEPREET	<u> </u>	L
13	88370248822015	LOVEPREET HANDA	<u> </u>	L
14	88370248822016	_] MUSKAN	<u> </u>	L
15	88370248822017	NEELAM RANI	<u> </u>	L
16	88370248822018	_J NISHA RANI	<u> </u>	L
17 	88370248822019	JPARVEEN KUMARI	<u> </u>	L
18	88370248822021	_J POOJA RANI	<u> </u>	L
19	88370248822022	JPOORAN SINGH	 	<u></u>
20	88370248822024	SANDEEP SINGH	 	<u> </u>
21	88370248822025	SEEMA RANI		<u> </u>

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17071 / HISTORY & APPRECIATION OF ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370248822026	SHAILPA RANI	<u> </u>	<u> </u>
23	88370248822028	SONIA RANI	<u> </u>	<u>L</u>
24	88370248822029	SOURAV	<u> </u>	<u>L</u>
25	88370248822030	SUKHJINDER KAUR	<u> </u>	L
26	88370248822031	SUKHWANT SINGH	<u> </u>	<u> </u>
27	88370248822032	SUKHWINDER KAUR	<u> </u>	<u> </u>
28	88370248822033	SUNITA RANI	<u> </u>	<u>L</u>
29 _I	88370248822035	VEENA RANI	I	I
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abòv have	appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintender	nt	Si gnat	ure of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l h	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	JAMANDEEP SINGH	<u> </u>	<u> </u>
2	88370248822002	JAMANJEET KAUR	<u> </u>	<u>L</u>
3	88370248822003	JAMANJOT KAUR	<u> </u>	L
4	88370248822005	ARSHDEEP	<u> </u>	L
5 	88370248822006	BINDERPAL	<u></u>	L
6	88370248822007	JBITTU SINGH	<u> </u>	<u> </u>
7	88370248822008	GURJEET SINGH	<u> </u>	L
8	88370248822010	JHARMAN RANI	<u></u>	L
9	88370248822011	JATINDER SINGH	<u> </u>	<u> </u>
10	88370248822012	KARAN KMABOJ	<u> </u>	<u> </u>
11 <u> </u>	88370248822013	KHUSHPREET KAUR	<u></u>	L
12	88370248822014	LOVEPREET	<u></u>	<u> </u>
13	88370248822015	JLOVEPREET HANDA	<u> </u>	L
14	88370248822016	_J MUSKAN	<u> </u>	L
15	88370248822017	JNEELAM RANI	<u> </u>	L
16	88370248822018	NISHA RANI	<u> </u>	L
17 	88370248822019	PARVEEN KUMARI	<u> </u>	L
18	88370248822021	POOJA RANI	<u> </u>	<u> </u>
19	88370248822022	JPOORAN SINGH	<u></u>	
20	88370248822024	SANDEEP SINGH	<u> </u>	<u></u>
21	88370248822025	SEEMA RANI	<u> </u>	
	a a 1: -			

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370248822026	SHAILPA RANI	1	
23	88370248822028	SONIA RANI		
24	88370248822029	SOURAV		
25	88370248822030	SUKHJINDER KAUR		
26	88370248822031	SUKHWANT SINGH		
27	88370248822032	SUKHWINDER KAUR		
28	88370248822033	SUNITA RANI		
29	88370248822035	VEENA RANI		
Tot	cal No. Of Students in cal No. Of Answer Shome and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abòv have	e appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	cked and ensured that e been filled and sha	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ive conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Name	e of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ive conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Name	e of the Deputy Contro	bller	Si gna	ture of the Deputy Controller
	nave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

Subject: 17073 / GEOMETRICAL DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	JAMANDEEP SINGH	<u> </u>	<u> </u>
2	88370248822002	AMANJEET KAUR	<u> </u>	L
3	88370248822003	AMANJOT KAUR	<u> </u>	L
4	88370248822005	ARSHDEEP	<u> </u>	L
5	88370248822006	BINDERPAL	<u> </u>	L
6	88370248822007	BITTU SINGH	<u> </u>	L
7	88370248822008	GURJEET SINGH	<u> </u>	L
8	88370248822010	JHARMAN RANI	<u> </u>	L
9	88370248822011	JATINDER SINGH	<u> </u>	L
10	88370248822012	KARAN KMABOJ	<u></u>	L
11	88370248822013	KHUSHPREET KAUR	<u></u>	L
12	88370248822014	LOVEPREET	<u></u>	L
13	88370248822015	LOVEPREET HANDA	<u></u>	L
14	88370248822016	JMUSKAN	<u></u>	L
15	88370248822017	NEELAM RANI	<u> </u>	L
16	88370248822018	NISHA RANI	<u></u>	L
17	88370248822019	PARVEEN KUMARI	<u></u>	L
18	88370248822021	POOJA RANI	<u> </u>	L
19	88370248822022	POORAN SINGH	<u> </u>	L
20	88370248822024	SANDEEP SINGH	<u> </u>	
21	88370248822025	SEEMA RANI	<u> </u>	L

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name:

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

Subject: 17073 / GEOMETRICAL DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370248822026	SHAILPA RANI		
23	88370248822028	SONIA RANI	<u> </u>	<u> </u>
24	88370248822029	SOURAV	<u> </u>	<u> </u>
25 	88370248822030	SUKHJINDER KAUR	<u> </u>	<u> </u>
26 <u> </u>	88370248822031	SUKHWANT SINGH	<u> </u>	<u> </u>
27 <u> </u>	88370248822032	SUKHWINDER KAUR	<u> </u>	<u> </u>
28 	88370248822033	SUNITA RANI	<u> </u>	<u> </u>
29	88370248822035	VEENA RANI	I	[
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	ent:	
			Undertaki ng	
have	e examination as Invi appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who add correctly in the OMR sheets. I also any remuneration.
			Si gnat	cure of the Invigilator
l hav fille	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	cure of the Superintendent
l hav fille	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
l ha	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	ture of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	AMANDEEP SINGH	<u> </u>	L
2	88370248822002	_J AMANJEET KAUR	<u>[</u>	
3	88370248822003	AMANJOT KAUR	<u> </u>	
4	88370248822005	ARSHDEEP	<u> </u>	
5	88370248822006	BINDERPAL	<u>[</u>	
6	88370248822007	JBITTU SINGH	<u>[</u>	
7	88370248822008	GURJEET SINGH	<u> </u>	
8	88370248822010	HARMAN RANI	<u>[</u>	
9	88370248822011	JATINDER SINGH	<u>[</u>	
10 L	88370248822012	KARAN KMABOJ	<u>[</u>	
11	88370248822013	KHUSHPREET KAUR	<u>[</u>	
12	88370248822014	LOVEPREET	<u>[</u>	
13	88370248822015	LOVEPREET HANDA		
14	88370248822016	MUSKAN	<u> </u>	
15	88370248822017	JNEELAM RANI	<u>[</u>	
16	88370248822018	NISHA RANI	<u>[</u>	
17 	88370248822019	PARVEEN KUMARI	<u>[</u>	
18	88370248822021	POOJA RANI	<u> </u>	
19	88370248822022	POORAN SINGH		
20	88370248822024	SANDEEP SINGH		
21	88370248822025	SEEMA RANI		L
	 -	-	-	

Class: First

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370248822026	SHAILPA RANI	<u> </u>	<u> </u>
23	88370248822028	SONIA RANI	<u> </u>	<u> </u>
24	88370248822029	SOURAV		<u> </u>
25 	88370248822030	SUKHJINDER KAUR	<u> </u>	<u> </u>
26	88370248822031	SUKHWANT SINGH	<u> </u>	<u> </u>
27	88370248822032	SUKHWINDER KAUR	<u> </u>	<u> </u>
28	88370248822033	SUNITA RANI	<u> </u>	<u> </u>
29	88370248822035	VEENA RANI	I	I
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abòv have	appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintenden	t	Si gnat	ure of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	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	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	on and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: Second

Subject: 70051 / PAINTING

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248821002	AMANDEEP KAUR		<u></u>
2	88370248821003	ARCHANA KAMBOJ		L
3	88370248821004	HARLEEN KAUR		L
4	88370248821007	KULVINDER KAUR		I
5	88370248821008	MANPREET KAUR		L
6	88370248821012	PARVEEN KAUR		L
7	88370248821013	PARVEEN RANI		L
8	88370248821015	PARWINDER KAUR		L
9	88370248821018	RAJWANT KAUR	<u> </u>	
10	88370248821019	SAHNAAZ PANDHU	<u> </u>	

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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

70051 / PAINTING 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 July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: Second

Subject: 70055 / CRAFT(T)

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248821002	AMANDEEP KAUR		<u></u>
2	88370248821003	ARCHANA KAMBOJ		L
3	88370248821004	HARLEEN KAUR		L
4	88370248821007	KULVINDER KAUR		I
5	88370248821008	MANPREET KAUR		L
6	88370248821012	PARVEEN KAUR		L
7	88370248821013	PARVEEN RANI		L
8	88370248821015	PARWINDER KAUR		L
9	88370248821018	RAJWANT KAUR	<u> </u>	
10	88370248821019	SAHNAAZ PANDHU	<u> </u>	

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT
Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD
Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second
Subject: 70055 / CRAFT(T)

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 July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

70056 / CRAFT(P) Subject:

10

Class: Second

S.No	Regd. No.		Name Of the Student	Answer Sheet No.	Student's Sign.
1 .	883702488210	02.ΔΝΔ	VNDEED KVIID		

88370248821003 | ARCHANA KAMBOJ 3 88370248821004 | HARLEEN KAUR 88370248821007 | KULVINDER KAUR 5 88370248821008 | MANPREET KAUR 88370248821012 | PARVEEN KAUR 88370248821013 | PARVEEN RANI 88370248821015 | PARWINDER KAUR 88370248821018 | RAJWANT KAUR

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

88370248821019 | SAHNAAZ PANDHU

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70056 / CRAFT(P) 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 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

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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	88370248820003	KULWINDER SINGH	<u> </u>	
2	88370248821002	JAMANDEEP KAUR	<u> </u>	<u> </u>
3	88370248821003	ARCHANA KAMBOJ	<u> </u>	<u> </u>
4	88370248821004	HARLEEN KAUR	<u> </u>	<u> </u>
5 <u> </u>	88370248821007	KULVINDER KAUR	<u> </u>	<u> </u>
6	88370248821008	MANPREET KAUR		
7	88370248821012	PARVEEN KAUR	<u> </u>	<u> </u>
8	88370248821013	PARVEEN RANI	<u> </u>	<u> </u>
9	88370248821015	PARWINDER KAUR	<u> </u>	<u> </u>
10	88370248821018	RAJWANT KAUR		
11	88370248821019	SAHNAAZ PANDHU		

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 July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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

70070 / EDUCATIONAL PSYCHOLOGY 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 July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248820003	KULWINDER SINGH		L
2	88370248820008	POOJA RANI		L
3	88370248821002	AMANDEEP KAUR		
4	88370248821003	ARCHANA KAMBOJ		
5	88370248821004	HARLEEN KAUR		
6	88370248821007	KULVINDER KAUR		
7	88370248821008	MANPREET KAUR		
8	88370248821012	PARVEEN KAUR		
9	88370248821013	PARVEEN RANI		
10	88370248821015	PARWINDER KAUR		
11	88370248821018	RAJWANT KAUR		
12	88370248821019	SAHNAAZ PANDHU		

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 July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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

Subject: 70071 / HISTORY & APPRECIATION OF ART

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: Second

Subject: 70072 / COMMERCIAL ART

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248821002	AMANDEEP KAUR		
2	88370248821003	ARCHANA KAMBOJ		L
3	88370248821004	HARLEEN KAUR		
4	88370248821007	KULVINDER KAUR		
5 	88370248821008	MANPREET KAUR	<u> </u>	L
6	88370248821012	PARVEEN KAUR	<u> </u>	L
7	88370248821013	PARVEEN RANI	<u> </u>	L
8	88370248821015	PARWINDER KAUR	<u> </u>	L
9	88370248821018	RAJWANT KAUR	<u> </u>	L
10	88370248821019	⁹ SAHNAAZ PANDHU		

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 July' 2023 EXAMS -SCVT Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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

Subject: 70072 / COMMERCIAL ART

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248821002	2 AMANDEEP KAUR		
2	88370248821003	ARCHANA KAMBOJ		L
3	88370248821004	HARLEEN KAUR		L
4	8837024882100 ⁻	7 KULVINDER KAUR		L
5	88370248821008	3 _J MANPREET KAUR		L
6	88370248821012	PARVEEN KAUR		L
7	8837024882101	PARVEEN RANI		L
8	8837024882101	PARWINDER KAUR		L
9	88370248821018	RAJWANT KAUR		L
10	88370248821019	P SAHNAAZ PANDHU		

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 July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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

70073 / SCALE & PERSPECTIVE DRAWING Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 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)

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8837024882100	² AMANDEEP KAUR		1
2	8837024882100	³ ARCHANA KAMBOJ		1
3	8837024882100	¹⁴ HARLEEN KAUR		1
4	8837024882100	7 KULVINDER KAUR		1
5	8837024882100	⁸ MANPREET KAUR		1
6	8837024882101	² PARVEEN KAUR		<u> </u>
7	8837024882101	³ PARVEEN RANI		<u> </u>
8	8837024882101	⁵ PARWINDER KAUR		<u> </u>
9	8837024882101	⁸ RAJWANT KAUR		<u> </u>
10	8837024882101	9 SAHNAAZ PANDHU	1	1

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 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)

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Name Of the Student

Subject: 70075 / PROJECT

Regd. No.

S.No

0.110		Tame of the other.	Answer Sheet No.	
1	88370248821002	_J AMANDEEP KAUR		
2	88370248821003	JARCHANA KAMBOJ	<u> </u>	L
3	88370248821004	HARLEEN KAUR	<u> </u>	L
4	88370248821007	KULVINDER KAUR	<u> </u>	L
5	88370248821008	MANPREET KAUR		L
6	88370248821012	PARVEEN KAUR		L
7	88370248821013	PARVEEN RANI		L
8	88370248821015	PARWINDER KAUR	<u> </u>	L
9	88370248821018	RAJWANT KAUR	<u></u>	L
10	88370248821019	SAHNAAZ PANDHU	<u></u>	

Answer Sheet No.

Student's Sign.

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Class: Second

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

70075 / PROJECT 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 July' 2023 EXAMS -SCVT

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

PAGE: 1 of

Regd. No.

S.No

Class: Second

Name Of the Student

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

0			7 tilower offeet ito.	3
1	88370248821002	AMANDEEP KAUR		
2	88370248821003	JARCHANA KAMBOJ	<u> </u>	L
3	88370248821004	HARLEEN KAUR	L	L
4	88370248821007	KULVINDER KAUR	L	L
5 <u> </u>	88370248821008	MANPREET KAUR		L
6	88370248821012	PARVEEN KAUR		L
7	88370248821013	PARVEEN RANI	<u> </u>	L
8	88370248821015	PARWINDER KAUR	L	L
9	88370248821018	RAJWANT KAUR	L	L
10	88370248821019	SAHNAAZ PANDHU	L	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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P) Total No. Of Students in this Subject > Present : Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 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	88231251122001	_J AARSHU	<u> </u>	<u></u>
2	88231251122002	JAMANDEEP SINGH	L	L
3	88231251122003	JAMANDEEP SINGH	L	L
4	88231251122004	JAMANPREET	L	L
5	88231251122005	JANGREJ	L	L
6	88231251122006	ARSHDEEP SINGH	<u> </u>	L
7	88231251122007	_] BITTU	<u> </u>	L
8	88231251122008	CHAND SINGH	<u> </u>	L
9	88231251122010	GURPREET SINGH	<u> </u>	L
10	88231251122012	JASHAN KUMAR	<u> </u>	L
11	88231251122013	JASKARANDEEP KAUR	<u> </u>	L
12	88231251122015	KHUSHVEER SINGH	<u> </u>	L
13	88231251122016	MANPREET SINGH	<u> </u>	L
14	88231251122018	RAJKINDER SINGH	<u> </u>	L
15 	88231251122019	_J RAVI YADAV	<u> </u>	L
16	88231251122020	SAKINA RANI	 	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 July' 2023 EXAMS -SCVT
Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE(SC) MUKATSAR
Course: 132 / ELECTRICIAN Class: First
Subject: 44431 / TRADE THEORY

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

Name and Signature Of Incharge

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

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

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231251122001	AARSHU	<u> </u>	
2	88231251122002	AMANDEEP SINGH	<u> </u>	
3	88231251122003	JAMANDEEP SINGH	<u> </u>	
4	88231251122004	JAMANPREET	<u> </u>	
5	88231251122005	ANGREJ	<u> </u>	
6	88231251122006	ARSHDEEP SINGH	<u> </u>	
7 	88231251122007	_] BITTU	<u> </u>	
8	88231251122008	CHAND SINGH	<u> </u>	
9	88231251122010	GURPREET SINGH	<u> </u>	
10	88231251122012	JASHAN KUMAR	<u> </u>	
11	88231251122013	JASKARANDEEP KAUR	<u> </u>	
12	88231251122015	KHUSHVEER SINGH	<u> </u>	
13	88231251122016	MANPREET SINGH	<u> </u>	
14	88231251122018	RAJKINDER SINGH	<u> </u>	
15	88231251122019	RAVI YADAV		
16	88231251122020	SAKINA RANI	<u> </u>	

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 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

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 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	88231251122001	AARSHU		
2	88231251122002	AMANDEEP SINGH		
3	88231251122003	AMANDEEP SINGH	<u>[</u>	
4	88231251122004	AMANPREET	<u> </u>	
5 <u> </u>	88231251122005	ANGREJ	<u> </u>	
6	88231251122006	ARSHDEEP SINGH		
7	88231251122007	BITTU		
8	88231251122008	CHAND SINGH		
9	88231251122010	GURPREET SINGH		
10	88231251122012	JASHAN KUMAR		
11	88231251122013	JASKARANDEEP KAUR		
12	88231251122015	KHUSHVEER SINGH		
13	88231251122016	 MANPREET SINGH		
14	88231251122018	RAJKINDER SINGH		
15	88231251122019	RAVI YADAV		
16	88231251122020	 SAKINA RANI		

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 July' 2023 EXAMS -SCVT 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR Center Name:

Course: 132 / ELECTRICIAN

Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR Course : 132 / ELECTRICIAN Class: Second 44444 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231251120009 | GURSEWAK SINGH 88231251120020 SUKHCHAIN SINGH

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

Name and Signature Of Incharge

Total No. Of Answer Sheets Packed >

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 July' 2023 EXAMS -SCVT

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

Course: 208 / DRIVER-CUM-MECHANIC (H.M.V.)

Class: First

Subject: 99921 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88076656922002	JGURPARKASH SINGH		
2	88076656922003	GURSHARNPREET SINGH		
3	88076656922004	JINDERJIT SINGH		
4	88076656922005	LOVEDDEET CINICII		
5	88076656922006	_J MANJINDER SINGH		
I (abo	name and Signature Of Name) ve examination as Invi	(Designation) gilator. I have personally che	Undertaking	hereby certify that I have conducted the t particulars of all the students who
hav	e appeared under my si	igilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	/e been filled and sh	aded correctly in the UMR sheets. I also
		,	Si gna	ture of the Invigilator
l h fil	ave conducted 20% rand Led correctly as per	dom checking of the OMR sheet of instructions.	of the said examinati	on and found that particulars have been
Nam	e of the Superintender	nt	Si gna	ture of the Superintendent
l h fil	ave conducted 10% rand Led correctly as per	dom checking of the OMR sheet of nstructions.	of the said examinati	on and found that particulars have been
Nam	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l fil	have conducted 5% randled correctly as per	dom checking of the OMR sheet on instructions.	of the said examinati	on and found that particulars have been
Nam	e of the Controller		Si gna	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

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

Course: 208 / DRIVER-CUM-MECHANIC (H.M.V.)

Class: First

Subject: 99925 / TRADE PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88076656922002	GURPARKASH SINGH	<u> </u>	
2	88076656922003	GURSHARNPREET SINGH	<u></u>	<u>L</u>
3	88076656922004	JINDERJIT SINGH	<u></u>	<u> </u>
4	88076656922005	LOVEPREET SINGH	<u></u>	<u> </u>
5	88076656922006	MANJINDER SINGH		<u> </u>
Na	ame and Signature Of	Incharge	Undertaki ng	
To	otal No. Of Answer She	eets Packed >	sent:	
l (abo hav	(Name) ove examination as Invi ve appeared under my si	(Designation)_ gilator. I have personally chec upervision in today's exam, have	ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who added correctly in the OMR sheets. I also
her	reby undertake that if	any mistakes are found, I will		aded correctly in the OMR sheets. I also any remuneration.
ı k	anyo conducted 20% rong	Nom abacking of the OMD about of	Ç	cure of the Invigilator
fil	led correctly as per i	nstructions.	the Sard examination	on and found that particulars have been
Nan	ne of the Superintender	nt	Si gnat	cure of the Superintendent
l h fil	nave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nan	ne of the Deputy Contro	oller	Si gnat	cure of the Deputy Controller
l fi l	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nan	ne of the Controller		Si gnat	cure of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

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

Course: 208 / DRIVER-CUM-MECHANIC (H.M.V.)

Subject: 99966 / EMPLOYABILITY SKILLS

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88076656922002	GURPARKASH SINGH	<u> </u>	
2	88076656922003	GURSHARNPREET SINGH	<u> </u>	
3	88076656922004	INDERJIT SINGH	<u> </u>	1
4	88076656922005	LOVEDDEET OMOU		L
5	88076656922006	MANJINDER SINGH	<u> </u>	<u> </u>
	al No. Of Answer She me and Signature Of	Incharge	Undertaki ng	
I (N	lame)	(Designation)		nereby certify that I have conducted the particulars of all the students who
have	e appeared under my su	ipervision in today's exam, have any mistakes are found, I will	been filled and sha	ided correctly in the OMR sheets. I also
			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 Superintender	nt	Si gnat	cure of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	ture of the Controller

Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE (W) , KHEOWALI Course : 143 / DRAUGHTSMAN (CIVIL) Class: Second 44441 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88217251521002 | ARVINDER 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of

Name of the Controller Signature of the Controlle

filled correctly as per instructions.

Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE (W) , KHEOWALI Course : 143 / DRAUGHTSMAN (CIVIL) Class: Second 44444 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88217251521002 $_{\mid}$ ARVINDER 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of

Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE (W) , KHEOWALI Course : 143 / DRAUGHTSMAN (CIVIL) Class: Second 44445 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88217251521002 $_{\mid}$ ARVINDER 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

PAGE: 1 of

Signature of the Controller

filled correctly as per instructions.

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4532 / INDUSTRIAL TRAINING INSTITUTE(W), KHEOWALI

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175151321001	AKASHDEEP KAUR	<u> </u>	L
2	88175151321002	AMANDEEP KAUR	<u> </u>	L
3	88175151321007	GAGANDEEP KAUR	<u> </u>	L
4	88175151321010	JYOTI RANI	<u> </u>	L
5 	88175151321029	SIMARJEET KAUR	<u></u>	L
6	88175151322001	JAMANAT KAUR	<u> </u>	L
7	88175151322002	GAGANDEEP KAUR	<u></u>	L
8	88175151322003	GURPREET KAUR	<u></u>	L
9	88175151322004	HARPREET KAUR	<u> </u>	L
10	88175151322005	KARAMJEET KAUR	<u> </u>	L
11	88175151322006	KIRANJEET KAUR	<u> </u>	L
12	88175151322007	MANPREET KAUR	<u> </u>	L
13	88175151322008	MANPREET KAUR	<u></u>	L
14	88175151322010	NAVDEEP KAUR	<u> </u>	L
15 	88175151322011	PARAMJIT KAUR	<u> </u>	L
16	88175151322013	RAJVEERPAL KAUR	<u> </u>	L
17	88175151322015	RAMANDEEP KAUR	<u></u>	L
18	88175151322016	RAMANDEEP KAUR	<u></u>	L
19	88175151322018	SUKHDEEP KAUR	<u> </u>	
20	88175151322019	SUKHDEEP KAUR	<u> </u>	
21	88175151322020	SUKHWINDER KAUR	<u> </u>	L

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE(W), KHEOWALI

Course : 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

17511 / PRINCIPLE OF EDUCATION Subject:

Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88175151322021 | SUMANDEEP KAUR 88175151322022 JVARSHA RANI 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.

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE (W) , KHEOWALI

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Course:

Class: First

Subject: 17512 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175151321010	JYOTI RANI	<u> </u>	L
2	88175151322001	JAMANAT KAUR	<u> </u>	L
3	88175151322002	GAGANDEEP KAUR	<u> </u>	L
4	88175151322003	GURPREET KAUR	<u> </u>	L
5	88175151322004	HARPREET KAUR	<u> </u>	L
6	88175151322005	KARAMJEET KAUR	<u> </u>	L
7	88175151322006	KIRANJEET KAUR	<u> </u>	L
8	88175151322007	JMANPREET KAUR	<u> </u>	L
9	88175151322008	JMANPREET KAUR	<u> </u>	L
10	88175151322010	NAVDEEP KAUR	<u> </u>	L
11 	88175151322011	JPARAMJIT KAUR	<u> </u>	L
12	88175151322013	RAJVEERPAL KAUR	<u> </u>	L
13	88175151322015	RAMANDEEP KAUR	<u> </u>	L
14	88175151322016	RAMANDEEP KAUR	<u> </u>	L
15 	88175151322018	SUKHDEEP KAUR	<u> </u>	L
16	88175151322019	SUKHDEEP KAUR	<u> </u>	L
17 	88175151322020	SUKHWINDER KAUR	<u> </u>	L
18	88175151322021	SUMANDEEP KAUR	<u></u>	<u> </u>
19	88175151322022	VARSHA RANI		L

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE (W), KHEOWALI Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First Subject: 17512 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4532 / INDUSTRIAL TRAINING INSTITUTE (W) , KHEOWALI

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

17513 / PRACTICE OF TEACHING Subject:

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175151322001	JAMANAT KAUR	<u> </u>	
2	88175151322002	GAGANDEEP KAUR		<u> </u>
3	88175151322003	GURPREET KAUR	<u></u>	<u> </u>
4	88175151322004	JHARPREET KAUR		L
5 	88175151322005	KARAMJEET KAUR		<u> </u>
6	88175151322006	KIRANJEET KAUR	<u></u>	<u> </u>
7	88175151322007	MANPREET KAUR	<u></u>	<u> </u>
8	88175151322008	JMANPREET KAUR		<u> </u>
9	88175151322010	NAVDEEP KAUR		<u> </u>
10	88175151322011	PARAMJIT KAUR	<u> </u>	<u> </u>
11	88175151322013	RAJVEERPAL KAUR	<u> </u>	<u> </u>
12	88175151322015	RAMANDEEP KAUR	<u> </u>	<u> </u>
13	88175151322016	RAMANDEEP KAUR	<u> </u>	<u> </u>
14	88175151322018	SUKHDEEP KAUR	<u> </u>	<u> </u>
15	88175151322019	SUKHDEEP KAUR	<u> </u>	<u> </u>
16	88175151322020	SUKHWINDER KAUR	1	<u> </u>
17	88175151322021	SUMANDEEP KAUR	<u> </u>	<u> </u>
18	88175151322022	VARSHA RANI		

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 July' 2023 EXAMS -SCVT Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE (W), KHEOWALI Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17513 / PRACTICE OF TEACHING 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

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 July' 2023 EXAMS -SCVT

4532 / INDUSTRIAL TRAINING INSTITUTE (W) , KHEOWALI

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17525 / PRACTICAL IV-A (MEN GARMENTS)

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175151322001	JAMANAT KAUR	<u> </u>	
2	88175151322002	GAGANDEEP KAUR	<u> </u>	L
3	88175151322003	GURPREET KAUR	L	L
4	88175151322004	HARPREET KAUR	L	L
5	88175151322005	KARAMJEET KAUR	<u> </u>	L
6	88175151322006	KIRANJEET KAUR	<u> </u>	L
7	88175151322007	MANPREET KAUR	<u> </u>	L
8	88175151322008	MANPREET KAUR	<u> </u>	L
9	88175151322010	NAVDEEP KAUR	<u> </u>	L
10	88175151322011	PARAMJIT KAUR	<u> </u>	L
11 	88175151322013	RAJVEERPAL KAUR	L	L
12	88175151322015	RAMANDEEP KAUR	<u> </u>	L
13	88175151322016	RAMANDEEP KAUR	<u> </u>	L
14	88175151322018	SUKHDEEP KAUR	<u> </u>	L
15 	88175151322019	SUKHDEEP KAUR	<u> </u>	L
16	88175151322020	SUKHWINDER KAUR	<u> </u>	L
17	88175151322021	SUMANDEEP KAUR	<u> </u>	L
18	88175151322022	JVARSHA RANI	<u> </u>	<u> </u>

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE (W), KHEOWALI Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First Subject: 17525 / PRACTICAL IV-A (MEN GARMENTS) Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

4532 / INDUSTRIAL TRAINING INSTITUTE (W) , KHEOWALI

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Subject: 17526 / PRACTICAL IV-B (WOMEN GARMENTS)

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175151322001	JAMANAT KAUR	<u> </u>	
2	88175151322002	GAGANDEEP KAUR	<u> </u>	L
3	88175151322003	GURPREET KAUR	<u> </u>	L
4	88175151322004	HARPREET KAUR	<u> </u>	L
5	88175151322005	KARAMJEET KAUR	<u> </u>	L
6	88175151322006	KIRANJEET KAUR	<u> </u>	L
7	88175151322007	MANPREET KAUR	<u> </u>	L
8	88175151322008	MANPREET KAUR	<u> </u>	L
9	88175151322010	NAVDEEP KAUR	<u> </u>	L
10	88175151322011	PARAMJIT KAUR	<u> </u>	L
11 	88175151322013	RAJVEERPAL KAUR	<u> </u>	L
12	88175151322015	RAMANDEEP KAUR	<u> </u>	L
13	88175151322016	RAMANDEEP KAUR	<u> </u>	L
14	88175151322018	SUKHDEEP KAUR	<u> </u>	L
15 	88175151322019	SUKHDEEP KAUR	<u> </u>	L
16	88175151322020	SUKHWINDER KAUR	<u> </u>	L
17 	88175151322021	SUMANDEEP KAUR	<u> </u>	<u> </u>
18	88175151322022	JVARSHA RANI	<u></u>	<u> </u>

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE (W), KHEOWALI Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17526 / PRACTICAL IV-B (WOMEN GARMENTS) 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

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 July' 2023 EXAMS -SCVT

4532 / INDUSTRIAL TRAINING INSTITUTE (W) , KHEOWALI

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17527 / PRACTICAL IV-C (CHILD. GARMENTS)

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175151321031	_J UPASNA	<u> </u>	L
2	88175151322001	JAMANAT KAUR	L	L
3	88175151322002	GAGANDEEP KAUR	<u> </u>	L
4	88175151322003	GURPREET KAUR	<u> </u>	L
5	88175151322004	HARPREET KAUR	<u> </u>	L
6	88175151322005	KARAMJEET KAUR	<u> </u>	L
7	88175151322006	KIRANJEET KAUR	<u> </u>	L
8	88175151322007	JMANPREET KAUR	<u> </u>	L
9	88175151322008	JMANPREET KAUR	<u> </u>	L
10	88175151322010	NAVDEEP KAUR	<u> </u>	L
11	88175151322011	PARAMJIT KAUR	<u> </u>	L
12	88175151322013	RAJVEERPAL KAUR	<u> </u>	L
13	88175151322015	RAMANDEEP KAUR	<u> </u>	L
14	88175151322016	RAMANDEEP KAUR	<u> </u>	L
15 	88175151322018	SUKHDEEP KAUR	<u> </u>	L
16	88175151322019	SUKHDEEP KAUR	<u> </u>	L
17	88175151322020	SUKHWINDER KAUR	<u> </u>	L
18	88175151322021	SUMANDEEP KAUR	 	<u> </u>
19	88175151322022	VARSHA RANI		
				

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE (W), KHEOWALI Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17527 / PRACTICAL IV-C (CHILD. GARMENTS) 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR July' 2023 EXAMS -SCVT

Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE(W), KHEOWALI

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Subject: 17528 / SCHEME WORK

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175151322001	AMANAT KAUR	<u> </u>	<u> </u>
2	88175151322002	GAGANDEEP KAUR		L
3	88175151322003	GURPREET KAUR	<u> </u>	<u> </u>
4	88175151322004	HARPREET KAUR	<u> </u>	L
5 	88175151322005	KARAMJEET KAUR	<u> </u>	L
6	88175151322006	KIRANJEET KAUR		L
7	88175151322007	MANPREET KAUR	<u> </u>	L
8	88175151322008	MANPREET KAUR	<u> </u>	L
9	88175151322010	NAVDEEP KAUR	<u> </u>	L
10	88175151322011	PARAMJIT KAUR	<u> </u>	L
11	88175151322013	RAJVEERPAL KAUR	<u> </u>	L
12	88175151322015	RAMANDEEP KAUR	<u> </u>	<u> </u>
13	88175151322016	RAMANDEEP KAUR	<u> </u>	<u> </u>
14	88175151322018	SUKHDEEP KAUR	<u> </u>	L
15 	88175151322019	SUKHDEEP KAUR	<u> </u>	L
16	88175151322020	SUKHWINDER KAUR	<u> </u>	L
17	88175151322021	SUMANDEEP KAUR	<u> </u>	<u> </u>
18	88175151322022	VARSHA RANI		
	·			

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 July' 2023 EXAMS -SCVT Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE (W), KHEOWALI Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17528 / SCHEME WORK Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller