PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17512 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175153718007 | GURPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17513 / PRACTICE OF TEACHING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175153718007 | GURPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17525 / PRACTICAL IV-A (MEN GARMENTS) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175153718007 | GURPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

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filled correctly as per instructions.

Name of the Controller

Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17526 / PRACTICAL IV-B(WOMEN GARMENTS) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175153718007 | GURPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

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

Name of the Controller Signature of the Controller

Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17527 / PRACTICAL IV-C (CHILD. GARMENTS) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175153718007 | GURPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

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filled correctly as per instructions.

Name of the Controller

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Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W) , BATHINDA

Course: 370 / ART & CRAFTS

Subject: 17055 / CRAFT(T)

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370152217024	LAL KHAN	1	
2	88370152218002	BALDEEP SINGH		
3	88370153717079	LOVEPREET SINGH	<u> </u>	
4	88370153718063	JASPREET SINGH	<u></u>	
5 	88370153718067	JASPREET KAUR	<u> </u>	
6	88370153718091	RUPINDERDEEP SINGH	<u> </u>	
7	88370153718103	SUKHPAL KAUR	1	
8	88370153718108	SUKHPREET KAUR	1	
Tota	al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	heen filled and sh	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also any remuneration.
			Si gna	iture of the Invigilator
l ha∖ fill∈	ve conducted 20% ranced correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha∖ fill∈	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l ha fill∈	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	iture of the Controller

4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA Center Name: Course : 370 / ART & CRAFTS Class: First 17059 / DESIGN Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. $88370153718079_{\,|\,}\mathsf{LOVEPREET}\;\mathsf{SINGH}$ Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

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Name of the Deputy Controller

filled correctly as per instructions.

Name of the Controller

Signature of the Controller

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

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

Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA

Course: 370 / ART & CRAFTS Class: First

Name Of the Student

Subject: 17060 / STILL LIFE

Regd. No.

S.No

0			This wer sheet No.	
1	88370152818001	JAMARJEET KAUR		
2	88370152818002	GURVISHALDEEP SINGH S	<u> </u>	<u>L</u>
3	88370152818007	SANDEEP SINGH	<u> </u>	<u> </u>
4	88370153718055	GURPREET KAUR	<u> </u>	<u> </u>
5 	88370153718067	JASPREET KAUR	<u> </u>	<u> </u>
6	88370153718074	KULWANT KAUR		L
7	88370153718075	KARAMJEET KAUR	<u> </u>	<u> </u>
8	88370153718082	MANDEEP KAUR		L
9	88370153718091	RUPINDERDEEP SINGH		L
10	88370153718105	SHAVNEET KAUR	<u></u>	<u></u>
11	88370153718108	SUKHPREET KAUR		I

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 March' 2020 EXAMS -SCVT Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE(W) , BATHINDA Class: First

Subject: 17060 / STILL LIFE

ubject: 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

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Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE(W), BATHINDA

Course: 370 / ART & CRAFTS

Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

S.No		Regd. No.	Name Of the Stude	nt	Answer Sheet No.	Student's Sign.
1		88370152217014	HARSHPREET SING	Η	<u> </u>	
2	<u></u>	88370153717079	LOVEPREET SINGH		<u></u>	
3	1) CHILLIDDEET KALID			
To	tal N	Io. Of Students ir Io. Of Answer Sh and Signature Of		: Abs	sent:	
abò hav	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.					
			,			ture of the Invigilator
l h fil	ave o	conducted 20% ran correctly as per	dom checking of the OMR instructions.	sheet of	the said examination	on and found that particulars have been
Nam	e of	the Superintende	ent		Si gna	ture of the Superintendent
l h fil	ave o	conducted 10% ran correctly as per	dom checking of the OMR instructions.	sheet of	the said examinati	on and found that particulars have been
Nam	e of	the Deputy Contr	roller		Si gna	ture of the Deputy Controller
l fil	have Led o	conducted 5% ran correctly as per	dom checking of the OMR instructions.	sheet of	the said examinati	on and found that particulars have been
Nam	e of	the Controller			Si gna	ture of the Controller

Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA Course : 370 / ART & CRAFTS Class: First 17071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370152217014 | HARSHPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

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filled correctly as per instructions.

Name of the Controller

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4131 / INDUSTRIAL TRAINING INSTITUTE(W), BATHINDA

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370152217014	HARSHPREET SINGH	<u> </u>	<u> </u>
2	88370152217027	MAHINDER PREET SINGH	L	L
3	88370152818001	JAMARJEET KAUR	<u> </u>	L
4	88370152818002	GURVISHALDEEP SINGH S	<u> </u>	L
5	88370152818007	SANDEEP SINGH	<u> </u>	L
6	88370153716035	BHINDERPAL KAUR	<u> </u>	L
7	88370153716058	RAJNI BALA	<u></u>	L
8	88370153716069	JVIKRAMJEET SINGH	<u> </u>	L
9	88370153717060	HARCHARAN SINGH	<u> </u>	L
10	88370153717079	LOVEPREET SINGH	<u> </u>	L
11	88370153717081	ULNAM	<u> </u>	L
12	88370153718048	BALJEET KAUR	<u> </u>	L
13	88370153718051	JDEV KUMAR	<u> </u>	L
14	88370153718053	GURMEET SINGH	<u> </u>	L
15	88370153718055	GURPREET KAUR	<u> </u>	L
16	88370153718058	_] HIMANI	<u> </u>	L
17	88370153718061	HARMANJOT KAUR	<u> </u>	L
18	88370153718063	JASPREET SINGH	<u> </u>	L
19	88370153718067	JASPREET KAUR		L
20	88370153718074	KULWANT KAUR	 	L
21	88370153718075	KARAMJEET KAUR	<u> </u>	
		·		·

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Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

filled correctly as per instructions.

Name of the Controller

PAGE: 2 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370153718076 KHUSHPAL SINGH 23 88370153718079 LOVEPREET SINGH 88370153718080 | MANDEEP KAUR 25 88370153718086 | PARWINDER 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

Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA Course : 370 / ART & CRAFTS Class: First 17082 / COMP. AWARENESS & GRAPHICS (P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370152218007 | 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 March' 2020 EXAMS -SCVT

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4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA 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. 88370152217003 | AMRITPAL SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

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filled correctly as per instructions.

Name of the Controller

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

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Center Name:

Course: 370 / ART & CRAFTS Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

5	.No Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370152217024	LAL KHAN	<u> </u>	
2	88370153716069	VIKRAMJEET SINGH	<u> </u>	
3	88370153717059	HEENA	<u> </u>	
	Total No. Of Students in Total No. Of Answer She Name and Signature Of	eets Packed >	sent:	
			Undertaki ng	
	I (Name)above examination as Invi have appeared under my su hereby 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 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.
				ure of the Invigilator
	I have conducted 20% rand filled correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
	Name of the Superintender	nt	Si gnati	ure of the Superintendent
	I have conducted 10% rand filled correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
	Name of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller
	I have conducted 5% rand filled correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
	Name of the Controller		Si gnati	ure of the Controller

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4131 / INDUSTRIAL TRAINING INSTITUTE(W), BATHINDA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370152217012	HARPAVITAR SINGH		<u> </u>
2	88370152916003	JAMARJEET KAUR	<u></u>	<u> </u>
3	88370152916006	J DEEPAK KUMAR	<u></u>	L
4	88370152916009	JGURANDITTA SINGH		L
5	88370152916016	KAMALINDER SINGH		L
6	88370152916022	LOVEDEEP SINGH	<u></u>	L
7	88370152916029	RACHHPAL SINGH	<u></u>	L
8	88370153716040	JGAGANDEEP KAUR	<u></u>	L
9	88370153716065	SANDEEP KAUR		<u> </u>
10	88370153716069	JVIKRAMJEET SINGH		<u> </u>
11	88370153717042	JAVNEET KAUR		<u> </u>
12	88370153717043	JAVTAR SINGH		<u> </u>
13	88370153717059	_J HEENA		<u> </u>
14	88370153717060	HARCHARAN SINGH		<u> </u>
15	88370153717090	PRITPAL SINGH		<u> </u>
16	88370153717103	RUBY RANI		L
17	88370153717105	SUKHDARSHAN SINGH		L
18	88370953715087	JAMRITPAL SINGH		
19	88370953715088	HARINDER SINGH SIDHU		
				

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA Center Name: Course: 370 / ART & CRAFTS Class: Second 70071 / HISTORY & APPRECIATION OF ART 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

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

Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W) , BATHINDA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370152217003	JAMRITPAL SINGH	<u> </u>	<u> </u>
2	88370152217004	JANU	<u> </u>	<u> </u>
3	88370152217012	HARPAVITAR SINGH	<u> </u>	<u> </u>
4	88370152217013	HARPREET KAUR	<u> </u>	L
5	88370152217019	JASVEER KAUR	L	L
6	88370152217023	KULWINDER KAUR	<u></u>	L
7	88370152217024	LAL KHAN	<u></u>	L
8	88370152217025	LOVEPREET SINGH	<u> </u>	L
9	88370152217027	MAHINDER PREET SINGH	<u> </u>	L
10	88370152217028	_J MASUMA	<u> </u>	L
11	88370152217030	NARINDER SINGH	<u> </u>	<u> </u>
12	88370152217031	PARMJEET KAUR	<u> </u>	<u> </u>
13	88370152217032	PREETPAL KAUR	<u> </u>	<u> </u>
14	88370152217034	RAJDEEP SINGH	<u> </u>	<u> </u>
15 	88370152817001	HARPREET KAUR	<u> </u>	<u> </u>
16	88370153716069	JVIKRAMJEET SINGH	<u> </u>	
17 	88370153717057	GURJEET KAUR	<u> </u>	<u> </u>
18	88370153717060	HARCHARAN SINGH	<u></u>	
19	88370153717103	RUBY RANI		
_	: 2		·	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA Center Name: Course: 370 / ART & CRAFTS Class: Second Subject: 70072 / COMMERCIAL ART Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

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

Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370152216021	JLEELA SINGH	<u> </u>	<u>L</u>
2	88370152216028	PARVINDER KAUR	<u></u>	<u>L</u>
3	88370152216030	RAJINDER KUMAR	<u> </u>	<u>L</u>
4	88370152217003	JAMRITPAL SINGH	<u> </u>	<u>L</u>
5	88370152217006	BHAVSUKHMAN KAUR	<u> </u>	<u>L</u>
6	88370152217013	HARPREET KAUR	<u> </u>	L
7	88370152217017	JASKARN SINGH	<u> </u>	<u>L</u>
8	88370152217019	JASVEER KAUR	<u> </u>	<u>L</u>
9	88370152217023	KULWINDER KAUR	<u> </u>	<u>L</u>
10	88370152217028	_] MASUMA		L
11	88370152217030	NARINDER SINGH		L
12	88370152817001	HARPREET KAUR		<u></u>
13	88370153716040	GAGANDEEP KAUR	<u></u>	<u></u>
14	88370153716069	VIKRAMJEET SINGH		<u></u>

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

88370153717087 | NINDER KAUR

88370153717103 | RUBY RANI

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

15

16

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA Center Name: Course: 370 / ART & CRAFTS Class: Second 70073 / SCALE & PERSPECTIVE DRAWING Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Center Name: 4131 / INDUSTRIAL TRAINING INSTITUTE (W), BATHINDA Course : 370 / ART & CRAFTS Class: Second 70074 / TEACHING OF ART & CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370153716069 | VIKRAMJEET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

filled correctly as per instructions.

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 111 / WELDER (GAS AND ELECTRIC) Class: Second 99933 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212140317016 | RAMANDEEP BHALLA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 111 / WELDER (GAS AND ELECTRIC) Class: First 44413 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212140318019 | LOVEPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Center Name: Course : 132 / ELECTRICIAN Class: Third 99951 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231340115011 $_{
m I}$ KARAJ SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99971 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231240117001	JAMANDEEP KUMAR		
2	88231240117004	CHAMKAUR SINGH	<u> </u>	<u> </u>
3	88231240117006	GURPREET SINGH	<u> </u>	L
4	88231240117007	HARMAN SINGH	<u> </u>	<u> </u>
5	88231240117008	HARVINDER SINGH	<u> </u>	L
6	88231240117009	JASPINDER SINGH	<u> </u>	<u> </u>
7	88231240117012	MANISH KUMAR	<u> </u>	<u> </u>
8	88231240117013	PARDEEP SINGH	<u> </u>	<u> </u>
9	88231240117018	SUKHMANDER SINGH	<u> </u>	L
10 _I	88231240117020	UPPINDERPAL SINGH	ı	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 March' 2020 EXAMS -SCVT 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Center Name:

Course: 132 / ELECTRICIAN Class: Fourth

99971 / TRADE THEORY Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

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

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231240317022	ANGREJ SINGH		
2	88231240317024	BOBBY SINGH		
3	88231240317026	GURPARKASH		
4	88231240317027	GURPREET SINGH		
5	88231240317028	HAPPY SINGH		
6	88231240317030	HARDEEP SINGH		
7	88231240317034	LOVEDEEP		
8	88231240317036	NAVDEEP SINGH		
9	88231240317037	PARDEEP SINGH		
To	tal No. Of Students in tal No. Of Answer Sh me and Signature Of	eets Packed >	osent:	
			Undertaki ng	
I (N abov have here	Name) ve examination as Inv e appeared under my so eby undertake that if	(Designation) igilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	ecked and ensured tha ve been filled and sh not be entitled for	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
	ave conducted 20% randed correctly as per		of the said examinati	on and found that particulars have been
Name	e of the Superintende	nt	Si gna	ture of the Superintendent
l ha fill	ave conducted 10% randed correctly as per	dom checking of the OMR sheet o	of the said examinati	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per	dom checking of the OMR sheet o	of the said examinati	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 139 / MECH. REF. & AIR CONDITIONING Class: First 99912 / WORKSHOP CAL. & SCIENCE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88218240317058 | MANPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 139 / MECH. REF. & AIR CONDITIONING Class: First 99913 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88218240317058 | MANPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 139 / MECH. REF. & AIR CONDITIONING Class: Second 99933 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88218240317058 | MANPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 139 / MECH. REF. & AIR CONDITIONING Class: Third 99952 / WORKSHOP CAL. & SCIENCE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88218240317055 | KULDEEP SHARMA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 139 / MECH. REF. & AIR CONDITIONING Class: Third 99953 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88218240317055 | KULDEEP SHARMA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Center Name:

Course : 139 / MECH. REF. & AIR CONDITIONING

Class: Fourth

99971 / TRADE THEORY Subject:

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88218240317050 | JAGWINDER SINGH 88218240317057 | MANDEEP SINGH 3 88218240317058 | MANPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

PAGE: 1 of 1 Center Name :

4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course:

139 / MECH. REF. & AIR CONDITIONING

Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218240317044	ARSHDEEP SINGH	<u> </u>	<u> </u>
2	88218240317045	DINESH KUMAR	<u> </u>	L
3	88218240317049	JAGSEER SINGH	<u> </u>	L
4	88218240317052	JATINDER SINGH	<u> </u>	L
5 	88218240317055	KULDEEP SHARMA	<u></u>	<u></u>
6	88218240317057	MANDEEP SINGH	<u> </u>	L
7	88218240317058	MANPREET SINGH	<u> </u>	L
8	88218240317059	NANAK SINGH	1	<u> </u>
9	88218240317064	SHAMSHER SINGH	<u> </u>	L
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (Na above have hereb	me) examination as Invi appeared under my su y 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 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
	e conducted 20% rand d correctly as per i		the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gnat	ure of the Superintendent
l hav fille	re 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	ure of the Deputy Controller
	ve conducted 5% randed correctly as per i		the said examination	on and found that particulars have been

Signature of the Controller

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 139 / MECH. REF. & AIR CONDITIONING Class: First 44411 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. $88218240318029_{\,|\,} \mathsf{GURPINDER} \; \mathsf{SINGH}$ 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 March' 2020 EXAMS -SCVT

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course: 143 / DRAUGHTSMAN (CIVIL) Class: Third

Subject: 99951 / TRADE THEORY

Name of the Controller

S 	.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1		88217240117027	HARJINDER SINGH				
2		88217240117031	JASVEER SINGH		<u> </u>		
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
				Undertaki ng			
	have	appeared under my su	(Designation)_ gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	e been filled and sha	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		
		ve conducted 20% rand ed correctly as per i		f 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 on nstructions.	f the said examination	on and found that particulars have been		
	Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
		ive conducted 5% randed correctly as per i		f the said examination	on and found that particulars have been		

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

Center Name : 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course: 143 / DRAUGHTSMAN (CIVIL) Class: Fourth

Subject: 99971 / TRADE THEORY

PAGE: 1

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88217240117027 | HARJINDER SINGH 88217240117029 | HASANPREET SINGH 3 88217240117031 | JASVEER SINGH 88217240117033 LOVEJOT SINGH 5 88217240117034 | LOVEPREET SINGH 88217240117043 | SUKHJOT SINGH 88217240117045 | TANISH KUMAR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course: 145 / ELECTRONICS MECHANIC

Class: Fourth

Subject: 99971 / TRADE THEORY

	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 	
1	88219240317069	JAJAY KUMAR			
2					
3	88219240317082	OMINDER SINGH			
4	88219240317083	PARAS SINGH BRAR		L	
5	88219240317086	JRINKU NARANG		L	
6	88219240317091				
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 teday's even have been filled and shaded correctly in the OMB sheets. It also					
abo	ve examination as Invi	(Designation)	cked and ensured tha	hereby certify that I have conducted the t particulars of all the students who	
abo hav her	ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	cked and ensured tha e been filled and sha not be entitled for	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.	
abo hav her	ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	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.	
her I h	e appeared under my st eby undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.	
her I h	e appeared under my steeby undertake that if ave conducted 20% rand	any mistakes are found, I will dom checking of the OMR sheet o nstructions.	not be entitled for Signa f the said examination	any remuneration. ture of the Invigilator	
l h fil Nam	e appeared under my steeby undertake that if ave conducted 20% rand led correctly as per i e of the Superintender	any mistakes are found, I will dom checking of the OMR sheet o nstructions.	not be entitled for Signa f the said examination Signa	any remuneration. ture of the Invigilator on and found that particulars have been	
l h fil Nam I h	e appeared under my steeby undertake that if ave conducted 20% rand led correctly as per i e of the Superintender ave conducted 10% rand	any mistakes are found, I will dom checking of the OMR sheet o nstructions. Interpretation of the OMR sheet o nstructions.	not be entitled for Signa f the said examination Signa f the said examination	any remuneration. ture of the Invigilator on and found that particulars have been ture of the Superintendent	
her I h fil Nam I h fil Nam	e appeared under my sceby undertake that if ave conducted 20% rand led correctly as per i e of the Superintender ave conducted 10% rand led correctly as per i e of the Deputy Contro	any mistakes are found, I will dom checking of the OMR sheet o nstructions. Int dom checking of the OMR sheet o nstructions. Diler dom checking of the OMR sheet o nstructions.	not be entitled for Signa f the said examination Signa f the said examination Signa Signa	any remuneration. ture of the Invigilator on and found that particulars have been ture of the Superintendent on and found that particulars have been	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Center Name: Course : 174 / STENO (PUNJABI) Class: First 17411 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88174143818006 | HARPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Center Name: Course : 174 / STENO (PUNJABI) Class: First 17416 / COGNATE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88174143818015 | SUKHWINDER KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

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

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175143618005	JHARPREET KAUR	<u> </u>	<u></u>
2	88175143618008	JASPREET KAUR	<u> </u>	L
3	88175143618020	RANJEET KAUR		L
4	88175143818021	DIMPLE		L
5	88175143818027	MANPREET KAUR	<u> </u>	L
6	88175143818029	RAJANDEEP KAUR		L
7	88175143818035	_] REETA	<u> </u>	L
8	88175143818036	RAJVEER KAUR		L
9	88175143818039	SHARNJEET KAUR		L
10	88175143818040	SIMERN		

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

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

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

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

Subject: 17511 / PRINCIPLE OF EDUCATION

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

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

Class: First

Subject: 17512 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175143618005	HARPREET KAUR	<u> </u>	_[
2	88175143618020	RANJEET KAUR	<u> </u>	
3	88175143818025	KARAMJEET KAUR	L	
4	88175143818027	MANPREET KAUR	L	
5	88175143818029	RAJANDEEP KAUR	L	
6	88175143818036	RAJVEER KAUR	<u> </u>	
7	88175143818039	SHARNJEET KAUR	<u> </u>	
8	88175143818041	SIMRAN KAUR		
Tota	al No. Of Students in al No. Of Answer Sho 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 t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha√ fill∈	ve conducted 20% randed correctly as per i	dom checking of the OMR sheet of nstructions.	the said 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 gnat	ture of the Deputy Controller
l ha fille	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 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 2 88370143618039 | KARINA DEVI 3 88370143618041 | NISHA RANI 88370143618044 | SAHIL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been

Signature of the Controller

filled correctly as per instructions.

Name of the Controller

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

PAGE: 1 of 1 Center Name:

4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course: 370 / ART & CRAFTS Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370143618032	BETAB SINGH		
2	88370143618035	GAGANDEEP KAUR	<u> </u>	
3	88370143618038	KARANBEER	<u> </u>	
4				
5	88370143618041			
6	88370143618044	SAHIL		
7		CANDEED CINICII		
To	tal No. Of Students in tal No. Of Answer She me and Signature Of	eets Packed >	sent:	
			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 pervision in today's exam, have any mistakes are found, I will		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 ha fill	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Superintenden	nt	Si gnat	ture of the Superintendent
I have 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 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT Course : 370 / ART & CRAFTS Class: First 17071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 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

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

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course: 370 / ART & CRAFTS Class: First

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

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370143618041 | NISHA RANI 88370143618044_]SAHIL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1		88370143616009	EKTA JOSHI	<u> </u>	L		
2					L		
3		88370143618039			<u>L</u>		
Т	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking						
I ab ha he	(Nam ove ve a reby	ne)examination as Invi examination as Invi uppeared under my su undertake that if	(Designation) igilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h cked and ensured that	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 Hed	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		
Na	me o	of the Superintender	nt	Si gnat	ure of the Superintendent		
l fi	have Hed	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		
Na	me o	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l fi	hav I I ed	re conducted 5% rand I correctly as per i	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been		
Na	me o	f the Controller		Si gnat	ure of the Controller		

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

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course: 370 / ART & CRAFTS Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 		
1	88370143616012	PARAMJIT KAUR	<u> </u>			
2	88370143616017	SHARNJEET KAUR	<u> </u>			
3	88370143616018	UDDISH	<u> </u>	L		
4	88370143617028	PANKAJ KUMAR SHARMA	<u> </u>	L		
Tot	tal No. Of Students in tal No. Of Answer She me and Signature Of		ent: Undertaki ng			
have	Undertaking I (Name) (Designation) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also					
nere	eby under take that it	any mistakes are found, I will		ure of the Invigilator		
l ha fill	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	_	n and found that particulars have been		
Name	e of the Superintenden	t	Si gnat	ure of the Superintendent		
l ha fill	ave conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l h fill	nave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		

Signature of the Controller

Name of the Controller

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

Center Name: 4211 / INDUSTRIAL TRAINING INSTITUTE, FARIDKOT

Course: 370 / ART & CRAFTS Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370143617026 | MADHU BALA 88370143617028 | PANKAJ KUMAR SHARMA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

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

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

1	88370143616012	PARAMJIT KAUR		
2	88370143616016		<u> </u>	<u> </u>
3	88370143616017	SHARNJEET KAUR	<u> </u>	<u> </u>
4	88370143616019	VISHAL SETHI	<u> </u>	
5	88370143617021	AMANDEEP KAUR	<u> </u>	<u> </u>
6	88370143617022	AMRIK SINGH	<u> </u>	<u> </u>
7	88370143617028	PANKAJ KUMAR SHARMA	<u> </u>	<u></u>
8	88370147816014	SUMEENA SEHGAL		<u> </u>
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	been filled and sha	nereby certify that I have conducted the transport particulars of all the students who added correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
l hav fill∈	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintenden	t	Si gnat	ture of the Superintendent
l hav fill∈	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ture of the Deputy Controller
	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	ture of the Controller

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

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

Course: 132 / ELECTRICIAN Class: Third

Subject: 99953 / ENGINEERING DRAWING

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231232216176 | GURDEEP SINGH 88231232216183 LAKHBIR SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88231232216175	GURDEEP SINGH				
2	88231232216176	GURDEEP SINGH				
3	88231232216177	GURSEWAK SINGH				
4	88231232216179	HARDEV SINGH				
5	88231232216183	LAKHBIR SINGH				
6	88231232216191	SONY SINGH				
Naı	me and Signature Of	Incharge	Undertaki ng			
Tot	al No. Of Answer She	eets Packed >	bsent:			
I (N	ame)_ e examination as Invi	(Designation) gilator. I have personally ch	ecked and ensured that	hereby certify that I have conducted the t particulars of all the students who		
have here	appeared under my suby undertake that if	any mistakes are found, I wil	ve been filled and sh I not be entitled for	t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.		
			Si gna	ture of the Invigilator		
l ha fill	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been		
Name	Name of the Superintendent Signature of the Superintendent					
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	of the Deputy Contro	ller	Si gna	ture of the Deputy Controller		
l h fill	ave conducted 5% rand ed correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been		
Name	of the Controller		Si ana	ture of the Controller		

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

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99975 / TRADE PRACTICAL

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231232216176 | GURDEEP SINGH 88231232216183 LAKHBIR SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller

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

4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

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

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175138718001	JAMANDEEP KAUR	<u> </u>	<u> </u>
2	88175138718002	AMARDEEP KAUR	<u> </u>	L
3	88175138718003	BABALJEET KAUR	<u> </u>	L
4	88175138718005	GAGANDEEP KAUR	<u> </u>	L
5 	88175138718006	GURMEET KAUR	<u></u>	L
6	88175138718007	JASPREET KAUR	<u> </u>	L
7	88175138718009	KULWINDER KAUR	<u></u>	L
8	88175138718011	PARAMJIT KAUR	<u> </u>	L
9	88175138718013	RAMANDEEP KAUR	<u> </u>	L
10	88175138718015	RAMANPREET KAUR	<u> </u>	L
11	88175138718016	JRENU DAWLA	<u> </u>	L
12	88175138718018	SUMANDEEP KAUR	<u> </u>	L
13	88175138718021	SUKHDEEP KAUR	<u></u>	L
14	88175138718024	VIRPAL	<u></u>	L
15 	88175138718025	JVIRPAL KAUR	<u> </u>	L
16	88175138718027	CHARNJEET KAUR	<u> </u>	L
17	88175138718029	GURPREET KAUR	<u> </u>	L
18	88175138718034	KULWINDER KAUR	<u> </u>	L
19	88175138718035	_J MALKEET KAUR	<u></u>	L
20	88175138718037	RAMANDEEP KAUR	<u> </u>	
21	88175138718038	SANDEEP KAUR	<u> </u>	L

Class: First

Signature of the Controller

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

Center Name:

Name of the Controller

4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

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

17511 / PRINCIPLE OF EDUCATION Subject:

Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88175138718039 | SUMANDEEP KAUR 88175138718040 | VIRPAL KAUR 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17512 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175138718006 | GURMEET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent
I have conducted 10% random

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17513 / PRACTICE OF TEACHING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175138718027 | CHARNJEET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17525 / PRACTICAL IV-A (MEN GARMENTS) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175138718027 | CHARNJEET 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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17526 / PRACTICAL IV-B(WOMEN GARMENTS) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175138718027 | CHARNJEET 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 March' 2020 EXAMS -SCVT

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17527 / PRACTICAL IV-C (CHILD. GARMENTS) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175138718027 | CHARNJEET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 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 March' 2020 EXAMS -SCVT Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA Course : 192 / CONSUMER ELECTRONICS Class: Fourth 99972 / WORKSHOP CAL. & SCIENCE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88273232216123 | RAJWINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA Course : 192 / CONSUMER ELECTRONICS Class: Fourth 99973 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88273232117101 $_{\mathsf{I}}\mathsf{AVTAR}$ SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

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

Name Of the Student

Subject: 44411 / TRADE THEORY

Regd. No.

PAGE: 1 of

S.No

1 88242132118064 LABHJINDER SINGH

2 88242132118072 GURDEEP SINGH

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

Undertaking

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

Signature of the Invigilator

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

Answer Sheet No.

Name of the Superintendent

Signature of the Superintendent

Student's Sign.

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA Course : 268 / WELDER (GMAW AND GTAW) Class: Second 99933 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88268132217066 | DAVINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller Signature of the Controller

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

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

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

Subject: 44413 / ENGINEERING DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88268132218052	DAYAL SINGH	<u> </u>	
2	88268132218059	GURTEJ SINGH	<u> </u>	
3	88268132218063	JHAPPY KUMAR	<u> </u>	
4	88268132218070	JATINDER SINGH	<u> </u>	
5	88268132218073	KULWINDER SINGH	<u> </u>	
6	88268132218078	RAMANDEEP SINGH	<u> </u>	
7	88268132218081	SATNAM SINGH	<u> </u>	
8	88268132218082	SATNAM SINGH	[
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	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 hav	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 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 gna	ture 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 gna	ture of the Controller

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

Name Of the Student

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

Course: 370 / ART & CRAFTS Class: First

Subject: 17055 / CRAFT(T)

Regd. No.

S.No

88370139018012 | GURPREET KAUR 2 3 88370139018018 _|JASVIR KAUR 5 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

Answer Sheet No.

Student's Sign.

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

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

Course: 370 / ART & CRAFTS Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

5.IVC)	Name Of the Student	Answer Sneet No.	
1	88370139017007	BALJINDER KAUR		<u> </u>
2	88370139017025	GURWINDER SINGH		L
3	88370139018012	GURPREET KAUR		L
4	88370139018018	JASVIR KAUR		
T	otal No. Of Students in otal No. Of Answer Shame and Signature Of	eets Packed >	Sent:	
ab ha	ive appeared under my si	(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 ided 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	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Na	me of the Superintende	nt	Si gnat	ture of the Superintendent
l fi	have conducted 10% rand lled correctly as per	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Na	me of the Deputy Contro	ol I er	Si gnat	ure of the Deputy Controller
l fi	have conducted 5% rand lled correctly as per	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Na	me of the Controller		Si gnat	ure of the Controller

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA Course : 370 / ART & CRAFTS Class: First 17072 / COMP. AWARENESS & GRAPHICS (T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

filled correctly as per instructions.

Name of the Controller

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

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370138517001	_J AMANDEEP KAUR		
2	88370138517003	JAMARJOT SINGH	<u> </u>	<u></u>
3	88370139017040	KULJEET SINGH	<u> </u>	L
4	88370139017041	LAKHWINDER KAUR	<u> </u>	L
5	88370139017047	_] MEENAKSHI	<u> </u>	L
6	88370139018001	JAMANDEEP KAUR	<u> </u>	L
7	88370139018017	IQBALPREET DHANOA	<u> </u>	L
8	88370139018018	JASVIR KAUR	<u> </u>	L
9	88370139018026	 MANPREET SINGH	<u> </u>	L
10	88370139018028	NAVNEET SINGH VIRDI		L
11	88370139018032	RAJNI BALA		L
12	88370139018037	SUMANPREET KAUR		L
13	88370139018039	·YUVRAJ SINGH	1	 I

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT
Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA
Course: 370 / ART & CRAFTS Class: First
Subject: 17073 / GEOMETRICAL DRAWING

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

filled correctly as per instructions.

Name of the Controller Signature of the Controller

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

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70055 / CRAFT(T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370139017007	BALJINDER KAUR				
2	88370139017025	GURWINDER SINGH				
3	88370139017047	MEENAKSHI				
4	88370139017068	SANDEEP KAUR				
5	88370139017072	SIMRAN KAUR				
6	88370139017079	VIKAS SINGLA				
7	88370939015031	KASHISH				
	al No. Of Answer Sheme and Signature Of					
			Undertaki ng			
I (N abov have here	ame)_ e examination as Invi appeared under my su by undertake that if	(Designation)_ gilator. I have personally ch upervision in today's exam, ha any mistakes are found, I wil	necked and ensured that ave been filled and sh I 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 rany remuneration.		
			Si gna	ature of the Invigilator		
l ha fill	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name of the Superintendent Signature of the Superintendent						
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been		
Name	of the Deputy Contro	oller	Si gna	ature of the Deputy Controller		
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been		
Namo	of the Controller		Si ana	ature of the Controller		

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

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

PAGE: 1

S.No Regd. No. Name Of the Student | Student's Sign. Answer Sheet No. 88370138517012 | MANINDER SINGH 3 88370139017007 | BALJINDER KAUR 5 88370139017025 | GURWINDER SINGH 88370139017047 | MEENAKSHI 88370139017072 | SIMRAN 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 March' 2020 EXAMS -SCVT

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370138517003	AMARJOT SINGH		
2	88370138517012	MANINDER SINGH		
3	88370139017014	BUTA SINGH		
4	88370139017025			
5	88370139017047	.MEENIAVSUI		
6	88370139017049	MEVA SINGH		
7	88370139017079	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	al No. Of Answer Sheme and Signature Of		Undortoki na	
I (Nabove have here	ame)_ e examination as Invi appeared under my su by undertake that if	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	Undertaking cked and ensured that 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.
			Si gna	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
	ve conducted 10% rand ed correctly as per i		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	ave conducted 5% ranc ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

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

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70072 / COMMERCIAL ART

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370139017038	KARMJIT KAUR		
2	88370139017047	_J MEENAKSHI	L	L
3	88370139017048	MEHAKDEEP SINGH	<u> </u>	<u> </u>
4	88370139017049	_J MEVA SINGH	<u> </u>	<u> </u>
5	88370139017053	NISHA	<u> </u>	<u> </u>
6	88370139017054	_J NITAN GOYAL	<u> </u>	<u> </u>
7	88370139017055	PARBHINDER KAUR	<u> </u>	L
8	88370139017057	PARMINDER KAUR	<u> </u>	
9	88370139017058	PARWINDER KAUR	<u> </u>	
10	88370139017067	RESHMA RANI	<u> </u>	L
11	88370139017068	SANDEEP KAUR	<u> </u>	
12	88370139017069	SARBJEET KAUR	<u> </u>	
13	88370139017072	SIMRAN KAUR		
14	88370139017074	SUKHVEER KAUR		
15	88370139017079	VIKAS SINGLA	<u></u>	
16	88370139017080	 VISHAL GOYAL		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA Center Name: Course: 370 / ART & CRAFTS Class: Second Subject: 70072 / COMMERCIAL ART Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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 March' 2020 EXAMS -SCVT

4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370138517003	_J AMARJOT SINGH	<u> </u>	<u> </u>
2	88370138517017	SATGUR SINGH	L	L
3	88370139016009	JANMOLPREET SINGH	L	L
4	88370139016017	CHARNJEET SINGH	L	L
5	88370139016027	GURPREET SINGH	L	L
6	88370139016058	NEETU SACHDEVA	L	L
7	88370139016064	PARWINDER SINGH	L	L
8	88370139017001	JAMANDEEP KAUR	L	L
9	88370139017010	BEANT KAUR	<u> </u>	<u> </u>
10	88370139017011	JBHAWNA GARG	L	L
11 	88370139017034	JASPREET KAUR	L	L
12 	88370139017035	KARAMJEET KAUR	L	<u> </u>
13	88370139017038	KARMJIT KAUR	L	L
14 	88370139017040	KULJEET SINGH	L	L
15 	88370139017041	LAKHWINDER KAUR	L	L
16 	88370139017049	_J MEVA SINGH	L	L
17 	88370139017053	NISHA	<u> </u>	<u> </u>
18	88370139017057	PARMINDER KAUR	<u> </u>	<u> </u>
19	88370139017058	PARWINDER KAUR	L	
20	88370139017068	SANDEEP KAUR	L	<u></u>
21	88370139017075	SULBHA MITTAL	<u> </u>	<u> </u>
				

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

Center Name: 4313 / INDUSTRIAL TRAINING INSTITUTE (SC) MANSA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88370139017079	VIKAS SINGLA	<u> </u>	<u></u>		
23	88370139017080	VISHAL GOYAL	L	<u> </u>		
24	88370939015009	AMANDEEP SINGH	<u> </u>	<u> </u>		
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (N abov have here	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	ure of the Invigilator		
l ha fill	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	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		

Class: First

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 174 / STENO (PUNJABI)

Subject: 17411 / TRADE THEORY

PAGE: 1

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88174147618007 | DEEPAK KUMAR 88174147618013 _I KARAMJEET KAUR 2 3 88174147618016 | PARVEEN RANI 88174147618018 _IPOONA 5 88174147618024 _I RAMESH RANI 88174147618029 | SANDEEP KUMAR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Course : 174 / STENO (PUNJABI) Class: First 17414 / SOCIAL STUDIES Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88174147618017 | PARWINDER KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Course : 174 / STENO (PUNJABI) Class: First 17415 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88174147618017 | PARWINDER 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 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 174 / STENO (PUNJABI) Class: First

Subject: 17416 / COGNATE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8817414761800	1 _J ASHLESHA WADHVA	1	L
2	8817414761800	7 _] DEEPAK KUMAR	1	<u> </u>
3	8817414761800	³ GAGANDEEP KAUR	1	<u> </u>
4	8817414761801	3 KARAMJEET KAUR	<u></u>	<u>L</u>
5	8817414761801	⁴ _J MANDEEP KUMAR	1	<u> </u>
6	8817414761801	⁶ _J PARVEEN RANI	<u></u>	<u> </u>
7	8817414761801	7 PARWINDER KAUR	1	<u> </u>
8	8817414761801	³ _J POONA	<u></u>	L
9	8817414761802	⁴ _J RAMESH RANI		L
10	8817414761802	RENU BALA		L
11	8817414761802	 5⊥RENU 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 March' 2020 EXAMS -SCVT 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Center Name:

Course: 174 / STENO (PUNJABI) 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 March' 2020 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

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

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88175147518010	KAJAL RANI			
Tot Tot		this Subject > Present : Ab	osent:		
			Undertaki ng		
have	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.				
			Si gna	ture of the Invigilator	
	ve conducted 20% rand ed correctly as per i		f the said examinati	on and found that particulars have been	
Name	of the Superintender	t	Si gna	ture of the Superintendent	
l ha fill	ve conducted 10% rand ed correctly as per i	om checking of the OMR sheet onstructions.	f the said examinati	on and found that particulars have been	
Name	of the Deputy Contro	ller	Si gna	ture of the Deputy Controller	
	ave conducted 5% rand ed correctly as per i		f the said examinati	on and found that particulars have been	

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course:

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

17512 / TRADE THEORY Subject:

PAGE: 1

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88175147518001 AARTI 88175147518004 | GEETA RANI 2 3 88175147518005 | HARJINDER KAUR 88175147518010 | KAJAL RANI 5 88175147518016 | POOJA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

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

Class: First

Subject: 17513 / PRACTICE OF TEACHING

5.No 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
l 	88175147518001	AARTI	<u> </u>	L		
<u>)</u> 				L		
3	88175147518010	KAJAL RANI	<u> </u>	L		
То	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (l abo hav her	Name)_ ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally checi pervision in today's exam, have any mistakes are found, I will	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 h fil	ave conducted 20% rand Led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Superintenden	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 of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Controller		Si gnat	ure of the Controller		

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

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

Class: First

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

.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
	88175147518001	AARTI		L	
				<u></u>	
}	88175147518010	KAJAL RANI	<u> </u>	L	
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge				
			Undertaki ng		
I (N abov have here	lame)_ ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally check upervision in today's exam, have any mistakes are found, I will u	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	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 March' 2020 EXAMS -SCVT

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

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

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

5.No 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
l 	88175147518001	AARTI	<u> </u>	L		
<u>)</u> 				L		
3	88175147518010	KAJAL RANI	<u> </u>	L		
То	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (l abo hav her	Name)_ ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally checi pervision in today's exam, have any mistakes are found, I will	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 h fil	ave conducted 20% rand Led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Superintenden	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 of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	e of the Controller		Si gnat	ure of the Controller		

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

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

Class: First

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88175147518001	_J AARTI				
2		LIAB WARED KALIB		.L		
3	88175147518010	KAJAL RANI				
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
I (N	amo)	(Dosi gnation)	Undertaki ng	perchy cortify that I have conducted the		
abov have here	e examination as Invi appeared under my su by undertake that if	gilator. I have personally che pervision in today's exam, hav any mistakes are found, I will	ecked and ensured that ve 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 ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examination	on and found that particulars have been		
Name	of the Superintenden	nt	Si gna	ture of the Superintendent		
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examination	on and found that particulars have been		
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet onstructions.	of the said examination	on and found that particulars have been		
Name	of the Controller		Si gna	ture of the Controller		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Course : 175 / CUTTING SEW. & EMB. TEACHER'S TRAINING Class: First 17528 / SCHEME WORK Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88175147518016 | POOJA Total No. Of Students in this Subject > Present : Absent:

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

Total No. Of Answer Sheets Packed >

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 370 / ART & CRAFTS Class: First

Subject: 17055 / CRAFT(T)

Regd. No.

S.No

Name Of the Student

1	88370147518034	KULJEET SINGH	<u> </u>	L
2	88370147518036	MANJEET KOUR	<u> </u>	L
3	88370147518047	SONU SINGH	<u> </u>	L
4	88370147518049	VASUDHA	<u> </u>	L
5 	88370147616038	DEEPAK KUMAR	<u> </u>	L
6	88370147917002	AMANDEEP KUMAR	<u> </u>	L
7	88370147918001	ANJU RANI	<u> </u>	L
8	88370147918008	KARAN	<u> </u>	L
9	88370147918009	KOMAL	<u> </u>	L
10	88370147918013	MANDEEP KAUR	<u> </u>	L
11	88370147918015	RAJNI BALA	<u> </u>	L
12	88370947515053	MANAS MEHTA	<u> </u>	L

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Center Name:

Course: 370 / ART & CRAFTS Class: First

17055 / CRAFT(T) Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

370 / ART & CRAFTS

Course: Class: First

Subject: 17060 / STILL LIFE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370147518023	ANIL KUMAR			
2	88370147518027	ANURADHA RANI		_L	
3	88370147518037	MALKEET KAUR			
4	88370147518039	MONIKA			
5	88370147518045	SAHIL KUMAR			
6	88370147518048	SRISHTI	1		
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	have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.				
Signature of the Invigilator I have conducted 20% 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 Superintendent Signature of the Superintendent				
I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	of the Deputy Controller Signature of the Deputy Controller				
l h fill	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been	
Name	of the Controller		Si gna	ture of the Controller	

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 370 / ART & CRAFTS Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370147518034 | KULJEET SINGH 2 88370147518036 | MANJEET KOUR 88370147518049 _| VASUDHA 3 88370147917023 _I RAMAN KAMBOJ 88370147918008 | KARAN 5 88370147918009 | KOMAL 6 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random 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 March' 2020 EXAMS -SCVT Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Course : 370 / ART & CRAFTS Class: First 17072 / COMP. AWARENESS & GRAPHICS (T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370147917023 | RAMAN KAMBOJ Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent 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

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

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Center Name:

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370147518023	JANIL KUMAR	<u> </u>	L
2	88370147518036	_J MANJEET KOUR	<u> </u>	L
3	88370147518039	_] MONIKA	<u> </u>	L
4	88370147518048	SRISHTI	<u> </u>	L
5 	88370147518049	VASUDHA	<u> </u>	L
6	88370147518052	JVEENA RANI	<u> </u>	L
7	88370147917002	AMANDEEP KUMAR	<u> </u>	L
8	88370147917005	_] ISHITA		L
9	88370147917006	JASKARAN SINGH		L
10	88370147917010	JMANISHA MALHOTRA		L
11	88370147917013	MANPREET SINGH		L
12	88370147917021	RADHA RANI		L
13	88370147917023	RAMAN KAMBOJ		L
14	88370147917025	REKHA RANI		L
15	88370147917034	SONAM		L
16	88370147918008	KARAN		L
17	88370147918009	KOMAL	<u></u>	
18	88370147918013	MANDEEP KAUR		L
19	88370147918015	 RAJNI BALA		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Center Name: Course: 370 / ART & CRAFTS Class: First Subject: 17073 / GEOMETRICAL DRAWING Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Center Name: Course : 370 / ART & CRAFTS Class: Second 70051 / PAINTING Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88370147917018 | PRINKA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 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. 88370147917009 | MAMNEET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370147517027 | SHIVAM DHINGRA $88370147917009_{\mathsf{I}}\mathsf{MAMNEET}\;\mathsf{KAUR}$ Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 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. 88370147917009 | MAMNEET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370147517012	JAGROOP SINGH		L
2	88370147517015	_J MITHU RAM	<u> </u>	<u> </u>
3	88370147517023	RAMAN KUMAR	L	L
4	88370147517025	RAVI SONI	<u> </u>	<u> </u>
5	88370147517026	SATNAM SINGH	<u> </u>	<u> </u>
6	88370147517027	SHIVAM DHINGRA	<u> </u>	<u> </u>
7 	88370147917005	ISHITA	<u> </u>	<u> </u>
8	88370147917013	MANPREET SINGH	<u> </u>	<u> </u>
9	88370147917021	RADHA RANI	<u> </u>	<u> </u>
10 	88370147917025	REKHA RANI	<u> </u>	<u> </u>
11 	88370147917030	SATPINDER SINGH	L	L
12	88370147917033	SHRIYA SUKHIJA	<u> </u>	L
13 	88370147917034	JSONAM	<u> </u>	L
14	88370147917036	SUMITA RANI	<u> </u>	<u> </u>
15	88370147917038	YUVAM GOYAL	<u></u>	

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Center Name: Course: 370 / ART & CRAFTS Class: Second Subject: 70072 / COMMERCIAL ART Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

PAGE: 1 of 1 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	88370147916005	DEEPIKA DUDEJA	1	1	
2	88370147916014	NIDHIKA DUDEJA			
3	88370147916018	REKHA KAMBOJ	<u> </u>	<u> </u>	
4	88370147916019	RESHMA DEVI	<u> </u>	<u> </u>	
5	88370147917026	RENUKA	<u> </u>	<u> </u>	
6	88370147917030	SATPINDER SINGH		<u> </u>	
7	88370147917033	SHRIYA SUKHIJA		1	
8	88370147917034	SONAM	1	1	
9	88370147917038	YUVAM GOYAL		1	
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:		
			Undertaki ng		
I (N abov have here	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that	nereby certify that I have conducted the particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.	
			Si gnat	cure of the Invigilator	
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Name of the Superintendent			Si gnat	Signature of the Superintendent	
	ve conducted 10% rand ed correctly as per i		the said examination	on and found that particulars have been	
Name	of the Deputy Contro	ller	Si gnat	cure 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	
Name	of the Controller		Si gnat	cure of the Controller	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Center Name: Course : 370 / ART & CRAFTS Class: Second 70074 / TEACHING OF ART & CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370147917018 | PRINKA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Center Name: Course : 370 / ART & CRAFTS Class: Second 70075 / PROJECT Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88370147917018 | PRINKA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 70082 / COMPUTER AWARENESS & GRAPHICS (P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370147917018 | PRINKA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1 of

filled correctly as per instructions.

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name: Course : 370 / ART & CRAFTS Class: First 17051 / PAINTING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370148817041 | GURPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

PAGE: 1 of 1 Center Name:

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS

Class: First

Subject: 17055 / CRAFT(T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370148817015	RADHA RANI		
2	88370148817039	GOLD SINGH		
3	88370148817041	GURPREET KAUR		
4	88370148817046	JASWINDER SINGH		
5	88370148817057	NISHAN SINGH		
6	88370148817077	SUNITA RANI		
7	88370148818002	 AKSHIT		
8	88370148818045	PRINCE KUMAR		
9	88370148818046	PRIYANKA		
Т	otal No. Of Students in otal No. Of Answer She ame and Signature Of	eets Packed >	sent:	
			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 che pervision in today's exam, hav any mistakes are found, I will	hcked and ensured that e been filled and sha not be entitled for	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
	have conducted 20% rand lled correctly as per i		f the said examinatio	on and found that particulars have been
Na	me of the Superintender	t	Si gna	ture of the Superintendent
l fi	have conducted 10% rand lled correctly as per i	lom checking of the OMR sheet o nstructions.	f the said examinatio	on and found that particulars have been
Na	me of the Deputy Contro	ller	Si gna	ture of the Deputy Controller
	have conducted 5% rand lled correctly as per i		f the said examinatio	on and found that particulars have been
Na	me of the Controller		Si gna	ture of the Controller

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

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

Course: 370 / ART & CRAFTS Class: First

Subject: 17059 / DESIGN

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370148817041	GURPREET KAUR				
2	88370148817066	SANDEEP KUMAR				
3	88370148818003	AMANDEEP KAUR				
4	88370148818006	ARVIND KAMBOJ				
5	88370148818017	JGURNAM SINGH				
6	88370148818018	HARJINDER KAUR				
7	88370148818036	NIRMAL KAUR				
8	88370148818058	SIMMI				
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	osent:			
			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 cha upervision in today's exam, hav any mistakes are found, I will	ecked and ensured tha ve been filled and sh not be entitled for	hereby certify that I have conducted the it particulars of all the students who haded correctly in the OMR sheets. I also any remuneration.		
			Si gna	Signature of the Invigilator		
l ha√ fill∈	ve conducted 20% randed 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	ture of the Superintendent		
l ha∖ fill∈	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been		
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
l ha fill∈	ave conducted 5% 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 Controller		Si gna	ture of the Controller		

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS

Center Name:

Class: First

17060 / STILL LIFE Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370148817041 | GURPREET KAUR 88370148818001 $_{
m |}$ AKSHAY KUMAR 2 3 88370148818002 | AKSHIT 88370148818003 $_{\mid}$ AMANDEEP KAUR 5 88370148818005 | ARSHDEEP KAUR 88370148818006 | ARVIND KAMBOJ 88370148818008 | BINDER SINGH 88370148818011 | GOBIND SINGH 88370148818019 | HARPREET KAUR 88370148818020 | HARPREET SINGH 10 88370148818023 | JASWINDER KAUR 88370148818024 | JASWINDER KAUR 12 13 88370148818030 | MAMTA RANI 14 88370148818034 | NAINA 88370148818036 | NIRMAL KAUR 15 88370148818037 | NISHA RANI 16 17 88370148818038 | NISHU RANI 18 88370148818039 | PARAMJEET KAUR 88370148818042 | PARMJEET KAUR 20 88370148818045 | PRINCE KUMAR

88370148818047 _| RAJITA

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

Center Name:

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

370 / ART & CRAFTS Course:

Class: First

Subject :	17060 / STILL LIFE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370148818048	RAJVEER KAMBOJ		
23	88370148818049	REKHA RANI		_L
24	88370148818055	SAROJ RANI		
25	88370148818059	SIMRANJEET KAUR		
26	88370148818060	SIMRANPREET KAUR		
27	88370148818061	SONA RANI		
28 _I	88370148818064	SUNITA RANI	I	
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	osent:	
			Undertaki ng	
have	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 it particulars of all the students who laded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been

Signature of the Controller

Name of the Controller

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name: Course : 370 / ART & CRAFTS Class: First 17065 / CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370148817041 | GURPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

Name of the Controller

Name of the Deputy Controller

filled correctly as per instructions.

PAGE: 1

Signature of the Controller

Signature of the Deputy Controller

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370148818002 | AKSHIT 88370148818046 | PRIYANKA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Course : 370 / ART & CRAFTS Class: First 17071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370148817041 | GURPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS Class: First

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370148817041	GURPREET KAUR	<u> </u>		
2					
3		DINIDED CINCII			
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge				
			Undertaki ng		
abo hav	e appeared under my su	(Designation) gilator. I have personally check upervision in today's exam, have any mistakes are found, I will u	ked and ensured that been filled and shad	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.	
			Si gnati	ure of the Invigilator	
l h fil	ave 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	e of the Superintenden	nt	Si gnati	ure of the Superintendent	
l h fil	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have be filled correctly as per instructions.			n and found that particulars have been	
Nam	e of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller	
l fil	have conducted 5% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
Nam	e of the Controller		Si gnati	ure of the Controller	

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370147818002 | JAJ SINGH 88370147818003 | JANAK RANI 3 88370147818005 | PRATIBHA 88370147818006 | SUKHDEV SINGH 5 88370148816027 | SEEMA RANI 88370148817003 _| ASHOK KAMBOJ 88370148817022 | SANDEEP KUMAR 88370148817023 | SANJOLI 88370148817029 _| SUNITA RANI 88370148817035 _| ASHA RANI 10 88370148817041 | GURPREET KAUR 88370148817055 | NAVJOT KAUR 12 13 88370148817057 INISHAN SINGH 14 88370148817058 | PIPAL SINGH 88370148817066 | SANDEEP KUMAR 15 88370148817070 | SAROJ RANI 16 17 88370148817077 | SUNITA RANI 18 88370148818001 | AKSHAY KUMAR 88370148818002 _| AKSHIT 20 88370148818003 _| AMANDEEP KAUR 88370148818005 | ARSHDEEP KAUR

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS Class: First

Subject: 17073 / GEOMETRICAL DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370148818006	JARVIND KAMBOJ	<u> </u>	<u> </u>
23	88370148818008	JBINDER SINGH	L	L
24	88370148818011	JGOBIND SINGH	<u> </u>	L
25	88370148818012	JGOURAV KUMAR	<u> </u>	L
26	88370148818016	GURMEET KAUR	<u> </u>	L
27	88370148818017	JGURNAM SINGH	<u> </u>	L
28	88370148818018	HARJINDER KAUR	<u></u>	L
29 	88370148818020	JHARPREET SINGH	L	L
30	88370148818023	JASWINDER KAUR	<u> </u>	L
31	88370148818024	JASWINDER KAUR	<u> </u>	L
32	88370148818030	JMAMTA RANI	<u> </u>	L
33	88370148818034	JNAINA	<u> </u>	<u> </u>
34	88370148818045	JPRINCE KUMAR	<u></u>	L
35 	88370148818046	_J PRIYANKA	<u></u>	L
36	88370148818047	_] RAJITA	<u> </u>	L
37	88370148818055	SAROJ RANI	<u> </u>	L
38	88370148818059	SIMRANJEET KAUR	<u> </u>	<u> </u>
39	88370148818060	SIMRANPREET KAUR	<u> </u>	<u> </u>
40	88370148818061	JSONA RANI	<u> </u>	
41	88370148818064	JSUNITA RANI	L	<u></u>
42	88370156217023	_J MONIKA RANI	<u> </u>	<u> </u>
				

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 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. 88370156217032 | SEEMA 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

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS Class: First

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

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370148817041 | GURPREET KAUR 88370148818011 | GOBIND SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS Class: Second

Subject: 70055 / CRAFT(T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370148817015	RADHA RANI	<u> </u>			
2	88370148817023	SANJOLI	<u> </u>			
3	88370148817039	JGOLD SINGH	<u> </u>			
4	88370148817042	GURPREM SINGH				
5	88370148817058	PIPAL SINGH				
6	88370148817059	PRAVEEN RANI				
7	88370156217032	SEEMA DANI				
Tot	tal No. Of Answer She me and Signature Of	eets Packed >	sent:			
			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 whave appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
			Si gna	Signature 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		
	ave conducted 10% rand ed correctly as per i		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		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 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. 88370148817046 | JASWINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Course : 370 / ART & CRAFTS Class: Second 70071 / HISTORY & APPRECIATION OF ART Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88370148817023 | SANJOLI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS Class: Second

Subject: 70072 / COMMERCIAL ART

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370148817002	JANITA RANI	<u> </u>	<u> </u>
2	88370148817003	JASHOK KAMBOJ	<u> </u>	<u>L</u>
3	88370148817007	GURPREET KAUR	<u> </u>	<u> </u>
4	88370148817010	KULWINDER KAUR	<u> </u>	<u>L</u>
5	88370148817013	PARTEEK KUMAR	<u> </u>	<u>L</u>
6	88370148817014	POOJA RANI	<u> </u>	<u> </u>
7	88370148817015	RADHA RANI	<u> </u>	<u> </u>
8	88370148817016	RAJ RANI	<u> </u>	<u> </u>
9	88370148817020	JREENA RANI	<u> </u>	<u> </u>
10	88370148817022	SANDEEP KUMAR	<u> </u>	<u> </u>
11	88370148817029	JSUNITA RANI	<u> </u>	<u> </u>
12	88370148817033	JANCHAL	<u> </u>	<u> </u>
13	88370148817035	_J ASHA RANI	<u> </u>	<u> </u>
14	88370148817040	GURPARKASH SINGH	<u> </u>	<u> </u>
15	88370148817045	JASWINDER KAUR	<u> </u>	<u> </u>
16	88370148817046	JASWINDER SINGH	<u> </u>	<u> </u>
17	88370148817047	JKAMNA RANI	<u> </u>	<u> </u>
18	88370148817048	KAPIL MAKKAR	<u> </u>	L
19	88370148817050	KULWINDER KAUR	 	
20	88370148817053	_J MANJEET BALA		
21	88370148817055	NAVJOT KAUR		L

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS Class: Second

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370148817058	PIPAL SINGH	<u> </u>	<u> </u>
23	88370148817059	PRAVEEN RANI		L
24	88370148817068	SANJANA BALA		L
25	88370148817070	SAROJ RANI		L
26	88370148817071	SATPAL	<u> </u>	<u>L</u>
27	88370148817079	VARINDER KUMAR		<u> </u>
28	88370156217009	GURMEET SINGH	<u> </u>	<u> </u>
29	88370156217023	MONIKA RANI	<u> </u>	<u> </u>
30	88370156217031	RUPINDER KAUR	<u> </u>	<u> </u>
31	88370156217032	2 SEEMA 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: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS Class: Second

Subject: 70072 / COMMERCIAL ART

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370148816007	_] HEMANT	<u> </u>	<u> </u>
2	88370148817002	JANITA RANI	<u> </u>	L
3	88370148817003	JASHOK KAMBOJ	<u> </u>	<u> </u>
4	88370148817010	KULWINDER KAUR	<u> </u>	<u> </u>
5 	88370148817014	JPOOJA RANI	<u> </u>	<u> </u>
6	88370148817015	RADHA RANI	<u> </u>	<u> </u>
7	88370148817016	RAJ RANI	<u> </u>	<u>L</u>
8	88370148817020	REENA RANI	<u> </u>	<u> </u>
9	88370148817023	_] SANJOLI	<u> </u>	<u> </u>
10	88370148817035	_J ASHA RANI	<u> </u>	<u> </u>
11	88370148817040	GURPARKASH SINGH	<u> </u>	L
12	88370148817045	JASWINDER KAUR	<u> </u>	L
13	88370148817047	KAMNA RANI	<u> </u>	<u> </u>
14	88370148817048	KAPIL MAKKAR	<u> </u>	<u> </u>
15 	88370148817055	NAVJOT KAUR	<u> </u>	<u> </u>
16 	88370148817064	REKHA RANI	<u> </u>	<u> </u>
17 	88370148817070	SAROJ RANI	<u> </u>	L
18 	88370156217023	_J MONIKA RANI	<u> </u>	L
19	88370156217032	SEEMA RANI	<u> </u>	
20	88370947815013	PARVEEN KAUR		<u></u>
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PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR March' 2020 EXAMS -SCVT
Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD
Course: 370 / ART & CRAFTS Class: Second
Subject: 70073 / SCALE & PERSPECTIVE DRAWING

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

Undertaking

I (Name) (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

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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

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

Course: 132 / ELECTRICIAN Class: Fourth

Subject: 99973 / ENGINEERING DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231251217045	ARSHDEEP SINGH		
2	88231251217073	KHUSHWINDER SINGH	1	
3	88231251217074	LAKHWINDER SINGH	<u> </u>	
4	88231251217081	PARWINDER KUMAR	<u> </u>	
5	88231251217086	RAVINDER SINGH	<u> </u>	
6	88231251217087	RAJPAL SINGH		
7	88231251217088	RAVINDERJEET SINGH	<u> </u>	
8	88231251217094	VIVEK		I
Tota	al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
above have	nme) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	cked and ensured that e been filled and sha	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l hav fill∈	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l hav fill∈	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l ha fill∈	ave conducted 5% ranced correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	ture of the Controller

Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR Course : 174 / STENO (PUNJABI) Class: First 17411 / TRADE THEORY Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88174151118041_|SAHIL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

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Name of the Deputy Controller

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

Name of the Controller Signature of the Controller

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

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

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

S.I	No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88175151318001	AMANDEEP KAUR	<u> </u>	L
2	<u> </u>	88175151318010	INDERJEET KAUR	<u>[</u>	
3		88175151318012	JYOTI RANI	<u> </u>	
4			DINIKLOLIALILIANI		
	Total No. Of Students in this Subject > Present: Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I als				
	herel	by undertake that if	any mistakes are found, I will i	not be entitled for a	any remuneration. ure of the Invigilator
	l hav	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	G	n and found that particulars have been
	Name	of the Superintender	nt	Si gnati	ure of the Superintendent
	l hav	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
	Name	of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller
	l ha	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
	Name	of the Controller		Si gnati	ure of the Controller

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

PAGE: 1 of 1 Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR

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

Class: First

Subject: 17528 / SCHEME WORK

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88175151318010	INDERJEET 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	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 gna	Signature of the Deputy Controller	
	nave conducted 5% rand ed correctly as per i		of the said examinati	on and found that particulars have been	

Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR 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. 88370956215026 | HARVINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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PAGE: 1

filled correctly as per instructions.

Name of the Controller

4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR 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. 88370956215020 $_{\parallel}$ KUMARI NEETU Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller Signature of the Controller