PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 114 / PLUMBER

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88209123421001	BALJINDER SINGH				
2	88209123423001	ARSHDEEP SINGH	<u> </u>	L		
3	88209123423002	BEERPARTAP SINGH	<u> </u>	L		
4	88209123423003	HARJINDER SINGH	<u> </u>	L		
5	88209123423004	MANJOT SINGH	<u> </u>	L		
6	88209123423005	PARAMBIR SINGH	<u> </u>	L		
7	88209123423008	RAMAN KUMAR		<u></u>		
	tal No. Of Answer She me and Signature Of					
			Undertaki ng			
I (N abov have here	I (Name) hereby certify that I have conducted th above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I als hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	ure of the Invigilator		
I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have be filled correctly as per instructions.						
Name of the Superintendent			Si gnat	ure of the Superintendent		
I have conducted 10% random checking of the OMR sheet of filled correctly as per instructions.			the said examination	on and found that particulars have been		
Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
	nave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been		
Name	e of the Controller		Si gnat	ture of the Controller		

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209123423001 | ARSHDEEP SINGH 2 88209123423002 | BEERPARTAP SINGH 3 88209123423003 | HARJINDER SINGH 88209123423004 | MANJOT SINGH 5 6 88209123423008 _I RAMAN 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 August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209123423001	ARSHDEEP SINGH	1	
2	88209123423002	BEERPARTAP SINGH		
3	88209123423003	HARJINDER SINGH		
4	88209123423004	MANJOT SINGH		
5	88209123423005	PARAMBIR SINGH		
6	88209123423008	RAMAN KUMAR	I	
Na	ame and Signature Of	Incharge	Undertaki ng	
	ital No. Of Answer She nme and Signature Of		Undertaki ng	
abo hav	e appeared under my su	ipervision in today's exam, hav	cked and ensured that te been filled and sh	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also
her	eby undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
			9	ture of the Invigilator
l h fil	ave conducted 20% rand led correctly as per i	lom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Nam	e of the Superintender	nt	Si gna	ture of the Superintendent
I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars hav filled correctly as per instructions.				
Nam	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Nam	e of the Controller		Si gna	ture of the Controller

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

PAGE: 1

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88227223422002 | BALJEET SINGH 88227223422004 | DEEPAK SINGH 2 3 88227223422007 | HARDEEP SINGH 88227223422008 | HARMANDEEP SINGH 5 88227223422015 INITVIR SINGH BADWAL 6 88227223422017 | PARNEET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Signature of the Deputy Controller Name of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88227223422002	BALJEET SINGH					
2	88227223422004	DEEPAK SINGH	<u> </u>	<u> </u>			
3	88227223422007	HARDEEP SINGH	<u> </u>	<u> </u>			
4	88227223422008	HARMANDEEP SINGH	L	L			
5	88227223422015	NITVIR SINGH BADWAL	L	L			
6	88227223422017	PARNEET SINGH	L				
Na I (N abov	Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also						
here	eby undertake that if	any mistakes are found, I will	not be entitled for a	any remuneration.			
Signature of the Invigilator I have 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 gnati	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			
Name	Name of the Controller Signature of the Controller						

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 128 / FITTER Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227223422002	2 BALJEET SINGH		
2	88227223422004	DEEPAK SINGH	1	
3	8822722342200	GURPREET SINGH	1	
4	8822722342200	HARDEEP SINGH		
5	88227223422008	HARMANDEEP SINGH	1	
6	88227223422012	JASPREET SINGH		
7	88227223422013	KAMALDEEP SINGH		
8	8822722342201	NITVIR SINGH BADWAL	1	
9	8822722342201	PARNEET SINGH	<u> </u>	<u></u>
10	88227223422020) VISHAL KUMAR		

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA
Course: Class: Second

Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 128 / FITTER Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227223422002	BALJEET SINGH		L
2	88227223422004	DEEPAK SINGH		
3	88227223422005	GURPREET SINGH		
4	88227223422007	HARDEEP SINGH		
5	88227223422008	HARMANDEEP SINGH	<u> </u>	<u> </u>
6	88227223422012	JASPREET SINGH		L
7	88227223422013	KAMALDEEP SINGH	<u> </u>	L
8	88227223422015	NITVIR SINGH BADWAL	<u> </u>	L
9	88227223422017	PARNEET SINGH	<u> </u>	<u> </u>
10	88227223422020	VISHAL KUMAR	 	

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 128 / FITTER Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 128 / FITTER Class: Second

Subject: 44445 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227223422002	BALJEET SINGH		
2	88227223422004	DEEPAK SINGH	<u> </u>	
3	88227223422005	GURPREET SINGH	<u> </u>	L
4	88227223422007	HARDEEP SINGH	<u> </u>	L
5	88227223422008	HARMANDEEP SINGH	<u> </u>	L
6	88227223422012	JASPREET SINGH	<u> </u>	L
7	88227223422013	KAMALDEEP SINGH	<u> </u>	L
8	88227223422015	NITVIR SINGH BADWAL	L	L
9	88227223422017	PARNEET SINGH	<u> </u>	L
10	88227223422020	IVISHAL KUMAR	I	I

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

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA Center Name: Course: 128 / FITTER Class: Second

44445 / PRACTICAL Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231210323002	GURINDER SINGH	<u> </u>	L
2	88231210323003	GURKIRAT SINGH	<u> </u>	L
3	88231210323004	GURSEWAK SINGH	<u> </u>	L
4	88231210323005	HARMANPREET SINGH	<u> </u>	L
5 	88231210323006	HARPREET SINGH	<u></u>	L
6	88231210323007	HARPREET SINGH	<u> </u>	L
7	88231210323008	IMRAN	<u> </u>	L
8	88231210323009	INDERJEET SINGH	<u> </u>	L
9	88231210323010	JAGDEEP SINGH		L
10	88231210323011	JASHANPREET SINGH		L
11	88231210323012	KARANVEER SINGH	<u> </u>	L
12	88231210323013	LAKHVEER SINGH		L
13	88231210323014	NAVDEEP SINGH	<u> </u>	L
14	88231210323015	PAWANDEEP SINGH	<u> </u>	L
15	88231210323016	PAWANPREET SINGH	<u> </u>	L
16	88231210323017	RAHUL	<u> </u>	L
17 	88231210323019	SALEEM KHAN		L
18	88231210323020	SUKHDEEP SINGH		L
19	88231210323021	SURINDER SINGH		L
20	88231223423014	JANSHUL PAL		
21	88231223423017	BALJINDER SINGH		L

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

22 88231223423019 DAWINDER SINGH	S.No	Regd. No.		Name Of the Student	Answer Sheet No.	Student's Sign.
	22	88231223423019	DAV	VINDER SINGH		

]		L
23	88231223423021	HARSHPREET SINGH	L	
24	88231223423022	KARANJEET SINGH	<u> </u>	
25	88231223423023	KARANVIR SINGH		L
26	88231223423025	MANJOT SINGH		
27	88231223423026	MANMOHIT SINGH		
28	88231223423027	NAVDEEP SINGH		
29	88231223423029	 SATVIR SINGH	 	
30	88231223423030	SIMRANJIT SINGH		

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

88231223423031 | TALWINDER SINGH

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA
Course: 132 / ELECTRICIAN Class: First
Subject: 44431 / TRADE THEORY

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

Name and Signature Of Incharge

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Subject.	44434 / EIVIPLO	IDILIT SKILL		
S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231210323002	GURINDER SINGH		<u> </u>
2	88231210323003	GURKIRAT SINGH	<u> </u>	L
3	88231210323004	GURSEWAK SINGH		L
4	88231210323005	HARMANPREET SINGH		L
5 	88231210323006	HARPREET SINGH		L
6	88231210323007	HARPREET SINGH		L
7	88231210323008	IMRAN		L
8	88231210323009	INDERJEET SINGH	<u> </u>	L
9	88231210323010	JAGDEEP SINGH	<u> </u>	L
10	88231210323011	JASHANPREET SINGH	<u> </u>	L
11	88231210323012	KARANVEER SINGH	<u> </u>	L
12	88231210323013	LAKHVEER SINGH	<u> </u>	L
13	88231210323014	NAVDEEP SINGH	<u> </u>	L
14	88231210323015	PAWANDEEP SINGH	<u> </u>	L
15	88231210323016	PAWANPREET SINGH	<u> </u>	L
16	88231210323017	RAHUL	L	L
17	88231210323019	SALEEM KHAN	<u> </u>	<u> </u>
18	88231210323020	SUKHDEEP SINGH	<u></u>	<u></u>
19	88231210323021	SURINDER SINGH		<u> </u>
20	88231223423014	ANSHUL PAL		
21	88231223423017	BALJINDER SINGH		
l				

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88231223423019	DAWINDER SINGH		
23	88231223423021	HARSHPREET SINGH		L
24	88231223423022	KARANJEET SINGH	<u> </u>	L
25	88231223423023	KARANVIR SINGH	<u> </u>	L
26	88231223423025	MANJOT SINGH	<u> </u>	L
27	88231223423026	MANMOHIT SINGH		L
28	88231223423027	NAVDEEP SINGH		L
29	88231223423029	SATVIR SINGH	<u> </u>	L
30	88231223423030	SIMRANJIT SINGH		
31	88231223423031	TALWINDER SINGH		L

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231210323002	GURINDER SINGH	<u> </u>	<u> </u>
2	88231210323003	GURKIRAT SINGH	<u> </u>	L
3	88231210323004	GURSEWAK SINGH	<u> </u>	L
4	88231210323005	HARMANPREET SINGH	<u> </u>	L
5 	88231210323006	HARPREET SINGH	<u> </u>	L
6	88231210323007	HARPREET SINGH	<u> </u>	L
7	88231210323008	JIMRAN	<u></u>	L
8	88231210323009	INDERJEET SINGH	<u></u>	L
9	88231210323010	JAGDEEP SINGH	<u></u>	L
10	88231210323011	JASHANPREET SINGH	<u> </u>	L
11	88231210323012	KARANVEER SINGH	<u></u>	L
12	88231210323013	LAKHVEER SINGH	<u></u>	L
13	88231210323014	NAVDEEP SINGH	<u> </u>	L
14	88231210323015	PAWANDEEP SINGH	<u> </u>	L
15	88231210323016	JPAWANPREET SINGH	<u> </u>	L
16	88231210323017	_J RAHUL	<u> </u>	L
17	88231210323019	SALEEM KHAN	<u> </u>	L
18	88231210323020	SUKHDEEP SINGH	<u></u>	L
19	88231210323021	SURINDER SINGH	L	<u></u>
20	88231223423014	JANSHUL PAL	 	
21	88231223423017	BALJINDER SINGH		<u> </u>

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88231223423019	DAWINDER SINGH	<u> </u>	<u></u>
23	88231223423021	HARSHPREET SINGH	<u> </u>	L
24	88231223423022	KARANJEET SINGH	L	L
25 	88231223423023	KARANVIR SINGH	L	L
26	88231223423025	MANJOT SINGH	L	L
27	88231223423026	MANMOHIT SINGH	<u> </u>	L
28	88231223423027	NAVDEEP SINGH	<u> </u>	L
29	88231223423029	SATVIR SINGH	L	L
30	88231223423030	SIMRANJIT SINGH	L	L
31	88231223423031	TALWINDER SINGH	<u> </u>	L

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA Center Name:

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA Center Name:

Course: 268 / WELDER (GMAW AND GTAW)

Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88268123422021	AMANDEEP SINGH		L
88268123422022	AMANJOT SINGH		
88268123422027	GAGANDEEP SINGH		
88268123422039	SATISH KUMAR		L
88268123422040	JUMESH		
88268123423033	DILPREET SINGH		
88268123423035	GURJOT SINGH		
88268123423036	GURPREET SINGH		
88268123423039	HARVINDER SINGH		
88268123423043	KAMAL		
88268123423048	RAJ KUMAR		
88268123423049	RAJAT RAM		
	88268123422021 88268123422022 88268123422027 88268123422039 88268123422040 88268123423033 88268123423035 88268123423036 88268123423039 88268123423043	Regd. No. Name Of the Student 88268123422021 AMANDEEP SINGH 88268123422022 AMANJOT SINGH 88268123422027 GAGANDEEP SINGH 88268123422039 SATISH KUMAR 88268123422040 UMESH 88268123423033 DILPREET SINGH 88268123423036 GURJOT SINGH 88268123423039 HARVINDER SINGH 88268123423043 KAMAL 88268123423048 RAJ KUMAR 88268123423049 RAJAT RAM	88268123422021 AMANDEEP SINGH 88268123422022 AMANJOT SINGH 88268123422027 GAGANDEEP SINGH 88268123422039 SATISH KUMAR 88268123422040 UMESH 88268123423033 DILPREET SINGH 88268123423036 GURPREET SINGH 88268123423039 HARVINDER SINGH 88268123423043 KAMAL

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA Center Name:

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

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA Center Name:

Course: 268 / WELDER (GMAW AND GTAW)

44434 / EMPLOYBILITY SKILL Subject:

PAGE: 1

S.No Name Of the Student Regd. No. Answer Sheet No. 88268123422040 LUMESH 3 88268123423035 | GURJOT SINGH 88268123423036 | GURPREET SINGH 5 88268123423043 _| KAMAL 88268123423048 _| RAJ KUMAR 88268123423049 | RAJAT RAM Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 268 / WELDER (GMAW AND GTAW)

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88268123423033	DILPREET SINGH		
2	88268123423035	GURJOT SINGH		
3	88268123423036	CURRET SINCU		
4	88268123423039			
5 	88268123423043			
6	88268123423048			
7	88268123423049			
Tota	al No. Of Answer She me and Signature Of	eets Packed >	sent:	
, tai	no ana oignataro or	monargo		
have	appeared under my su	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	: been filled and 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	ture of the Invigilator
l ha fille	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha fille	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
	ave conducted 5% ranc ed correctly as per i		the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 658 / SEWING TECHNOLOGY

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247110322003	GURWINDER KAUR	<u> </u>	<u> </u>
2	88247110323022	AMARJIT KAUR	<u> </u>	<u> </u>
3	88247110323023	BALJINDER KAUR	<u> </u>	<u> </u>
4	88247110323024	CHANDAN DEVI		<u> </u>
5 	88247110323025	DALJEET KAUR		L
6	88247110323026	GURJEET KAUR		<u> </u>
7	88247110323027	GURLEEN KAUR		<u> </u>
8	88247110323028	GURPREET KAUR		L
9	88247110323029	GURVINDER KAUR		L
10	88247110323030	ISHU RANI		<u> </u>
11	88247110323031	JASPREET KAUR		<u> </u>
12	88247110323033	MANPREET KAUR		
13	88247110323034	NARINDER KAUR		
14	88247110323035	NARINDER KAUR		I
15	88247110323036	NIRJOT KAUR		I
16	88247110323037	RAJNI KAUR		
17	88247110323038	SAPINDER KAUR		
18	88247110323041	TARANDEEP KAUR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA Center Name: Course: 658 / SEWING TECHNOLOGY Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

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

filled correctly as per instructions.

Name of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

Signature of the Superintendent

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 658 / SEWING TECHNOLOGY

Center Name:

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247110322003	GURWINDER KAUR	<u> </u>	L
2	88247110322005	JASPREET KAUR	<u> </u>	L
3	88247110323022	AMARJIT KAUR	<u> </u>	L
4	88247110323023	BALJINDER KAUR	<u> </u>	L
5	88247110323024	CHANDAN DEVI	<u> </u>	L
6	88247110323025	DALJEET KAUR	<u> </u>	L
7	88247110323026	GURJEET KAUR	<u> </u>	L
8	88247110323027	GURLEEN KAUR	<u> </u>	L
9	88247110323028	GURPREET KAUR	<u> </u>	L
10	88247110323029	GURVINDER KAUR	<u> </u>	L
11	88247110323030	ISHU RANI	<u> </u>	L
12	88247110323031	JASPREET KAUR	<u> </u>	L
13	88247110323033	MANPREET KAUR	<u> </u>	L
14	88247110323034	NARINDER KAUR	<u> </u>	L
15 	88247110323035	NARINDER KAUR	<u> </u>	L
16	88247110323036	NIRJOT KAUR	<u> </u>	L
17 	88247110323037	RAJNI KAUR	<u> </u>	L
18	88247110323038	SAPINDER KAUR	<u> </u>	
19	88247110323041	TARANDEEP KAUR		
				

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA
Course: 658 / SEWING TECHNOLOGY Class: First
Subject: 44434 / EMPLOYBILITY SKILL

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

Undertaking

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

Signature of the Invigilator

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

Name of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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

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

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 658 / SEWING TECHNOLOGY

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247110323022	JAMARJIT KAUR	<u> </u>	<u></u>
2	88247110323023	BALJINDER KAUR	<u> </u>	L
3	88247110323024	CHANDAN DEVI	<u> </u>	L
4	88247110323025	DALJEET KAUR	<u> </u>	L
5	88247110323026	GURJEET KAUR	<u> </u>	L
6	88247110323027	GURLEEN KAUR	<u> </u>	L
7	88247110323028	GURPREET KAUR	<u> </u>	L
8	88247110323029	GURVINDER KAUR	<u> </u>	L
9	88247110323030	JISHU RANI	<u> </u>	L
10	88247110323031	JASPREET KAUR	<u> </u>	L
11	88247110323033	MANPREET KAUR	<u> </u>	L
12	88247110323034	NARINDER KAUR	<u> </u>	L
13	88247110323035	NARINDER KAUR	<u> </u>	L
14	88247110323036	NIRJOT KAUR	<u> </u>	L
15 	88247110323037	RAJNI KAUR	<u> </u>	L
16	88247110323038	SAPINDER KAUR	<u> </u>	L
17 	88247110323041	TARANDEEP KAUR	<u> </u>	L
•				

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

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA Center Name:

Course: 658 / SEWING TECHNOLOGY Class: First

44435 / PRACTICAL Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 660 / WELDER Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212110321022	DALJEET SINGH	<u> </u>	L
2	88212110321028	GURWINDER SINGH	<u> </u>	L
3	88212110321038	RAVINDER SINGH	<u> </u>	L
4	88212110322028	KHUSHPREET SINGH	<u> </u>	L
5	88212110322029	LOVEPREET SINGH	<u> </u>	L
6	88212110322033	PARAMVIR SINGH	<u> </u>	L
7	88212110323044	DILPREET SINGH	<u> </u>	L
8	88212110323045	JDILRAJ KHAN	<u> </u>	L
9	88212110323046	GAGANJOT SINGH	<u> </u>	L
10	88212110323047	GURPREET SINGH	<u> </u>	L
11	88212110323049	_J HARMAN SINGH	<u> </u>	L
12	88212110323050	HARMANJIT SINGH	<u> </u>	L
13	88212110323052	JASHANPREET SINGH		L
14	88212110323056	RAJVEER SINGH	<u> </u>	L
15	88212110323057	RAMANDEEP SINGH	<u> </u>	L
16	88212110323058	RASHPAL SINGH	 	
17	88212110323060	SATPREET SINGH		
4.0				

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

Total No. Of Answer Sheets Packed >

88212123423052 | AMIT KUMAR

Name and Signature Of Incharge

18

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA Center Name: Course: 660 / WELDER Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212110322020	ARSHDEEP SINGH		L
2	88212110322029	LOVEPREET SINGH	<u> </u>	L
3	88212110322033	PARAMVIR SINGH	<u> </u>	<u> </u>
4	88212110323044	DILPREET SINGH	<u> </u>	L
5 	88212110323045	JDILRAJ KHAN	<u> </u>	L
6	88212110323046	GAGANJOT SINGH		
7	88212110323047	GURPREET SINGH	<u> </u>	L
8	88212110323049	HARMAN SINGH	<u> </u>	
9	88212110323050	HARMANJIT SINGH	<u> </u>	L
10	88212110323052	JASHANPREET SINGH	<u> </u>	<u> </u>
11	88212110323056	RAJVEER SINGH	<u> </u>	<u> </u>
12	88212110323057	RAMANDEEP SINGH		
13	88212110323058	RASHPAL SINGH		
14	88212110323060	SATPREET SINGH		
15	88212123423052	AMIT KUMAR	<u></u>	

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Center Name:

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course : 660 / WELDER Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212110322028	KHUSHPREET SINGH		<u> </u>
2	88212110323044	DILPREET SINGH		
3	88212110323045	JDILRAJ KHAN		<u> </u>
4	88212110323046	GAGANJOT SINGH		<u> </u>
5 	88212110323047	GURPREET SINGH		<u> </u>
6	88212110323049	HARMAN SINGH		
7	88212110323050) HARMANJIT SINGH		<u> </u>
8	88212110323052	JASHANPREET SINGH		<u> </u>
9	88212110323056	RAJVEER SINGH		<u> </u>
10	88212110323057	RAMANDEEP SINGH		<u> </u>
11	88212110323058	RASHPAL SINGH		<u> </u>
12	88212110323060	SATPREET SINGH		<u></u>
13 _I	88212123423052			

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 660 / WELDER Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA Center Name:

Course: 664 / PUNJABI STENOGRAPHY

Class: First Subject: 17411 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174110123001	AKASHDEEP SINGH	<u> </u>	<u> </u>
2	88174110123002	ANJALI RANI	<u> </u>	<u> </u>
3	88174110123003	HARKAMAL KAUR	<u> </u>	<u> </u>
4	88174110123004	HARMANJEET SINGH	<u> </u>	<u> </u>
5 	88174110123005	HARPREET KAUR	<u> </u>	<u> </u>
6	88174110123006	HARPREET KAUR	<u> </u>	<u> </u>
7	88174110123007	JASPREET KAUR SANDHU	<u> </u>	<u> </u>
8	88174110123009	KIRANDEEP KAUR		L
9	88174110123010	MANPREET KAUR		L
10	88174110123011	MANPREET KAUR		<u> </u>
11	88174110123012	MANPREET SINGH	<u> </u>	<u> </u>
12	88174110123013	MEHAKPREET KAUR		<u> </u>
13	88174110123014	NEETU	<u> </u>	<u> </u>
14	88174110123015	RAMANDEEP KAUR	<u> </u>	<u> </u>
15 	88174110123016	SIMRANJIT KAUR	<u> </u>	<u> </u>
16	88174110123017	SIMRANJIT KAUR	<u> </u>	<u> </u>
17 	88174110123018	SUKHPREET SINGH		<u> </u>
18	88174110123019	SUKHWINDER SINGH		<u> </u>
19	88174120622010	KOMALPREET KAUR		
20	88174120623001	JAMANPREET KAUR		
21	88174120623002	DILPREET KAUR	<u> </u>	

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17411 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88174120623003	GAGANPREET KAUR	<u> </u>	<u> </u>
23	88174120623004	HARJINDER KAUR	<u> </u>	<u> </u>
24	88174120623005	JASPREET KAUR	<u> </u>	L
25 	88174120623006	JASPREET KAUR	<u> </u>	L
26 	88174120623007	JATINDER KAUR	<u> </u>	L
27	88174120623008	KHUSHPREET KAUR	<u> </u>	<u> </u>
28	88174120623009	KIRANPREET KAUR	<u> </u>	<u> </u>
29	88174120623010	KULVEER KAUR	<u> </u>	<u> </u>
30	88174120623011	LOVELY	<u> </u>	<u> </u>
31	88174120623014	_] PREETI		<u> </u>
32	88174120623015	RAJNEESH DHARIWAL	<u> </u>	<u> </u>
33	88174120623016	RAJWINDER KAUR		L
34	88174120623018	_] RANI	<u> </u>	L
35 	88174120623019	SANDEEP KAUR	<u> </u>	L
36	88174120623020	SONIA		<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: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Center Name:

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17411 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

664 / PUNJABI STENOGRAPHY

Course:

Class: First

Subject: 17414 / SOCIAL STUDIES

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174110123001	AKASHDEEP SINGH	<u> </u>	L
2	88174110123002	ANJALI RANI	<u> </u>	L
3	88174110123003	HARKAMAL KAUR	<u> </u>	L
4	88174110123004	HARMANJEET SINGH	<u> </u>	L
5 	88174110123005	HARPREET KAUR	<u> </u>	L
6	88174110123006	HARPREET KAUR	<u> </u>	L
7	88174110123007	JASPREET KAUR SANDHU	<u> </u>	L
8	88174110123009	KIRANDEEP KAUR	<u> </u>	L
9	88174110123010	MANPREET KAUR	<u> </u>	L
10	88174110123011	MANPREET KAUR	<u> </u>	L
11	88174110123012	MANPREET SINGH	<u> </u>	L
12	88174110123013	MEHAKPREET KAUR		L
13	88174110123014	_] NEETU	<u> </u>	L
14	88174110123015	RAMANDEEP KAUR	<u> </u>	L
15 	88174110123016	SIMRANJIT KAUR	<u> </u>	L
16	88174110123017	SIMRANJIT KAUR		L
17	88174110123018	SUKHPREET SINGH		
18	88174110123019	SUKHWINDER SINGH		
19	88174120622010	KOMALPREET KAUR		
20	88174120623001	AMANPREET KAUR	<u> </u>	
21	88174120623002	DILPREET KAUR		

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA Center Name:

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17414 / SOCIAL STUDIES

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88174120623003	GAGANPREET KAUR	<u> </u>	
23	88174120623004	HARJINDER KAUR	<u> </u>	L
24	88174120623005	JASPREET KAUR	<u> </u>	<u> </u>
25 	88174120623006	JASPREET KAUR	<u> </u>	<u> </u>
26	88174120623007	JATINDER KAUR	<u> </u>	<u> </u>
27	88174120623008	KHUSHPREET KAUR	<u> </u>	<u> </u>
28	88174120623009	KIRANPREET KAUR	<u> </u>	<u> </u>
29	88174120623010	KULVEER KAUR		<u> </u>
30 	88174120623011	_J LOVELY		<u> </u>
31	88174120623014	PREETI		<u> </u>
32	88174120623015	RAJNEESH DHARIWAL		<u> </u>
33	88174120623016	RAJWINDER KAUR		<u> </u>
34	88174120623018	RANI		L
35	88174120623019	SANDEEP KAUR		L
36	88174120623020	SONIA		

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 August' 2024 EXAMS -SCVT 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Center Name:

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17414 / SOCIAL STUDIES

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 664 / PUNJABI STENOGRAPHY

Subject: 17415 / PRACTICAL

Center Name:

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88174110123001	JAKASHDEEP SINGH		L		
2	88174110123002	JANJALI RANI	<u> </u>	L		
3	88174110123003	HARKAMAL KAUR		L		
4	88174110123004	HARMANJEET SINGH		L		
5	88174110123005	HARPREET KAUR	<u> </u>	L		
6	88174110123006	HARPREET KAUR	<u> </u>	L		
7	88174110123007	JASPREET KAUR SANDHU	<u> </u>	L		
8	88174110123009	KIRANDEEP KAUR	<u> </u>	<u> </u>		
9	88174110123010	MANPREET KAUR	<u> </u>	<u> </u>		
10	88174110123011	MANPREET KAUR	<u> </u>	<u> </u>		
11	88174110123012	MANPREET SINGH	<u> </u>	<u> </u>		
12	88174110123013	MEHAKPREET KAUR	<u> </u>	<u> </u>		
13	88174110123014	_] NEETU	<u> </u>	<u> </u>		
14	88174110123015	RAMANDEEP KAUR	<u> </u>	<u> </u>		
15 	88174110123016	SIMRANJIT KAUR	<u> </u>	<u> </u>		
16 	88174110123017	SIMRANJIT KAUR	<u> </u>	<u> </u>		
17 	88174110123018	SUKHPREET SINGH	<u> </u>	<u> </u>		
18	88174110123019	SUKHWINDER SINGH	<u> </u>	<u> </u>		
19	88174120622010	KOMALPREET KAUR	<u> </u>	L		
20	88174120623001	JAMANPREET KAUR	<u></u>			
21	88174120623002	_J DILPREET KAUR				
No Of	No Of Students On This Dago >> Drosent>> Absent>>					

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course:

664 / PUNJABI STENOGRAPHY Class: First

Subject: 17415 / PRACTICAL

S.No	Regd. No.		Name Of the Student	Answer Sheet No.	Student's Sign.
22	8817412062300	3 _J GA0	GANPREET KAUR		
23	8817412062300	4 _] HAF	ZJINDER KAUR		
24	8817412062300	⁵ JJAS	PREET KAUR		
25 	8817412062300	6 _J JAS	PREET KAUR		
26	8817412062300	7 _] JAT	INDER KAUR		
27	8817412062300	8 _] KHL	JSHPREET KAUR		
28	8817412062300	9 _] KIR.	ANPREET KAUR		
29	8817412062301	⁰ KUL	VEER KAUR		
30	8817412062301	1 _J LOV	ELY		
31	8817412062301	4 _J PRE	ETI		
32	8817412062301	⁵ JRAJ	NEESH DHARIWAL		
33	8817412062301	6 _] RAJ	WINDER KAUR		
34	8817412062301	8 _] RAN	II		
35 	8817412062301	9 _J SAN	IDEEP KAUR		
36	8817412062302	0 _] SOI	JIA		

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 August' 2024 EXAMS -SCVT

1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA Center Name:

Course: 664 / PUNJABI STENOGRAPHY Class: First

17415 / PRACTICAL Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17416 / COGNATE

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174110123001	AKASHDEEP SINGH	<u> </u>	L
2	88174110123002	JANJALI RANI	<u> </u>	<u> </u>
3	88174110123003	HARKAMAL KAUR	<u> </u>	<u> </u>
4	88174110123004	HARMANJEET SINGH	<u> </u>	<u> </u>
5	88174110123005	HARPREET KAUR	<u> </u>	<u> </u>
6	88174110123006	HARPREET KAUR	<u> </u>	<u> </u>
7	88174110123007	JASPREET KAUR SANDHU	<u> </u>	L
8	88174110123009	KIRANDEEP KAUR	L	L
9	88174110123010	JMANPREET KAUR	L	L
10	88174110123011	JMANPREET KAUR	L	L
11 	88174110123012	JMANPREET SINGH	L	L
12	88174110123013	JMEHAKPREET KAUR	L	L
13	88174110123014	J	<u> </u>	L
14	88174110123015	RAMANDEEP KAUR	<u> </u>	L
15 	88174110123016	SIMRANJIT KAUR	L	L
16	88174110123017	SIMRANJIT KAUR	L	L
17 	88174110123018	SUKHPREET SINGH	L	L
18	88174110123019	SUKHWINDER SINGH	L	
19	88174120622010	JKOMALPREET KAUR	<u> </u>	<u></u>
20	88174120623001	JAMANPREET KAUR	L	<u> </u>
21	88174120623002	DILPREET KAUR	<u> </u>	<u> </u>
		-		

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 664 / PUNJABI STENOGRAPHY

17416 / COGNATE

PAGE: 2

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

Class: First

3.110	Regu. No.	Name of the Statent	Allswei Sheet No.	
22	88174120623003	GAGANPREET KAUR		L
23	88174120623004	HARJINDER KAUR	<u>[</u>	
24	88174120623005	JASPREET KAUR		
25 	88174120623006	JASPREET KAUR		
26	88174120623007	JATINDER KAUR		
27	88174120623008	KHUSHPREET KAUR		
28	88174120623009	KIRANPREET KAUR		
29	88174120623010	KULVEER KAUR		
30	88174120623011	LOVELY		
31	88174120623014	PREETI		<u> </u>
32	88174120623015	RAJNEESH DHARIWAL		<u> </u>
33	88174120623016	RAJWINDER KAUR		
34	88174120623018	_J RANI		
35	88174120623019	SANDEEP KAUR		
36	88174120623020	SONIA		

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 August' 2024 EXAMS -SCVT

Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17416 / COGNATE

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1111 / INDUSTRIAL TRAINING INSTITUTE, BASSI PATHANA Course : 664 / PUNJABI STENOGRAPHY Class: First 55555 / SELF EMPLOYMENT + Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88174120622010 | KOMALPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

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

filled correctly as per instructions.

Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1212 / INDUSTRIAL TRAINING INSTITUTE, LALRU
Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First

44411 / TRADE THEORY

filled correctly as per instructions.

Subject:

Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88242121420014 | PINKI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1212 / INDUSTRIAL TRAINING INSTITUTE, LALRU Center Name:

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242121422001	JAMANDEEP KAUR	<u> </u>	<u> </u>
2	88242121422004	GURPREET KAUR	<u> </u>	<u> </u>
3	88242121422006	HARVINDER KAUR	<u> </u>	L
4	88242121422012	LAKSHMI DEVI	<u> </u>	L
5 	88242121422020	_J RITIKA	<u></u>	L
6	88242121422022	SATVINDER KAUR	<u> </u>	<u> </u>
7	88242121423001	ANJALI	<u></u>	L
8	88242121423002	BABY RANI	<u> </u>	<u> </u>
9	88242121423003	_J DIMPLE	<u> </u>	<u> </u>
10	88242121423004	HARMAN KAUR	<u> </u>	<u> </u>
11 <u> </u>	88242121423005	JASWINDER KAUR	<u> </u>	<u> </u>
12	88242121423006	ITOYL	<u> </u>	<u> </u>
13	88242121423007	JYOTI RANI	<u></u>	L
14	88242121423008	MANPREET KAUR	<u></u>	L
15 	88242121423009	NEHA RANI	<u> </u>	<u> </u>
16	88242121423010	NIKKITA	<u> </u>	<u> </u>
17	88242121423012	POOJA RANI	<u> </u>	<u> </u>
18	88242121423014	RADHA	<u> </u>	<u> </u>
19	88242121423015	ROSHNI KUMARI SHAH	<u></u>	
20	88242121423016	_J ROZY	<u></u>	
21	88242121423017	SARBJEET KAUR	<u> </u>	
	a a 1: -			

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1212 / INDUSTRIAL TRAINING INSTITUTE, LALRU

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 			
22	88242121423019	SIMRANJEET KAUR	<u> </u>				
23	88242121423020	SIMRANJEET KAUR	<u> </u>	L			
24	88242121423021	TAMANNA PRAJAPAT	L	L			
25 	88242121423022	LICHA DANII		<u> </u>			
Tota	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
I (Na above have	ame) e examination as Invi appeared under my su	(Designation)_ gilator. I have personally checl pervision in todav's exam. have	Undertakingh ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who added correctly in the OMR sheets. I also			
herek	oy'undertake that'if	any mistakes are found, I will i	not be entitled for	any remuneration.			
			9	ture of the Invigilator			
l hav fille	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been			
Name	of the Superintenden	t	Si gnat	ture of the Superintendent			
l hav fille	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
Name	of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller			
l ha fille	I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1212 / INDUSTRIAL TRAINING INSTITUTE, LALRU

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242121422001	JAMANDEEP KAUR	<u> </u>	<u> </u>
2	88242121422004	GURPREET KAUR	L	L
3	88242121422006	HARVINDER KAUR	L	L
4	88242121423001	JANJALI	L	L
5	88242121423002	BABY RANI	L	L
6	88242121423003	DIMPLE	L	L
7	88242121423004	HARMAN KAUR	<u> </u>	L
8	88242121423005	JASWINDER KAUR	L	L
9	88242121423006	ITOYL	<u> </u>	<u> </u>
10	88242121423007	JYOTI RANI	L	L
11 	88242121423008	JMANPREET KAUR	L	L
12	88242121423009	NEHA RANI	L	L
13	88242121423010	_J NIKKITA	L	L
14	88242121423012	JPOOJA RANI	<u> </u>	L
15 	88242121423014	_J RADHA	L	L
16 	88242121423015	ROSHNI KUMARI SHAH	L	L
17 	88242121423016	_] ROZY	<u> </u>	<u> </u>
18	88242121423017	SARBJEET KAUR	<u> </u>	<u> </u>
19	88242121423019	SIMRANJEET KAUR	L	
20	88242121423020	SIMRANJEET KAUR	<u> </u>	<u></u>
21	88242121423021	_J TAMANNA PRAJAPAT	 	
	· 			

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name:

PAGE: 2 of

1212 / INDUSTRIAL TRAINING INSTITUTE, LALRU

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88242121423022	USHA 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.						
			Si gna	ature of the Invigilator		

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

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1212 / INDUSTRIAL TRAINING INSTITUTE, LALRU Center Name:

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242121423001	ANJALI		L
2	88242121423002	BABY RANI	<u> </u>	<u> </u>
3	88242121423003	DIMPLE	<u> </u>	<u> </u>
4	88242121423004	HARMAN KAUR	<u> </u>	<u> </u>
5	88242121423005	JASWINDER KAUR	<u> </u>	<u> </u>
6	88242121423006	ITOYL	<u> </u>	<u> </u>
7	88242121423007	JYOTI RANI	<u> </u>	<u> </u>
8	88242121423008	MANPREET KAUR	<u> </u>	<u>L</u>
9	88242121423009	NEHA RANI	<u> </u>	<u>L</u>
10	88242121423010	NIKKITA	<u> </u>	<u> </u>
11	88242121423012	_J POOJA RANI	<u> </u>	<u>L</u>
12	88242121423014	_] RADHA	<u> </u>	<u> </u>
13	88242121423015	ROSHNI KUMARI SHAH	<u></u>	L
14	88242121423016	_] ROZY	<u> </u>	<u>L</u>
15 	88242121423017	SARBJEET KAUR	<u> </u>	<u>L</u>
16	88242121423019	SIMRANJEET KAUR	<u> </u>	<u> </u>
17 	88242121423020	SIMRANJEET KAUR	<u> </u>	<u> </u>
18	88242121423021	TAMANNA PRAJAPAT	<u></u>	
19	88242121423022	USHA RANI	<u></u>	
				·

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1212 / INDUSTRIAL TRAINING INSTITUTE, LALRU
Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First
Subject: 44435 / PRACTICAL

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70055 / CRAFT(T)

PAGE: 1 of

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA 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. 88370116018017 | PRABHJOT SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA 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. 88370111719056 | GURMANJOT SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: First

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 17055 / CRAFT(T)

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370211722101 | ANIL KUMAR 88370211722104 | BALRAM SINGH 2 3 88370211722111 _| JAGVIR SINGH 5 88370211722122 | MANMINDER KAUR 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

Class: Second

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70051 / PAINTING

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370211722097	AKASHDEEP SINGH	<u> </u>	L
2	88370211722101	JANIL KUMAR	<u> </u>	L
3	88370211722104	BALRAM SINGH	<u> </u>	L
4	88370211722105	_J DIVANSHU	<u> </u>	L
5	88370211722106	JGAGAN CHOPRA	<u> </u>	L
6	88370211722107	GAGANDEEP KAUR	<u> </u>	L
7	88370211722108	GOURAV KUMAR	<u> </u>	L
8	88370211722110	HARPREET KAUR	<u> </u>	L
9	88370211722111	JAGVIR SINGH	<u> </u>	L
10	88370211722115	_] KAJAL	<u> </u>	L
11	88370211722116	KIRANJOT KAUR	<u> </u>	L
12	88370211722117	KULDEEP KAUR	<u> </u>	L
13	88370211722118	JLACHHMI DEVI	<u> </u>	L
14	88370211722121	LOVEPREET SINGH	<u> </u>	L
15	88370211722122	JMANMINDER KAUR	<u> </u>	L
16	88370211722124	_J MAYA DEVI	<u> </u>	L
17	88370211722127	RAHUL SINGH	<u> </u>	L
18	88370211722128	RAJNI KAUR	<u> </u>	L
19	88370211722129	RAMANDEEP KAUR		L
20	88370211722131	JRAZIA	<u></u>	<u></u>
21	88370211722132	SANDEEP SINGH	<u></u>	<u></u>

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 2 of 2 Center Name:

1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
22	88370211722133	SARBJEET KAUR	<u> </u>	L			
23				L			
24							
Tota	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			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 checi pervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.			
			Si gnat	ure of the Invigilator			
l ha√ fill∈	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been			
Name	of the Superintenden	nt	Si gnat	ure of the Superintendent			
l ha√ fill∈	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been			
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller			
l ha fille	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been			
Name	of the Controller		Si gnat	ure of the Controller			

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70055 / CRAFT(T)

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370211722097	AKASHDEEP SINGH	<u> </u>	L
2	88370211722101	JANIL KUMAR	<u> </u>	L
3	88370211722104	BALRAM SINGH	<u> </u>	L
4	88370211722105	DIVANSHU	L	L
5	88370211722106	GAGAN CHOPRA	L	L
6	88370211722107	GAGANDEEP KAUR	L	L
7	88370211722108	GOURAV KUMAR	<u> </u>	L
8	88370211722110	HARPREET KAUR	L	L
9	88370211722111	JAGVIR SINGH	<u> </u>	L
10	88370211722115	KAJAL	<u> </u>	L
11	88370211722116	KIRANJOT KAUR	<u> </u>	L
12	88370211722117	KULDEEP KAUR	<u> </u>	L
13	88370211722118	LACHHMI DEVI	<u> </u>	L
14	88370211722121	LOVEPREET SINGH	<u> </u>	L
15	88370211722122	MANMINDER KAUR	<u> </u>	L
16	88370211722124	JMAYA DEVI	<u> </u>	L
17	88370211722127	RAHUL SINGH	L	L
18	88370211722128	RAJNI KAUR	L	L
19	88370211722129	RAMANDEEP KAUR	<u> </u>	L
20	88370211722131	RAZIA	<u></u>	
21	88370211722132	SANDEEP SINGH		L
		·		·

Class: Second

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 2 of 2 Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course:

Subject: 70055 / CRAFT(T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370211722133	SARBJEET KAUR	<u> </u>	
23	88370211722135	SUNIDHI	L	L
24	88370211722136	TARANPREET KAUR	L	L
Tot	al No. Of Students in al No. Of Answer She ne and Signature Of		sent:	
			Undertaki ng	
I (N abov have here	ame)_ e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintenden	nt	Si gnat	ure of the Superintendent
l ha	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l h	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

Class: Second

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70056 / CRAFT(P)

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370211722097	AKASHDEEP SINGH		L
2	88370211722101	ANIL KUMAR		
3	88370211722104	BALRAM SINGH		L
4	88370211722105	DIVANSHU		
5 <u> </u>	88370211722106	GAGAN CHOPRA		L
6 <u> </u>	88370211722107	GAGANDEEP KAUR		L
7	88370211722108	GOURAV KUMAR		
8	88370211722110	HARPREET KAUR		
9	88370211722111	JAGVIR SINGH		
10	88370211722115	_] KAJAL		L
11	88370211722116	KIRANJOT KAUR		
12	88370211722117	KULDEEP KAUR		L
13	88370211722118	LACHHMI DEVI	<u> </u>	<u> </u>
14	88370211722121	LOVEPREET SINGH	<u> </u>	<u> </u>
15	88370211722122	MANMINDER KAUR		<u> </u>
16	88370211722124	_J MAYA DEVI		L
17 	88370211722127	RAHUL SINGH		L
18 _	88370211722128	RAJNI KAUR		L
19	88370211722129	RAMANDEEP KAUR	<u> </u>	
20	88370211722131	RAZIA		
21	88370211722132	SANDEEP SINGH	<u> </u>	

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

70056 / CRAFT(P) Subject:

PAGE: 2 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370211722133 | SARBJEET KAUR 88370211722135 | SUNIDHI 23 88370211722136 TARANPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

Class: Second

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course:

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370211721131	SATWINDER KAUR	<u> </u>	L
2	88370211722097	AKASHDEEP SINGH	<u> </u>	L
3	88370211722101	JANIL KUMAR	<u> </u>	L
4	88370211722104	BALRAM SINGH	<u> </u>	L
5	88370211722105	DIVANSHU	<u> </u>	L
6	88370211722106	JGAGAN CHOPRA	<u> </u>	L
7	88370211722107	GAGANDEEP KAUR		L
8	88370211722108	GOURAV KUMAR		L
9	88370211722110	HARPREET KAUR		L
10	88370211722111	JAGVIR SINGH		L
11	88370211722115	KAJAL		L
12	88370211722116	KIRANJOT KAUR		L
13	88370211722117	KULDEEP KAUR	<u> </u>	L
14	88370211722118	LACHHMI DEVI		L
15 _	88370211722121	LOVEPREET SINGH		L
16	88370211722122	MANMINDER KAUR		L
17	88370211722124	MAYA DEVI		L
18	88370211722127	RAHUL SINGH		<u> </u>
19	88370211722128	RAJNI KAUR		
20	88370211722129	RAMANDEEP KAUR	<u> </u>	
21	88370211722131	RAZIA	<u></u>	L

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 2 of 2 Center Name:

1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370211722132	SANDEEP SINGH		
23	88370211722133	CARRIETIVALIR		<u> </u>
24	88370211722135			L
25		T. D. A. I. D. D. E. E. T. I. A. I. I. D.		<u></u>
Na I (otal No. Of Answer Sheame and Signature Of Name) ve examination as Inviet appeared under my sue by undertake that if	Incharge (Designation) gilator. I have personally check	Undertaking h ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
	J			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 Superintender	nt	Si gnat	ure of the Superintendent
l h fil	ave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Nam	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l fil	have conducted 5% rand led correctly as 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

Class: Second

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course:

Subject: 70071 / HISTORY & APPRECIATION OF ART

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370211720099	BALKAR SINGH	<u> </u>	L
2	88370211720100	BHAGWANT SINGH		L
3	88370211720105	GURJOT KAUR	<u> </u>	L
4	88370211720110	_J HITIKA SHARMA	<u> </u>	<u> </u>
5	88370211720116	LAKHVEER SINGH	<u> </u>	<u> </u>
6	88370211720117	LOVEPREET SINGH	<u> </u>	<u> </u>
7	88370211720126	NISHA RANI	<u> </u>	L
8	88370211720134	SUKHRAJ SINGH	<u> </u>	L
9	88370211720135	TAMANA RANI		L
10	88370211721106	_J HEENA BATTA		L
11	88370211721117	MANPREET KAUR		L
12	88370211721118	MANPREET SINGH		L
13	88370211721119	MUSKAN		L
14	88370211721126	RAMANDEEP SINGH		L
15	88370211721128	_] REENU	<u> </u>	L
16	88370211722097	AKASHDEEP SINGH	<u> </u>	L
17	88370211722101	JANIL KUMAR	<u> </u>	L
18	88370211722104	BALRAM SINGH		L
19	88370211722105	_] DIVANSHU		L
20	88370211722106	JGAGAN CHOPRA		
21	88370211722107	GAGANDEEP KAUR		

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

70071 / HISTORY & APPRECIATION OF ART Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370211722108	JGOURAV KUMAR	<u> </u>	<u> </u>
23	88370211722110	HARPREET KAUR	<u> </u>	<u> </u>
24	88370211722111	JAGVIR SINGH	<u> </u>	<u> </u>
25 	88370211722115	_J KAJAL	<u></u>	L
26	88370211722116	KIRANJOT KAUR	<u> </u>	<u> </u>
27	88370211722117	KULDEEP KAUR	<u> </u>	<u> </u>
28	88370211722118	LACHHMI DEVI	<u> </u>	<u> </u>
29	88370211722121	LOVEPREET SINGH	<u> </u>	<u> </u>
30	88370211722122	MANMINDER KAUR		L
31	88370211722124	_J MAYA DEVI		L
32	88370211722127	RAHUL SINGH		L
33	88370211722128	RAJNI KAUR		<u> </u>
34	88370211722129	RAMANDEEP KAUR	<u> </u>	<u> </u>
35	88370211722131	_] RAZIA		L
36	88370211722132	SANDEEP SINGH		L
37	88370211722133	SARBJEET KAUR		L
38	88370211722135	SUNIDHI	<u></u>	
39	88370211722136	TARANPREET KAUR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA Center Name: Course: 665 / ART & CRAFT TEACHER TRAINING COURSE 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

3) glature of the rivingitator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: Second

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370211722097	JAKASHDEEP SINGH	<u> </u>	
2	88370211722101	JANIL KUMAR	<u> </u>	L
3	88370211722104	JBALRAM SINGH	<u> </u>	L
4	88370211722105	J DIVANSHU	<u> </u>	L
5 	88370211722106	JGAGAN CHOPRA	<u> </u>	L
6	88370211722107	JGAGANDEEP KAUR	<u> </u>	L
7	88370211722108	JGOURAV KUMAR	<u> </u>	L
8	88370211722110	HARPREET KAUR	<u> </u>	L
9	88370211722111	JAGVIR SINGH	<u> </u>	L
10	88370211722115	_J KAJAL	<u> </u>	L
11	88370211722116	KIRANJOT KAUR	<u> </u>	L
12	88370211722117	KULDEEP KAUR	<u> </u>	<u> </u>
13	88370211722118	JLACHHMI DEVI	<u> </u>	L
14	88370211722121	LOVEPREET SINGH	<u> </u>	L
15 	88370211722122	JMANMINDER KAUR	<u> </u>	L
16 	88370211722124	JMAYA DEVI	<u> </u>	L
17 	88370211722127	RAHUL SINGH	<u> </u>	<u> </u>
18	88370211722128	_J RAJNI KAUR	<u> </u>	<u> </u>
19	88370211722129	JRAMANDEEP KAUR	<u> </u>	<u></u>
20	88370211722131	_J RAZIA	<u> </u>	<u></u>
21	88370211722132	SANDEEP SINGH	<u> </u>	<u> </u>
		·		

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70072 / COMMERCIAL ART

5.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88370211722133	SARBJEET KAUR				
23	88370211722135	SUNIDHI		L		
24	88370211722136	TARANPREET KAUR		<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			
abo hav	⁄e appeared under mv su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and 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	nave conducted 20% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	ne of the Superintenden	t	Si gnati	ure of the Superintendent		
l h fil	nave conducted 10% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	ne of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller		
l fil	have conducted 5% rand led correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	ne of the Controller		Si gnati	ure of the Controller		

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370211722097	JAKASHDEEP SINGH	<u> </u>	<u></u>
2	88370211722101	JANIL KUMAR	<u> </u>	L
3	88370211722104	BALRAM SINGH	<u> </u>	L
4	88370211722105	_J DIVANSHU	<u> </u>	L
5	88370211722106	JGAGAN CHOPRA	<u></u>	L
6	88370211722107	GAGANDEEP KAUR	<u> </u>	L
7	88370211722108	GOURAV KUMAR	<u></u>	L
8	88370211722110	HARPREET KAUR	<u> </u>	L
9	88370211722111	JAGVIR SINGH	<u> </u>	L
10	88370211722115	_J KAJAL	<u> </u>	L
11	88370211722116	KIRANJOT KAUR	<u> </u>	L
12	88370211722117	KULDEEP KAUR	<u> </u>	L
13	88370211722118	LACHHMI DEVI	<u> </u>	L
14	88370211722121	LOVEPREET SINGH	<u> </u>	L
15 	88370211722122	MANMINDER KAUR	<u> </u>	L
16	88370211722124	JMAYA DEVI	<u> </u>	L
17	88370211722127	RAHUL SINGH	<u> </u>	L
18	88370211722128	RAJNI KAUR	<u> </u>	L
19	88370211722129	RAMANDEEP KAUR	<u> </u>	
20	88370211722131	_] RAZIA	<u> </u>	L
21	88370211722132	SANDEEP SINGH	<u> </u>	L

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370211722133	SARBJEET KAUR		
23	88370211722135	SUNIDHI		
24	88370211722136	TARANPREET KAUR		
To	tal No. Of Students in tal No. Of Answer She me and Signature Of	eets Packed >	Absent: Undertaki ng	
I (abo hav her	Name) ve examination as Invi e appeared under my su eby undertake that if	(Designation)_ gilator. I have personally ch pervision in today's exam, ha any mistakes are found, I wil	necked and ensured tha	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l h fil	ave conducted 20% rand Led correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Nam	e of the Superintenden	t	Si gna	ture of the Superintendent
l h fil	ave conducted 10% rand Led correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Nam	e of the Deputy Contro	ller	Si gna	ture of the Deputy Controller
l fil	have conducted 5% rand led correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Nam	e of the Controller		Si gna	ture of the Controller

Class: Second

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

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

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370211722097	AKASHDEEP SINGH	<u> </u>	L
2	88370211722101	JANIL KUMAR	<u> </u>	L
3	88370211722104	BALRAM SINGH	L	L
4	88370211722105	DIVANSHU	L	L
5	88370211722106	GAGAN CHOPRA	L	L
6	88370211722107	GAGANDEEP KAUR	L	L
7	88370211722108	GOURAV KUMAR	<u> </u>	L
8	88370211722110	HARPREET KAUR	L	L
9	88370211722111	JAGVIR SINGH	<u> </u>	L
10	88370211722115	KAJAL	<u> </u>	L
11	88370211722116	KIRANJOT KAUR	<u> </u>	L
12	88370211722117	KULDEEP KAUR	<u> </u>	L
13	88370211722118	LACHHMI DEVI	<u> </u>	L
14	88370211722121	LOVEPREET SINGH	<u> </u>	L
15	88370211722122	MANMINDER KAUR	<u> </u>	L
16	88370211722124	MAYA DEVI	<u> </u>	L
17 	88370211722127	RAHUL SINGH	<u> </u>	L
18	88370211722128	RAJNI KAUR	<u> </u>	L
19	88370211722129	RAMANDEEP KAUR	<u> </u>	L
20	88370211722131	_] RAZIA	L	
21	88370211722132	SANDEEP SINGH	<u> </u>	L

Class: Second

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 2 of 2 Center Name:

1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

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

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
22	<u> </u>	88370211722133	SARBJEET KAUR	<u> </u>	L			
23	<u> </u>	88370211722135	CHAIDH		L			
24		88370211722136	TARANPREET KAUR	L	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 abor have here	Name) ve ex e app eby ()_ xamination as Invi peared under my su undertake that if	(Designation) gilator. I have personally checl 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 h fil	ave o	conducted 20% rand correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been			
Nam	e of	the Superintenden	nt	Si gnat	ure of the Superintendent			
l h fil	ave o	conducted 10% rand correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been			
Nam	e of	the Deputy Contro	ller	Si gnat	ure of the Deputy Controller			
l fil	have Led (conducted 5% rand correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been			
Nam	e of	the Controller		Si gnat	ure of the Controller			

Class: Second

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70075 / PROJECT

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370211722097	AKASHDEEP SINGH	<u> </u>	L
2	88370211722101	JANIL KUMAR	L	L
3	88370211722104	JBALRAM SINGH	L	L
4	88370211722105	_J DIVANSHU	L	L
5	88370211722106	JGAGAN CHOPRA	L	L
6	88370211722107	JGAGANDEEP KAUR	L	L
7	88370211722108	JGOURAV KUMAR	L	L
8	88370211722110	JHARPREET KAUR	L	L
9	88370211722111	JAGVIR SINGH	L	L
10	88370211722115	_J	L	L
11	88370211722116	KIRANJOT KAUR	L	L
12	88370211722117	KULDEEP KAUR	L	L
13	88370211722118	LACHHMI DEVI	<u> </u>	L
14	88370211722121	LOVEPREET SINGH	<u> </u>	L
15	88370211722122	JMANMINDER KAUR	L	L
16	88370211722124	J	L	L
17 	88370211722127	JRAHUL SINGH	L	L
18	88370211722128	_J RAJNI KAUR	L	L
19	88370211722129	JRAMANDEEP KAUR	L	
20	88370211722131	_J RAZIA	L	L
21	88370211722132	SANDEEP SINGH	<u> </u>	L

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 2 of Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

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

70075 / PROJECT Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370211722133 | SARBJEET KAUR 88370211722135 | SUNIDHI 23 88370211722136 TARANPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

Class: Second

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

Center Name : Course :

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370211722097 | AKASHDEEP SINGH 88370211722101 | ANIL KUMAR 3 88370211722104 | BALRAM SINGH 88370211722105 _| DIVANSHU 5 88370211722106 | GAGAN CHOPRA 88370211722108 | GOURAV KUMAR 88370211722110 | HARPREET KAUR 88370211722111 _| JAGVIR SINGH 88370211722115 _{| KAJAL} 10 88370211722116 | KIRANJOT KAUR 12 88370211722117 | KULDEEP KAUR 13 88370211722118 | LACHHMI DEVI 14 88370211722121 | LOVEPREET SINGH 15 88370211722122 | MANMINDER KAUR 88370211722124 | MAYA DEVI 16 17 88370211722127 | RAHUL SINGH 88370211722128 | RAJNI KAUR 18 88370211722129 _| RAMANDEEP KAUR 20 88370211722131 | RAZIA 88370211722132 | SANDEEP SINGH

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1213 / INDUSTRIAL TRAINING INSTITUTE, NABHA

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

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370211722133 | SARBJEET KAUR 88370211722135 | SUNIDHI 23 88370211722136 TARANPREET 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 August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227217823002	EKAMJOT SINGH		
2	88227217823004	GURINDER SINGH	<u> </u>	<u>L</u>
3	88227217823005	GURJANT SINGH	<u> </u>	<u>L</u>
4	88227217823006	GURSEWAK SINGH	<u> </u>	<u>L</u>
5	88227217823008	HARPREET SINGH	<u> </u>	<u>L</u>
6	88227217823009	HARWINDER SINGH	<u> </u>	L
7	88227217823010	MAAN SINGH	<u> </u>	<u>L</u>
8	88227217823012	MANINDER SINGH	<u> </u>	<u>L</u>
9	88227217823013	JMUKESH	<u> </u>	<u>L</u>
10	88227217823014	_J NISHANT KUMAR	<u> </u>	<u>L</u>
11	88227217823016	SAHILPREET SINGH	<u> </u>	<u>L</u>
12	88227217823017	SIMRANJIT SINGH	<u> </u>	<u> </u>
13	88227217823018	SUKHCHAIN SINGH	<u> </u>	<u>L</u>
14	88227217823019	JSULTAN ALI	<u> </u>	<u>L</u>
15	88227217823020	VARINDER SINGH	<u> </u>	<u>L</u>
,				

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA Center Name:

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8822721782300	² _J EKAMJOT SINGH	<u> </u>	
2	8822721782300	⁴ JGURINDER SINGH		L
3	8822721782300	⁵ JGURJANT SINGH		L
4	8822721782300	6 _J GURSEWAK SINGH		L
5	8822721782300	8 _] HARPREET SINGH		L
6	8822721782300	9 ₁ HARWINDER SINGH		<u> </u>
7	8822721782301	⁰ _J MAAN SINGH		L
8	8822721782301	2 _] MANINDER SINGH		<u> </u>
9	8822721782301	³ MUKESH	<u> </u>	<u> </u>
10	8822721782301	⁴ _J NISHANT KUMAR	<u> </u>	<u> </u>
11	8822721782301	6 SAHILPREET SINGH	<u> </u>	<u> </u>
12	8822721782301	7 _J SIMRANJIT SINGH		<u> </u>
13	8822721782301	8 SUKHCHAIN SINGH		L
14	8822721782301	9 SULTAN ALI	1	<u> </u>
15	8822721782302	O _J VARINDER SINGH	1	<u> </u>

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

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

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227217823002	JEKAMJOT SINGH		L
2	88227217823004	GURINDER SINGH	<u> </u>	L
3	88227217823005	GURJANT SINGH	<u> </u>	L
4	88227217823006	GURSEWAK SINGH	<u> </u>	L
5 	88227217823008	HARPREET SINGH	<u> </u>	L
6	88227217823009	HARWINDER SINGH	<u> </u>	L
7 	88227217823010	MAAN SINGH	<u> </u>	L
8	88227217823012	MANINDER SINGH	<u> </u>	L
9	88227217823013	_] MUKESH	<u> </u>	L
10 	88227217823014	_J NISHANT KUMAR	<u> </u>	L
11 	88227217823016	SAHILPREET SINGH	<u> </u>	L
12	88227217823017	SIMRANJIT SINGH		L
13	88227217823018	SUKHCHAIN SINGH	<u> </u>	
14	88227217823019	SULTAN ALI	<u></u>	
15	88227217823020	VARINDER SINGH		L

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

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

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 128 / FITTER Class: Second

Subject: 44441 / TRADE THEORY

5.100	Rega. No.	Name Of the Student	Answer Sneet No.	
1	88227211121043	GAGANDEEP SINGH		<u> </u>
2	88227211121045	CUDDDEET SINCH		
3	88227211121046	GURPREET SINGH KALER		<u> </u>
4	88227211121050	MAKHAN SINGH	<u> </u>	<u>L</u>
5 	88227211121056	SUKHWANT SINGH	<u> </u>	<u>L</u>
6	88227211121057	SUMIT	<u> </u>	L
7		TABANN/EED ONLOLL		
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of		ent:	
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally checl pervision in today's exam, have any mistakes are found, I will n	been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l hav fille	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintenden	t	Si gnat	ure of the Superintendent
l hav fille	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l ha	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 128 / FITTER Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

Name of the Controller

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227211121043 | GAGANDEEP SINGH 2 88227211121046 | GURPREET SINGH KALER 88227211121056 | SUKHWANT SINGH 3 88227211121057_ISUMIT Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231217822007	JASKARAN SINGH	<u> </u>	<u> </u>
2	88231217822009	KARANDEEP SINGH	<u> </u>	L
3	88231217822015	_J MALKIT SINGH	<u> </u>	L
4	88231217822016	_J MOHAN SINGH	<u> </u>	L
5	88231217823022	AVTAR SINGH	<u> </u>	L
6	88231217823023	AVTAR SINGH	<u> </u>	L
7	88231217823025	GAURAVDEEP SINGH.	<u> </u>	L
8	88231217823027	_J HARMAN SINGH	<u> </u>	L
9	88231217823028	HARPREET SINGH	<u> </u>	L
10	88231217823029	HARVINDER SINGH	<u> </u>	L
11	88231217823033	PALWINDER SINGH	<u> </u>	L
12	88231217823034	RAJAN SINGH	<u> </u>	L
13	88231217823035	RAMAN KUMAR	<u> </u>	L
14	88231217823036	SAJAN	<u> </u>	L
15 	88231217823037	SUNIL KUMAR SHARMA	<u> </u>	L
16	88231217823038	VICKY SINGH	<u> </u>	L
17	88231217823040	YOGESH KUMAR		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

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

-				
S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231217822007	JASKARAN SINGH		L
2	88231217822008	JASMEET SINGH	<u> </u>	<u> </u>
3	88231217822009	KARANDEEP SINGH	<u> </u>	L
4	88231217822016	_J MOHAN SINGH	<u> </u>	L
5	88231217822018	PRINCE	<u> </u>	L
6	88231217823022	_J AVTAR SINGH	<u> </u>	<u> </u>
7	88231217823023	AVTAR SINGH	<u> </u>	<u> </u>
8	88231217823025	GAURAVDEEP SINGH.	<u> </u>	L
9	88231217823027	_J HARMAN SINGH	<u> </u>	<u> </u>
10	88231217823028	HARPREET SINGH	<u> </u>	<u> </u>
11	88231217823029	HARVINDER SINGH	<u> </u>	<u> </u>
12	88231217823033	PALWINDER SINGH	<u> </u>	<u> </u>
13	88231217823034	_J RAJAN SINGH	<u> </u>	<u> </u>
14	88231217823035	RAMAN KUMAR	<u> </u>	<u> </u>
15 	88231217823036	SAJAN	<u> </u>	L
16	88231217823037	SUNIL KUMAR SHARMA	<u> </u>	L
17	88231217823038	JVICKY SINGH	<u> </u>	
18	88231217823040	YOGESH KUMAR	 	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA Center Name: Class: First

Course: 132 / ELECTRICIAN

Subject: 44434 / EMPLOYBILITY SKILL

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

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

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231217823022	JAVTAR SINGH	<u> </u>	L
2	88231217823023	_J AVTAR SINGH	<u> </u>	L
3	88231217823025	GAURAVDEEP SINGH.	<u> </u>	L
4	88231217823027	_J HARMAN SINGH	<u> </u>	L
5	88231217823028	HARPREET SINGH	<u> </u>	L
6	88231217823029	HARVINDER SINGH	<u> </u>	L
7	88231217823033	PALWINDER SINGH	<u> </u>	L
8	88231217823034	RAJAN SINGH	<u> </u>	L
9	88231217823035	RAMAN KUMAR	<u> </u>	L
10	88231217823036	JSAJAN		L
11	88231217823037	SUNIL KUMAR SHARMA		L
12	88231217823038	JVICKY SINGH		L
13	88231217823040	_I YOGESH KUMAR		

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

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

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

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

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231217822001	JANMOL SHARMA		
2	88231217822003	DALWINDER SINGH		<u> </u>
3	88231217822005	GURSHRAN SINGH		<u> </u>
4	88231217822007	JASKARAN SINGH		L
5	88231217822008	JASMEET SINGH		<u> </u>
6	88231217822009	KARANDEEP SINGH		<u> </u>
7	88231217822011	KULWINDER SINGH		<u> </u>
8	88231217822012	_] KUNAL		<u> </u>
9	88231217822013	LOVEPREET SINGH		<u> </u>
10	88231217822014	LOVEPREET SINGH		L
11	88231217822015	_J MALKIT SINGH		L
12	88231217822016	_J MOHAN SINGH		L
13	88231217822017	PARDEEP SINGH		
14	88231217822018	PRINCE		<u> </u>

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA Center Name:

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

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

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

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Name of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231211121066	HARMANDEEP SINGH	<u> </u>	L
2	88231211121067	HARWINDER SINGH	<u> </u>	L
3	88231211121076	SATGUR SINGH	<u> </u>	L
4	88231217822001	ANMOL SHARMA	<u> </u>	L
5 	88231217822003	DALWINDER SINGH	<u> </u>	L
6	88231217822005	GURSHRAN SINGH	<u> </u>	L
7	88231217822007	JASKARAN SINGH	<u> </u>	L
8	88231217822008	JASMEET SINGH	<u> </u>	L
9	88231217822009	KARANDEEP SINGH		L
10	88231217822011	KULWINDER SINGH	<u> </u>	L
11	88231217822012	_] KUNAL		L
12	88231217822013	LOVEPREET SINGH		L
13	88231217822014	LOVEPREET SINGH		L
14	88231217822015	MALKIT SINGH		L
15	88231217822016	MOHAN SINGH		L
16	88231217822017	PARDEEP SINGH		L
17	88231217822018	PRINCE		

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

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 2 Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8823121782200	⁾¹ ANMOL SHARMA		
2	8823121782200	⁰³ DALWINDER SINGH	L	
3	8823121782200	⁰⁵ GURSHRAN SINGH	L	
4	8823121782200	⁾⁷ JASKARAN SINGH		
5 <u> </u>	8823121782200	⁰⁸ JASMEET SINGH		
6	8823121782200	⁰⁹ KARANDEEP SINGH		
7	8823121782201	1 _] KULWINDER SINGH	L	
8	8823121782201	² _J KUNAL		
9	8823121782201	³ LOVEPREET SINGH		
10 <u> </u>	8823121782201	⁴ LOVEPREET SINGH		
11	8823121782201	⁵ MALKIT SINGH		
12	8823121782201	6 MOHAN SINGH		
13	8823121782201	⁷ PARDEEP SINGH		1
14 ,	8823121782201	8 ₁ PRINCF		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

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

17511 / PRINCIPLE OF EDUCATION Subject:

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175111221023 | PARNEET KAUR 88175111222014 JASHANDEEP 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.

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA Course : 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17512 / TRADE THEORY Subject: Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88175116420008 | PALLVI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature 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 August' 2024 EXAMS -SCVT

filled correctly as per instructions.

Name of the Controller

PAGE: 1 of

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA Center Name:

Course: 251 / BAKER AND CONFECTIONER

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88251111123002	ARUN KUMAR		
2	88251111123004	DILPREET SINGH	<u> </u>	L
3	88251111123005	GURBAJ SINGH	1	L
4	88251111123006	HARINDER SINGH	1	L
5	88251111123007	HARSH GOPAL SHARMA	1	L
6	88251111123008	JASPREET KAUR		I
7	88251111123009	KARAN BHARDAWAJ		L
8	88251111123011	KUSHAMPREET KAUR	1	L
9	88251111123014	MANJOT SINGH	1	I
10	88251111123016	NAVJEET SINGH		
11	88251111123018	PARMINDERPREET SINGH		
12	88251111123019	RAMANDEEP SINGH		
13	88251111123022	SAGAR KUMAR		L
14	88251111123023	_I SATNAM SINGH	 	I

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 251 / BAKER AND CONFECTIONER Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA Center Name:

Course: 251 / BAKER AND CONFECTIONER

Class: First

44434 / EMPLOYBILITY SKILL Subject:

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88251111123002	JARUN KUMAR	<u> </u>	
2	88251111123004	DILPREET SINGH	<u> </u>	L
3	88251111123005	JGURBAJ SINGH	<u> </u>	<u> </u>
4	88251111123006	HARINDER SINGH	<u> </u>	<u> </u>
5	88251111123007	HARSH GOPAL SHARMA	<u> </u>	<u> </u>
6	88251111123008	JASPREET KAUR		<u> </u>
7	88251111123009	KARAN BHARDAWAJ	<u> </u>	<u> </u>
8	88251111123011	KUSHAMPREET KAUR		<u>L</u>
9	88251111123014	MANJOT SINGH	<u> </u>	<u> </u>
10	88251111123016	_J NAVJEET SINGH		<u>L</u>
11	88251111123018	PARMINDERPREET SINGH		L
12	88251111123019	RAMANDEEP SINGH		
13	88251111123022	SAGAR KUMAR		L
14	88251111123023	 _I SATNAM SINGH	 	I

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 251 / BAKER AND CONFECTIONER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: First

Answer Sheet No.

Student's Sign.

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Name Of the Student

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 251 / BAKER AND CONFECTIONER

Course . 2517 BAKER AND CONFECTIONER

Subject: 44435 / PRACTICAL

Regd. No.

PAGE: 1

S.No

1	88251111123002	ARUN KUMAR	 <u> </u>
2	88251111123004	DILPREET SINGH	
3	88251111123005	GURBAJ SINGH	L
4	88251111123006	HARINDER SINGH	L
5	88251111123007	HARSH GOPAL SHARMA	
6	88251111123008	JASPREET KAUR	
7	88251111123009	KARAN BHARDAWAJ	
8	88251111123011	KUSHAMPREET KAUR	
9	88251111123014	MANJOT SINGH	
10	88251111123016	NAVJEET SINGH	
11	88251111123018	PARMINDERPREET SINGH	
12	88251111123019	RAMANDEEP SINGH	
13	88251111123022	SAGAR KUMAR	
14	88251111123023	SATNAM SINGH	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 251 / BAKER AND CONFECTIONER Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 660 / WELDER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212117821031	LOVEPREET SINGH	<u> </u>	
2	88212117822034	RAHUL KUMAR	<u> </u>	
3	88212117823041	AMRIT KUMAR		
4	88212117823042	JAMRIT SINGH	<u> </u>	
5 <u> </u>	88212117823044	BIKRAMJEET SINGH	<u> </u>	
6	88212117823045	GOBIND SINGH		
7	88212117823046	GURJEET SINGH	<u> </u>	
8	88212117823047	GURJOBAN SINGH	<u> </u>	
9	88212117823051	HARMAN SINGH	<u> </u>	
10	88212117823054	HARSIMRAN SINGH	<u> </u>	
11	88212117823055	INDERVEER SINGH DEOL	<u> </u>	
12	88212117823056	JAGJOT SINGH	<u>[</u>	
13	88212117823057	JAIMAN	<u> </u>	
14	88212117823059	KARTIK	<u> </u>	
15	88212117823061	MANISH KHAN	<u> </u>	
16	88212117823064	NEERAJ	<u> </u>	
17	88212117823065	NIKHIL	<u> </u>	
18	88212117823068	SARTAJ		
19	88212117823070	SUSHIL		
20	88212117823071	JVINOD KUMAR		
		·		·

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA Center Name: Course: 660 / WELDER Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

filled correctly as per instructions.

Name of the Superintendent

Signature of the Deputy Controller

Signature of the Superintendent

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

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212117823041	JAMRIT KUMAR	<u> </u>	
2	88212117823042	JAMRIT SINGH	<u> </u>	<u> </u>
3	88212117823044	JBIKRAMJEET SINGH	<u> </u>	<u> </u>
4	88212117823045	JGOBIND SINGH	<u> </u>	<u> </u>
5	88212117823046	GURJEET SINGH	<u> </u>	<u> </u>
6	88212117823047	GURJOBAN SINGH	<u> </u>	<u> </u>
7 	88212117823051	HARMAN SINGH	<u> </u>	<u> </u>
8	88212117823054	_J HARSIMRAN SINGH	<u> </u>	<u> </u>
9	88212117823055	INDERVEER SINGH DEOL	<u> </u>	<u> </u>
10 	88212117823056	JAGJOT SINGH	<u> </u>	<u> </u>
11 	88212117823057	JAIMAN	<u> </u>	<u> </u>
12	88212117823059	KARTIK	<u> </u>	<u> </u>
13 	88212117823061	_J MANISH KHAN	<u> </u>	<u> </u>
14	88212117823064	_J NEERAJ	<u> </u>	L
15 	88212117823065	NIKHIL	<u> </u>	L
16 	88212117823068	JSARTAJ	<u> </u>	
17	88212117823070	SUSHIL		
18	88212117823071	VINOD KUMAR		

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE , PATIALA
Course: 660 / WELDER Class: First
Subject: 44434 / EMPLOYBILITY SKILL

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 660 / WELDER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212117823041	JAMRIT KUMAR	<u> </u>	<u> </u>
2	88212117823042	AMRIT SINGH	<u> </u>	<u> </u>
3	88212117823044	BIKRAMJEET SINGH	<u> </u>	<u> </u>
4	88212117823045	GOBIND SINGH		L
5 	88212117823046	GURJEET SINGH		L
6	88212117823047	GURJOBAN SINGH		L
7	88212117823051	HARMAN SINGH		L
8	88212117823054	HARSIMRAN SINGH		L
9	88212117823055	INDERVEER SINGH DEOL		L
10	88212117823056	JAGJOT SINGH		L
11	88212117823057	JAIMAN		L
12	88212117823059	KARTIK		L
13	88212117823061	_J MANISH KHAN	<u> </u>	L
14	88212117823064	NEERAJ		L
15 <u> </u>	88212117823065	NIKHIL		L
16	88212117823068	SARTAJ		L
17	88212117823070	SUSHIL		
18	88212117823071	VINOD KUMAR		L

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE , PATIALA
Course: 660 / WELDER Class: First
Subject: 44435 / PRACTICAL

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 675 / SOLAR TECHNICIAN (ELECTRICAL) Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88288111123025	JAJAY	<u> </u>	
2	88288111123026	JARUN KUMAR	<u> </u>	<u> </u>
3	88288111123028	HARSHVEER SINGH		L
4	88288111123030	KARANDEEP SINGH		
5	88288111123032	KARTIK		
6	88288111123035	LOVEPREET SINGH		
7	88288111123036	PARDEEP KUMAR		
8	88288111123037	RAHUL KUMAR		
9	88288111123039	ROHIT KUMAR		
10	88288111123040	SANTOSH SINGH	<u> </u>	

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA Course: 675 / SOLAR TECHNICIAN (ELECTRICAL) Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

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

Signature of the Invigilator

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA Center Name:

Course: 675 / SOLAR TECHNICIAN (ELECTRICAL)

Class: First

44434 / EMPLOYBILITY SKILL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88288111123025	AJAY	<u> </u>	<u> </u>
2	88288111123026	ARUN KUMAR	<u> </u>	L
3	88288111123028	HARSHVEER SINGH	<u> </u>	L
4	88288111123030	KARANDEEP SINGH	<u> </u>	L
5	88288111123032	, KARTIK	<u> </u>	L
6	88288111123035	LOVEPREET SINGH		L
7	88288111123036	PARDEEP KUMAR	<u> </u>	<u> </u>
8	88288111123037	RAHUL KUMAR	<u> </u>	L
9	88288111123039	ROHIT KUMAR		
10	88288111123040	SANTOSH SINGH		L

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

Course: 675 / SOLAR TECHNICIAN (ELECTRICAL) Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA

675 / SOLAR TECHNICIAN (ELECTRICAL) Course:

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88288111123025	JAJAY		
2	88288111123026	ARUN KUMAR		L
3	88288111123028	HARSHVEER SINGH		L
4	88288111123030	KARANDEEP SINGH		
5	88288111123032	KARTIK		
6	88288111123035	LOVEPREET SINGH		L
7	88288111123036	PARDEEP KUMAR		L
8	88288111123037	RAHUL KUMAR	<u> </u>	L
9	88288111123039	ROHIT KUMAR		
10	88288111123040	SANTOSH SINGH		

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1214 / INDUSTRIAL TRAINING INSTITUTE, PATIALA Course: 675 / SOLAR TECHNICIAN (ELECTRICAL) Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name : 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

Course: 651 / COSMETOLOGY Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

S.N	lo	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1		88239111422037	RANJEET KAUR	1	<u> </u>		
2		88239111422043	SIMRANJIT KAUR	<u> </u>	<u> </u>		
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
				Undertaki ng			
h	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
				Si 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		
N	lame	of the Superintender	nt	Si gna	ture of the Superintendent		
l f	hav ille	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been		
N	lame	of the Deputy Contro	ol I er	Si gna	ture of the Deputy Controller		
f	l ha ill∈	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		

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

Course: 651 / COSMETOLOGY

Subject: 44434 / EMPLOYBILITY SKILL

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239111422008	HARDEEP KAUR	<u> </u>	<u> </u>
2	88239111422010	HARPREET KAUR	<u> </u>	<u></u>
3	88239111422015	KOMALPREET KAUR	L	L
4	88239111422032	POOJA DEVI	<u> </u>	L
5	88239111422034	PRERNA RANI	<u></u>	<u>L</u>
6	88239111422037	RANJEET KAUR	<u></u>	<u> </u>
7	88239111422042	SIMRANJEET KAUR	<u> </u>	<u>L</u>
8	88239111422043	SIMRANJIT KAUR	<u> </u>	<u>L</u>
9	88239111422046	SUKHWINDER KAUR		I
Tot	al No. Of Students in al No. Of Answer She me and Signature Of		ent:	
			Undertaki ng	
I (N abov have here	lame) e examination as Invi appeared under my su by undertake that if	(Designation)_ gilator. I have personally checl pervision in today's exam, have any mistakes are found, I will n	h ked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Superintender	t	Si gnat	ure of the Superintendent
	ve conducted 10% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA Course : 651 / COSMETOLOGY Class: First 44435 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88239111422042 | SIMRANJEET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

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

Undertaki ng

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17055 / CRAFT(T)

5.No 	Regd. No. 	Name Of the Student	Answer Sheet No.	Student's Sign.		
l 	88370216122004	DINESH CHAND	<u> </u>			
<u>)</u> 	88370216122006	GURDEEP SINGH	<u> </u>	L		
3	88370216122018	SUNIL CHAUHAN	<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 (abo hav her	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	ure of the Invigilator		
l h fil	nave 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	ne 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	ne of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nam	ne of the Controller		Si gnati	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

Subject: 17073 / GEOMETRICAL DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370216122005	JGOBIND SINGH				
2	88370216122006	GURDEEP SINGH		L		
3	88370216122008	MANOJ KUMAR		L		
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (N abov have here	Name)_ ve examination as Invi e appeared under my su eby undertake that if	(Designation)_ gilator. I have personally che upervision in today's exam, have any mistakes are found, I will		nereby certify that I have conducted the 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	dom checking of the OMR sheet o nstructions.	f the said examinatio	on and found that particulars have been		
Name	e of the Superintender	nt	Si gna	ture of the Superintendent		
l ha fill	ave 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	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examination	on and found that particulars have been		
Name	e of the Controller		Si gna	ture of the Controller		

Class: Second

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370216120005	JPANKAJ KUMAR	<u> </u>	<u> </u>
2	88370216122002	JBELI RAM	<u> </u>	L
3	88370216122003	BINDU RAM	<u> </u>	L
4	88370216122004	J DINESH CHAND	<u> </u>	L
5 l	88370216122005	GOBIND SINGH		L
6	88370216122006	GURDEEP SINGH		L
7 l	88370216122007	KAMAL DEEP	<u> </u>	L
8	88370216122008	JMANOJ KUMAR		L
9	88370216122014	JPRAYAG RAJ		L
10 	88370216122015	RAJAT KUMAR		L
11	88370216122016	RESHMA SHARMA		L
12	88370216122018	SUNIL CHAUHAN		
13	88370216122019	SURENDER SINGH		
14	88370216122020	SURENDER SINGH DILTA		

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

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

Subject: 70051 / PAINTING

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

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

Undertaki ng

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Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA Center Name:

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

70055 / CRAFT(T) Subject:

PAGE: 1

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88370216120005 | PANKAJ KUMAR 2 88370216122002 | BELI RAM 3 88370216122003 | BINDU RAM 88370216122004 | DINESH CHAND 5 88370216122005 | GOBIND SINGH 88370216122006 | GURDEEP SINGH 88370216122007 | KAMAL DEEP 88370216122008 _| MANOJ KUMAR 88370216122014 | PRAYAG RAJ 88370216122015 | RAJAT KUMAR 10 88370216122016 | RESHMA SHARMA 12 88370216122018 | SUNIL CHAUHAN 13 88370216122019 | SURENDER SINGH

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

88370216122020 | SURENDER SINGH DILTA

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

14

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

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

Subject: 70055 / CRAFT(T)

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70056 / CRAFT(P)

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370216120005	PANKAJ KUMAR		L
2	88370216122002	BELI RAM		
3	88370216122003	BINDU RAM		I
4	88370216122004	DINESH CHAND		I
5	88370216122005	GOBIND SINGH		I
6	88370216122006	GURDEEP SINGH		l
7	88370216122007	KAMAL DEEP		l
8	88370216122008	MANOJ KUMAR		l
9	88370216122014	PRAYAG RAJ	·	l
10	88370216122015	RAJAT KUMAR		l
11	88370216122016	RESHMA SHARMA	·	l
12	88370216122018	SUNIL CHAUHAN	·	·
13	88370216122019	SURENDER SINGH		l
14 ,		J SURENDER SINGH DILTA	-L	

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second Subject: 70056 / CRAFT(P) Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Name Of the Student

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

Regd. No.

PAGE: 1

S.No

1	88370216120005	PANKAJ KUMAR	<u> </u>	<u></u>
2	88370216122002	BELI RAM		<u></u>
3	88370216122003	BINDU RAM		
4	88370216122004	DINESH CHAND		L
5	88370216122005	GOBIND SINGH		
6	88370216122006	GURDEEP SINGH		
7	88370216122007	KAMAL DEEP		
8	88370216122008	MANOJ KUMAR		
9	88370216122014	PRAYAG RAJ		
10	88370216122015	RAJAT KUMAR		
11	88370216122016	RESHMA SHARMA		
12	88370216122018	SUNIL CHAUHAN		
13	88370216122019	SURENDER SINGH	<u> </u>	
14	88370216122020	SURENDER SINGH DILTA	<u>.</u>	
				L

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

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

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

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

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

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370216120005	_J PANKAJ KUMAR	<u> </u>	
2	88370216122002	JBELI RAM	<u> </u>	L
3	88370216122003	JBINDU RAM	<u> </u>	L
4	88370216122004	J DINESH CHAND	<u> </u>	L
5 	88370216122005	GOBIND SINGH	<u> </u>	L
6	88370216122006	GURDEEP SINGH	<u> </u>	L
7	88370216122007	KAMAL DEEP	<u> </u>	L
8	88370216122008	_J MANOJ KUMAR	<u> </u>	L
9	88370216122014	JPRAYAG RAJ	<u> </u>	L
10	88370216122015	_J RAJAT KUMAR	<u> </u>	L
11	88370216122016	RESHMA SHARMA		L
12	88370216122018	SUNIL CHAUHAN		L
13	88370216122019	SURENDER SINGH	<u> </u>	L
14	88370216122020	SURENDER SINGH DILTA	<u></u>	L

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

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

Subject: 70071 / HISTORY & APPRECIATION OF ART

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

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

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70072 / COMMERCIAL ART

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370216120005	PANKAJ KUMAR		
2	88370216122002	BELI RAM		
3	88370216122003	JBINDU RAM		
4	88370216122004	J DINESH CHAND		
5	88370216122005	GOBIND SINGH		
6	88370216122006	GURDEEP SINGH		
7	88370216122007	KAMAL DEEP		
8	88370216122008	JMANOJ KUMAR		
9	88370216122014	JPRAYAG RAJ		
10	88370216122015	RAJAT KUMAR		
11	88370216122016	RESHMA SHARMA		
12	88370216122018	SUNIL CHAUHAN		
13	88370216122019	SURENDER SINGH		
14	88370216122020	SURENDER SINGH DILTA		

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

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

Subject: 70072 / COMMERCIAL ART

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA Center Name:

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370216120005	PANKAJ KUMAR	<u> </u>	<u> </u>
2	88370216122002	BELI RAM	<u> </u>	<u>L</u>
3	88370216122003	BINDU RAM	<u> </u>	<u>L</u>
4	88370216122004	DINESH CHAND	<u> </u>	<u>L</u>
5	88370216122005	GOBIND SINGH		L
6	88370216122006	GURDEEP SINGH		L
7	88370216122007	KAMAL DEEP	<u> </u>	<u> </u>
8	88370216122008	JMANOJ KUMAR		L
9	88370216122014	JPRAYAG RAJ	<u> </u>	<u> </u>
10	88370216122015	RAJAT KUMAR		L
11	88370216122016	RESHMA SHARMA		L
12	88370216122018	SUNIL CHAUHAN		L
13	88370216122019	SURENDER SINGH		<u> </u>
14	88370216122020	SURENDER SINGH DILTA		

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

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

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

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

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

Undertaki ng

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

Name Of the Student

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

Regd. No.

S.No

3.110			Aliswei Sileet No. I	
1	88370216120005	PANKAJ KUMAR		<u> </u>
2	88370216122002	BELI RAM	<u> </u>	L
3	88370216122003	BINDU RAM	<u> </u>	<u> </u>
4	88370216122004	DINESH CHAND		<u></u>
5 	88370216122005	GOBIND SINGH	<u> </u>	L
6	88370216122006	GURDEEP SINGH		
7	88370216122007	KAMAL DEEP		
8	88370216122008	MANOJ KUMAR	<u> </u>	<u> </u>
9	88370216122014	PRAYAG RAJ	<u> </u>	<u></u>
10	88370216122015	RAJAT KUMAR	<u> </u>	
11	88370216122016	RESHMA SHARMA		L
12	88370216122018	SUNIL CHAUHAN		
13	88370216122019	SURENDER SINGH		
14	88370216122020	SURENDER SINGH DILTA		

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA
Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second

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

bject. Toot if Tenoring of The a ordin (1)

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70075 / PROJECT

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370216120005	_J PANKAJ KUMAR	<u> </u>	
2	88370216122002	JBELI RAM	<u> </u>	<u></u>
3	88370216122003	JBINDU RAM	<u> </u>	<u> </u>
4	88370216122004	J DINESH CHAND	<u> </u>	L
5	88370216122005	GOBIND SINGH	<u> </u>	<u></u>
6	88370216122006	GURDEEP SINGH	<u> </u>	L
7	88370216122007	KAMAL DEEP	<u> </u>	L
8	88370216122008	_J MANOJ KUMAR	<u> </u>	<u> </u>
9	88370216122014	JPRAYAG RAJ	<u> </u>	<u> </u>
10	88370216122015	RAJAT KUMAR		<u></u>
11	88370216122016	RESHMA SHARMA		<u></u>
12	88370216122018	SUNIL CHAUHAN	<u> </u>	<u></u>
13	88370216122019	SURENDER SINGH	<u> </u>	<u> </u>
14	88370216122020	SURENDER SINGH DILTA	<u> </u>	<u> </u>

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

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

Subject: 70075 / PROJECT

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

S.No

Regd. No.

Class: Second

Name Of the Student

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

	-	
1	88370216120005 PANKAJ KUMAR	
2	88370216122002 BELI RAM	
3	88370216122003 BINDU RAM	
4	88370216122004 DINESH CHAND	
5 	88370216122005 GOBIND SINGH	
6	88370216122006 GURDEEP SINGH	
7	88370216122007 KAMAL DEEP	
8	88370216122008 MANOJ KUMAR	
9	88370216122014 _] PRAYAG RAJ	
10	88370216122015 RAJAT KUMAR	
11	88370216122016 RESHMA SHARMA	
12	88370216122018 SUNIL CHAUHAN	
13	88370216122019 SURENDER SINGH	
14	88370216122020 SURENDER SINGH DILTA	

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1215 / INDUSTRIAL TRAINING INSTITUTE, RAJPURA Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P) Total No. Of Students in this Subject > Present : Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88209117923001 _I AMAN KUMAR 3 88209117923005 | HARDEEP SINGH 88209117923006 | KAMAL SHARMA 5 88209117923010 _IPUNJAB Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209117923001	_J AMAN KUMAR		
2	88209117923003	GURPREET SINGH		
3	88209117923004	GURVINDER SINGH		
4	88209117923005	HARDEEP SINGH		
5 	88209117923006	KAMAL SHARMA		
6	88209117923009	PAWANDEEP SINGH		
7	88209117923010	PUNJAB		
8	88209117923012	SUKHWINDER SINGH		
Tota	I No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
above have	me) examination as Invi appeared under my su y undertake that if	(Designation) gilator. I have personally che upervision in today's exam, have any mistakes are found, I will	cked and ensured tha [.] 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 fille	e conducted 20% rand d 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 Superintender	nt	Si gna	ture of the Superintendent
l hav fille	e conducted 10% rand d correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinatio	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l ha fille	ve conducted 5% rand d correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examinatio	on and found that particulars have been
Name	of the Controller		Si gna ⁻	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA Center Name:

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88209117923001	JAMAN KUMAR	<u> </u>		
2	88209117923003	GURPREET SINGH	<u> </u>		
3	88209117923004	GURVINDER SINGH	L		
4	88209117923005	HARDEEP SINGH	<u> </u>		
5 	88209117923006	KAMAL SHARMA	<u> </u>		
6	88209117923009	PAWANDEEP SINGH	<u> </u>		
7	88209117923010	PUNJAB	<u> </u>		
8	88209117923012	SUKHWINDER SINGH		1	
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of				
			Undertaki ng		
nave	appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	been filled and sn	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.	
			Si gna	ture of the Invigilator	
	ve conducted 20% rand ed correctly as per i		the said examinati	on and found that particulars have been	
Name	of the Superintender	nt	Si gna	ture of the Superintendent	
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller	
l ha	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been	
Name	of the Controller		Si gna	ture of the Controller	

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231217923014	ABIRINDERJIT SINGH	<u> </u>	
2	88231217923015	ANMOLPREET SINGH	L	
3	88231217923016	ARSHDEEP SINGH	<u> </u>	
4	88231217923017	ASHVEER SINGH	<u> </u>	
5	88231217923019	GURPAL SINGH	<u> </u>	
6	88231217923020	HARPREET KAUR	<u> </u>	
7	88231217923022	JASPREET KAUR	<u> </u>	
8	88231217923024	KULDEEP SINGH	<u> </u>	
9	88231217923025	LOVELY KAUR	L	
10	88231217923026	LOVEPREET	L	
11	88231217923027	LOVEPREET SINGH	L	
12	88231217923028	MALKINDER RAM	<u> </u>	
13	88231217923029	MANINDER SINGH	<u> </u>	
14	88231217923030	ROSHNI DEVI	<u> </u>	
15	88231217923031	SANDEEP KAUR	L	
16	88231217923032	SIMRANJEET KAUR	 	
17	88231217923033	VIJAY KUMAR	 	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA
Course: 132 / ELECTRICIAN Class: First

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

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

44431 / TRADE THEORY

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Subject:

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231217923014	ABIRINDERJIT SINGH		L
2	88231217923015	ANMOLPREET SINGH		
3	88231217923016	ARSHDEEP SINGH		
4	88231217923017	ASHVEER SINGH	<u> </u>	
5	88231217923019	GURPAL SINGH	<u> </u>	
6	88231217923020	HARPREET KAUR	<u> </u>	
7	88231217923022	JASPREET KAUR	<u> </u>	
8	88231217923024	KULDEEP SINGH	<u> </u>	
9	88231217923025	LOVELY KAUR	L	
10	88231217923026	LOVEPREET	L	
11	88231217923027	LOVEPREET SINGH	<u> </u>	
12	88231217923028	MALKINDER RAM	<u> </u>	
13	88231217923029	MANINDER SINGH	<u> </u>	
14	88231217923030	ROSHNI DEVI	<u> </u>	
15	88231217923031	SANDEEP KAUR	L	
16	88231217923032	SIMRANJEET KAUR	 	
17	88231217923033	VIJAY KUMAR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

Answer Sheet No.

Student's Sign.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA

Course: 132 / ELECTRICIAN Class: First

Name Of the Student

Regd. No.

PAGE: 1 of

S.No

44435 / PRACTICAL Subject:

·		
1	88231217923014 ABIRINDERJIT SINGH	
2	88231217923015 ANMOLPREET SINGH	L
3	88231217923016 ARSHDEEP SINGH	L
4	88231217923017 ASHVEER SINGH	
5 <u> </u>	88231217923019 GURPAL SINGH	
6	88231217923020 HARPREET KAUR	
7	88231217923022 JASPREET KAUR	
8	88231217923024 KULDEEP SINGH	
9	88231217923025 LOVELY KAUR	
10	88231217923026 LOVEPREET	
11	88231217923027 LOVEPREET SINGH	
12	88231217923028 MALKINDER RAM	
13	88231217923029 MANINDER SINGH	
14	88231217923030 ROSHNI DEVI	
15	88231217923031 SANDEEP KAUR	
16	88231217923032 _] SIMRANJEET KAUR	
17	88231217923033 VIJAY KUMAR	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA Center Name:

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

15

Subject.	111117 1100	JE IIIEC				
S.No	Regd. No.		Name Of the Student	Answer Sheet No.	Student's Sign.	
1	8823121792202	²⁵ A LI	KHAN			

88231217922026 _| AMRITPAL SINGH 3 88231217922028 | BHALWINDER SINGH 88231217922029 _| BUNTY SINGH 5 88231217922030 | GURSEWAK SINGH 88231217922032 | HARSHPREET SINGH 88231217922033 | HARWINDER SINGH 88231217922035 | JASHANDEEP SINGH 88231217922037 | LOVEPREET SHARMA 88231217922038 _I PAWAN KUMAR 10 88231217922040 | RAJWINDER SINGH 12 13 88231217922041 | RAVI KUMAR 14 88231217922043 | SATNAM SINGH

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

88231217922044 | SUMIT KUMAR

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA Center Name: Course: 132 / ELECTRICIAN Class: Second Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231217922025	ALI KHAN	<u> </u>	
2	88231217922026	AMRITPAL SINGH	<u> </u>	L
3	88231217922028	BHALWINDER SINGH	<u> </u>	L
4	88231217922029	BUNTY SINGH	L	L
5 	88231217922030	GURSEWAK SINGH	L	L
6 <u> </u>	88231217922032	HARSHPREET SINGH	<u> </u>	L
7	88231217922033	HARWINDER SINGH	<u> </u>	<u> </u>
8 	88231217922035	JASHANDEEP SINGH	L	L
9	88231217922037	LOVEPREET SHARMA	L	<u> </u>
10	88231217922038	PAWAN KUMAR	L	L
11	88231217922039	PRABJOT SINGH	L	L
12	88231217922040	RAJWINDER SINGH	 L	
13	88231217922041	RAVI KUMAR	 	
14	88231217922043	SATNAM SINGH	<u> </u>	<u> </u>

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

88231217922044 | SUMIT KUMAR

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA Center Name:

Course: 132 / ELECTRICIAN Class: Second

44444 / EMPLOYBILITY SKILL Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231217922025	ALI KHAN		L
2	88231217922026	AMRITPAL SINGH		
3	88231217922028	BHALWINDER SINGH		
4	88231217922029	BUNTY SINGH	<u> </u>	
5	88231217922030	GURSEWAK SINGH	<u> </u>	
6	88231217922032	HARSHPREET SINGH		
7 l	88231217922033	HARWINDER SINGH	<u> </u>	<u> </u>
8	88231217922035	JASHANDEEP SINGH	<u> </u>	<u> </u>
9	88231217922037	LOVEPREET SHARMA	<u> </u>	<u> </u>
10	88231217922038	PAWAN KUMAR	<u> </u>	<u> </u>
11 	88231217922039	PRABJOT SINGH	<u> </u>	
12	88231217922040	RAJWINDER SINGH	<u> </u>	
13	88231217922041	RAVI KUMAR		
14	88231217922043	SATNAM SINGH		
15	88231217922044	SUMIT KUMAR	 	

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA Center Name:

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA Center Name:

Course: 658 / SEWING TECHNOLOGY Class: First

44431 / TRADE THEORY Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88247117923035 | AZAADVIR SINGH 3 88247117923042 | JYOTI KAUR 88247117923044 | KIRANDEEP KAUR 5 88247117923046 | MANJEET KAUR 88247117923048 | PARAMJEET KAUR 88247117923049 | PAWANDEEP KAUR 88247117923050 | RAMANDEEP KAUR 88247117923051 | RIMPY RANI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 Center Name:

1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA

Course: 658 / SEWING TECHNOLOGY

Class: First 44434 / EMPLOYBILITY SKILL Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88247117923035 | AZAADVIR SINGH 88247117923041 | HARPREET KAUR 3 88247117923042 | JYOTI KAUR 88247117923044 | KIRANDEEP KAUR 5 88247117923046 | MANJEET KAUR 88247117923048 | PARAMJEET KAUR 88247117923049 | PAWANDEEP KAUR 88247117923050 _| RAMANDEEP KAUR 88247117923051 | RIMPY RANI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

1288 / GOVT. INDUSTRIAL TRAINING INSTITUTE, SAMANA

Course: 658 / SEWING TECHNOLOGY

Class: First Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88247117923035	AZAADVIR SINGH	<u> </u>	<u> </u>		
2	88247117923041	HARPREET KAUR	<u> </u>	L		
3	88247117923042	JYOTI KAUR	<u> </u>	L		
4	88247117923044	KIRANDEEP KAUR	<u> </u>	L		
5	88247117923046	MANJEET KAUR	<u> </u>	<u> </u>		
6	88247117923048	PARAMJEET KAUR		<u> </u>		
7	88247117923049	PAWANDEEP KAUR		<u> </u>		
8	88247117923050	RAMANDEEP KAUR				
9	88247117923051	RIMPY RANI				
To	otal No. Of Students in otal No. Of Answer She ame and Signature Of	eets Packed >	sent:			
			Undertaki ng			
I (abo hav her	(Name) ove examination as Invi ve appeared under my su reby undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	nereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
			Si gnat	ure of the Invigilator		
l h fil	nave conducted 20% rand Led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Nam	Name of the Superintendent Signature of the Superintendent					
l h fil	nave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Nam	ne of the Deputy Contro	ol I er	Si gnat	ure of the Deputy Controller		
	have conducted 5% rand led correctly as per i		the said examinatio	on and found that particulars have been		

Signature of the Controller

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 128 / FITTER Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

S.No

0.110		, , , , , , , , , , , , , , , , , , , ,	7 (113Wei 311eet 146: 1	
1	88227226023001	AMANPREET SINGH		
2	88227226023002	INDERPREET SINGH	<u> </u>	<u> </u>
3	88227226023004	JASEEN KHAN	<u> </u>	<u> </u>
4	88227226023005	JASHANPREET SINGH	<u>[</u>	
5 	88227226023006	JASKARAN SINGH	<u>[</u>	
6	88227226023007	JASPREET SINGH	<u>[</u>	
7	88227226023009	KARANPREET SINGH	<u> </u>	
8	88227226023010	MANVEER SINGH	<u>[</u>	
9	88227226023012	PARVINDER SINGH	<u>[</u>	
10	88227226023013	RAGHBIR SINGH	<u>[</u>	
11	88227226023017	TARANVIR SINGH	<u>[</u>	

Answer Sheet No.

Student's Sign.

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 128 / FITTER Class: First

Name Of the Student

Subject: 44434 / EMPLOYBILITY SKILL

Regd. No.

PAGE: 1

S.No

	1119411111	'	7 11131101 011001 1101	3
1	88227226023001	AMANPREET SINGH	 	
2	88227226023002	INDERPREET SINGH	<u> </u>	L
3	88227226023004	JASEEN KHAN	<u> </u>	L
4	88227226023005	JASHANPREET SINGH	<u> </u>	L
5	88227226023006	JASKARAN SINGH	<u> </u>	L
6	88227226023007	JASPREET SINGH	L	L
7	88227226023009	KARANPREET SINGH	L	L
8	88227226023010	MANVEER SINGH	L	L
9	88227226023012	PARVINDER SINGH	L	L
10	88227226023013	RAGHBIR SINGH	L	L
11	88227226023017	TARANVIR SINGH	L	L

Answer Sheet No.

Student's Sign.

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227226023001	JAMANPREET SINGH	<u> </u>	<u> </u>
2	88227226023002	INDERPREET SINGH	<u> </u>	<u>L</u>
3	88227226023004	JASEEN KHAN	<u> </u>	L
4	88227226023005	JASHANPREET SINGH		L
5 <u> </u>	88227226023006	JASKARAN SINGH		L
6	88227226023007	JASPREET SINGH		L
7	88227226023009	KARANPREET SINGH	<u> </u>	<u>L</u>
8	88227226023010	MANVEER SINGH		L
9	88227226023012	PARVINDER SINGH		<u> </u>
10	88227226023013	RAGHBIR SINGH		<u> </u>
11	88227226023017	TARANVIR SINGH		

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR Center Name:

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231223323003	AVJIT SINGH	<u> </u>	L
2	88231223323004	BARDAN RAI		<u> </u>
3 	88231223323005	DALJIT SINGH	<u> </u>	L
4	88231223323006	JDISHANT KUMAR	<u> </u>	<u> </u>
5 	88231223323007	JGUDDU RAI	<u> </u>	L
6	88231223323008	GURDEEP SINGH	<u> </u>	<u> </u>
7	88231223323009	GURPREET	<u> </u>	<u> </u>
8	88231223323010	HARDEEP SINGH	<u> </u>	<u> </u>
9	88231223323011	JAI KRISHAN	<u> </u>	<u> </u>
10	88231223323012	JASKARANJIT SINGH	<u> </u>	<u> </u>
11	88231223323013	JASVIR SINGH	<u> </u>	<u> </u>
12	88231223323014	KARAN	<u> </u>	<u> </u>
13	88231223323015	KARANVEER SINGH	L	L
14	88231223323016	JMANINDER SINGH	L	L
15 	88231223323017	NARESH KUMAR	L	L
16	88231223323018	ROHIT KUMAR	<u> </u>	<u> </u>
17	88231223323019	SAHIBJEET SINGH	<u> </u>	<u> </u>
18	88231223323020	SUKHPREET SINGH	<u> </u>	<u> </u>
19	88231223323021	TANISH	<u> </u>	<u> </u>
20	88231223523001	BHUPINDER SINGH	L	<u> </u>
21	88231223523002	CHIRAGDEEP SINGH	<u> </u>	

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR Center Name:

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88231223523003	DHARAMPREET SAINI	<u> </u>	<u> </u>
23	88231223523006	HARDEEP SINGH	<u> </u>	<u> </u>
24	88231223523007	HARMINDER SINGH	<u> </u>	<u> </u>
25 	88231223523008	HARPREET SINGH	<u> </u>	<u> </u>
26 	88231223523009	INDERJEET	<u> </u>	<u> </u>
27	88231223523010	JASHANPREET SINGH	<u> </u>	<u> </u>
28	88231223523011	KRISHNA KUMAR KAMAT	<u> </u>	<u> </u>
29 	88231223523012	NARINDER SINGH	<u> </u>	L
30	88231223523013	NAVDEEP SINGH	<u> </u>	L
31 	88231223523014	NIKHIL	<u> </u>	<u> </u>
32	88231223523016	PARMINDER SINGH	<u> </u>	<u> </u>
33	88231223523018	RAMAN KUMAR	<u> </u>	<u> </u>
34	88231223523019	JVANSH LOOMBA	<u> </u>	<u> </u>
35 	88231223523020	JVINOD KUMAR	<u> </u>	<u> </u>
36 	88231226023019	DAMANJOT SINGH	<u> </u>	<u> </u>
37 	88231226023020	DAMANPREET SINGH	<u> </u>	<u> </u>
38	88231226023022	DAVINDER SINGH	<u> </u>	<u> </u>
39 	88231226023024	JGORAV	<u> </u>	<u> </u>
40	88231226023026	HARMANPREET SINGH	<u> </u>	<u> </u>
41	88231226023027	HARSHDEEP SINGH	<u></u>	
42	88231226023028	HARWINDER SINGH		
				

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
43	88231226023029	HARWINDER SINGH		
44	88231226023030	INDERDEEP SINGH		
45	88231226023031	PARHBJOT SINGH		
46	88231226023032	PRINCE		
47	88231226023035	SATNAM SINGH		
48	88231226023036	SUKHPREET SINGH		
Na	ame and Signature Of	Incharge	Undertaki ng	
	otal No. Of Answer She ame and Signature Of		Undertaki ng	
abo hav	/e appeared under mv si	(Designation) gilator. 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	hereby 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 h fil	nave conducted 20% rand led correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Nan	ne of the Superintender	ıt	Si gna	ture of the Superintendent
l h fil	nave conducted 10% rand led correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Nan	ne of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l fi l	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Nan	me of the Controller		Si gna	ture of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231223323003	AVJIT SINGH	<u> </u>	L
2	88231223323004	BARDAN RAI	<u> </u>	L
3	88231223323005	DALJIT SINGH	<u> </u>	L
4	88231223323006	DISHANT KUMAR	<u> </u>	L
5 	88231223323007	GUDDU RAI	<u> </u>	L
6	88231223323008	GURDEEP SINGH	<u> </u>	L
7	88231223323009	GURPREET	<u> </u>	L
8	88231223323010	HARDEEP SINGH	<u> </u>	L
9	88231223323011	JAI KRISHAN	<u> </u>	L
10	88231223323012	JASKARANJIT SINGH	<u> </u>	L
11	88231223323013	JASVIR SINGH	<u> </u>	L
12	88231223323014	KARAN	<u> </u>	L
13	88231223323015	KARANVEER SINGH	<u> </u>	L
14	88231223323016	JMANINDER SINGH	<u> </u>	L
15	88231223323017	NARESH KUMAR	L	L
16	88231223323018	ROHIT KUMAR	L	L
17	88231223323019	SAHIBJEET SINGH	L	L
18	88231223323020	SUKHPREET SINGH	<u> </u>	L
19	88231223323021	TANISH	<u> </u>	L
20	88231223523001	BHUPINDER SINGH	L	<u> </u>
21	88231223523002	CHIRAGDEEP SINGH	<u> </u>	<u> </u>

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88231223523003	DHARAMPREET SAINI	<u> </u>	L
23	88231223523006	HARDEEP SINGH	<u> </u>	L
24	88231223523007	HARMINDER SINGH	<u> </u>	L
25 	88231223523008	HARPREET SINGH	<u> </u>	L
26	88231223523009	INDERJEET	<u> </u>	L
27	88231223523010	JASHANPREET SINGH	L	L
28	88231223523011	KRISHNA KUMAR KAMAT	<u> </u>	L
29	88231223523012	NARINDER SINGH	L	L
30 L	88231223523013	NAVDEEP SINGH	L	L
31	88231223523014	NIKHIL	<u> </u>	<u> </u>
32	88231223523016	PARMINDER SINGH	<u> </u>	L
33	88231223523018	RAMAN KUMAR	<u> </u>	<u> </u>
34	88231223523019	JVANSH LOOMBA	<u> </u>	<u> </u>
35	88231223523020	JVINOD KUMAR	<u> </u>	<u> </u>
36	88231226023019	DAMANJOT SINGH	<u> </u>	<u> </u>
37	88231226023020	DAMANPREET SINGH	<u> </u>	<u> </u>
38	88231226023022	DAVINDER SINGH	<u> </u>	<u> </u>
39	88231226023024	JGORAV	L	L
40 L	88231226023026	HARMANPREET SINGH	L	L
41	88231226023027	HARSHDEEP SINGH	 	<u></u>
42	88231226023028	HARWINDER SINGH		
	 -			·

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 3 of 3 Center Name:

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 132 / ELECTRICIAN

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No. 	Name Of the Student	Answer Sheet No.	Student's Sign.
43	88231226023029	HARWINDER SINGH		
44		INDEDDEED SINCH		
45	88231226023031	PARHBJOT SINGH		
46	88231226023032	PRINCE		
47	88231226023035	SATNAM SINGH		
48	88231226023036	SUKHPREET SINGH	I	
	tal No. Of Answer She me and Signature Of		Undertaki ng	
I (N abov have	Name)_ ve examination as Invi e appeared under my su	(Designation)_ gilator. I have personally ch pervision in today's exam, ha	Undertaking ecked and ensured that we been filled and sh	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also
here	eby undertake that if	any mistakes are found, I wil	i not be entitled for	any remuneration.
l ha fill	ave conducted 20% rand ed correctly as per i	om checking of the OMR sheet nstructions.	<u> </u>	on and found that particulars have been
Name	e of the Superintender	t	Si gna	ature of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Name	e of the Deputy Contro	ller	Si gna	ature of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Name	of the Controller		Silana	ature of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88231223323003 | AVJIT SINGH 88231223323004 $_{\mid}$ BARDAN RAI 88231223323005 DALJIT SINGH 3 88231223323006 $_{\mid}$ DISHANT KUMAR 5 88231223323007 | GUDDU RAI 88231223323009 | GURPREET 88231223323010 $_{\mid}$ HARDEEP SINGH 88231223323011 _| JAI KRISHAN 88231223323012 | JASKARANJIT SINGH 10 88231223323013 $_{\mid}$ JASVIR SINGH 88231223323014 _| KARAN 12 13 88231223323015 | KARANVEER SINGH 88231223323016 MANINDER SINGH 14 15 88231223323017 | NARESH KUMAR 16 88231223323018 | ROHIT KUMAR 17 88231223323019 | SAHIBJEET SINGH 18 88231223323020 | SUKHPREET SINGH 88231223323021 _| TANISH 20 88231223523001 | BHUPINDER SINGH 88231223523002 | CHIRAGDEEP SINGH

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88231223523003	DHARAMPREET SAINI	<u> </u>	L
23	88231223523006	HARDEEP SINGH	<u> </u>	L
24	88231223523007	HARMINDER SINGH	<u> </u>	L
25 	88231223523008	HARPREET SINGH	<u> </u>	L
26	88231223523009	INDERJEET	<u> </u>	L
27	88231223523010	JASHANPREET SINGH	L	L
28	88231223523011	KRISHNA KUMAR KAMAT	<u> </u>	L
29	88231223523012	NARINDER SINGH	L	L
30 L	88231223523013	NAVDEEP SINGH	L	L
31	88231223523014	NIKHIL	<u> </u>	<u> </u>
32	88231223523016	PARMINDER SINGH	<u> </u>	L
33	88231223523018	RAMAN KUMAR	<u> </u>	<u> </u>
34	88231223523019	JVANSH LOOMBA	<u> </u>	<u> </u>
35	88231223523020	JVINOD KUMAR	<u> </u>	<u> </u>
36	88231226023019	DAMANJOT SINGH	<u> </u>	<u> </u>
37	88231226023020	DAMANPREET SINGH	<u> </u>	<u> </u>
38	88231226023022	DAVINDER SINGH	<u> </u>	<u> </u>
39	88231226023024	JGORAV	L	L
40 L	88231226023026	HARMANPREET SINGH	L	L
41	88231226023027	HARSHDEEP SINGH	 	<u></u>
42	88231226023028	HARWINDER SINGH		
	 -			·

3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 3 of 3

ATTENDANCE CON CHALLANTORN TOR August 202

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
43	88231226023029	HARWINDER SINGH		
44	88231226023030	MIDEDDEED OMION		
45	88231226023031	PARHBJOT SINGH		
46	88231226023032	PRINCE		
47	88231226023035	SATNAM SINGH		
48	88231226023036	SUKHPREET SINGH		
	otal No. Of Answer Sheame and Signature Of		Undertaki na	
	Ü	Ç	Undertaki ng	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also
hav her	e appeared under my su eby undertake that if	ipervision in today's exam, have any mistakes are found, I will	e been filled and sh not be entitled for	aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l h fil	ave conducted 20% rand led correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Nam	e of the Superintender	nt	Si gna	ture of the Superintendent
l h fil	ave conducted 10% rand led correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Nam	e of the Deputy Contro	ller	Si gna	ture of the Deputy Controller
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Nam	e of the Controller		Si gna	ture of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR Course : 132 / ELECTRICIAN Class: Second 44441 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231223321011 $_{
m I}$ 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 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR Course : 132 / ELECTRICIAN Class: Second 44444 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231223321011 $_{
m I}$ 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 Signature of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course:

268 / WELDER (GMAW AND GTAW)

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88268123523021	AMANJOT SINGH	<u> </u>			
2	88268123523022	DILBAR SINGH	<u> </u>			
3	88268123523024	GURJOT SINGH	<u> </u>			
4	88268123523034	RAJA	<u> </u>			
5	88268123523036	SAHILDEEP SINGH	L			
6	88268123523039	VIJAYPAL SINGH	L			
7	88268123523040	VINEET GURUNG	<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			
abò\ have	e appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who added correctly in the OMR sheets. I also any remuneration.		
			Si gnat	cure of the Invigilator		
l ha fill	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	e of the Superintender	t	Si gnat	cure of the Superintendent		
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	e of the Deputy Contro	oller	Si gnat	cure of the Deputy Controller		
	nave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been		
Name	e of the Controller		Si gnat	cure of the Controller		

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 Center Name:

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course:

268 / WELDER (GMAW AND GTAW)

Class: First 44434 / EMPLOYBILITY SKILL Subject:

S.No Name Of the Student Regd. No. | Student's Sign. Answer Sheet No. 88268123523021 | AMANJOT SINGH 2 3 88268123523034 _{I RAJA} 5 88268123523036 | SAHILDEEP SINGH 88268123523040 | VINEET GURUNG Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng (Designation)_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 Center Name:

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course:

268 / WELDER (GMAW AND GTAW)

44435 / PRACTICAL Subject:

Name Of the Student S.No Regd. No. | Student's Sign. Answer Sheet No. 88268123523021 | AMANJOT SINGH 2 3 88268123523034 _{I RAJA} 5 88268123523036 | SAHILDEEP SINGH 88268123523040 | VINEET GURUNG Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng (Designation)_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 617 / MECHANIC DIESEL ENGINE

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88201123323024	GAGANPREET SINGH	<u> </u>	<u> </u>
2	88201123323025	IQBAL SINGH	L	<u></u>
3	88201123323027	JASPAL SINGH	L	L
4	88201123323030	MANMAKHAN SINGH	L	<u> </u>
5	88201123323031	MANPREET SINGH	<u> </u>	<u> </u>
I (N	me and Signature Of Name) Ve examination as Invited appeared under my such appeared under	(Designation)	ked and ensured that	nereby certify that I have conducted the t particulars of all the students who ended correctly in the OMR sheets. I also
have here	e appeared under my su eby undertake that if	ipervision in today's exam, have any mistakes are found, I will	been filled and sha not be entitled for	aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Superintender	nt	Si gnat	ture of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Controller		Si gnat	ture of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 617 / MECHANIC DIESEL ENGINE

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88201123323024	JGAGANPREET SINGH		
2	88201123323025			
3	88201123323027	JASPAL SINGH		
4	88201123323030	NAANINAA KULANI CINICII		
5	88201123323031	MANPREET SINGH		
I (abo	nme and Signature Of Name) ve examination as Invi	(Designation) gilator. I have personally che	Undertaking ecked and ensured tha	hereby certify that I have conducted the t particulars of all the students who
hav	e appeared under my si	gilator. I have personally choupervision in today's exam, have any mistakes are found, I will	ve been filled and sh	aded correctly in the UMR sheets. I also
			Si gna	ture of the Invigilator
l h fil	ave conducted 20% rand Led correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Nam	e of the Superintender	nt	Si gna	ture of the Superintendent
l h fil	ave conducted 10% rand Led correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Nam	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l fi l	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Nam	e of the Controller		Si gna	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 617 / MECHANIC DIESEL ENGINE

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No. 	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88201123323024	GAGANPREET SINGH	<u> </u>	
2	88201123323025	IQBAL SINGH	L	
3	88201123323027	JASPAL SINGH	<u> </u>	
4	88201123323030	MANMAKHAN SINGH	<u> </u>	
5	88201123323031	MANPREET SINGH		
I (1 abov	me and Signature Of Name) Ve examination as Invite appeared under my su	(Designation) gilator. I have personally chec	ked and ensured that	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets I also
have	e appeared under my su	gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	been filled and sha	aded correctly in the OMR sheets. I also
		,		ture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88246123323033	AMANDEEP	<u> </u>	L
2	88246123323034	AMARJEET KAUR	<u> </u>	L
3	88246123323036	CHARNAJIT KAUR	<u> </u>	L
4	88246123323037	DIKSHA	<u> </u>	L
5 	88246123323038	KOMAL SHARMA	<u> </u>	L
6	88246123323040	MANISHA	<u> </u>	L
7	88246123323041	MANJIT KAUR	<u> </u>	L
8	88246123323042	JMEENU DEVI		L
9	88246123323043	PARNEET KAUR		L
10	88246123323044	PRATIBHA SINGH		L
11	88246123323046	RAMANPREET KAUR		L
12	88246123323047	SANJANA DEVI		L
13	88246123323049	SHARANJIT KAUR	<u> </u>	L
14	88246123323050	SIMRANJEET KAUR		L
15 	88246123323051	SIYA		L
16	88246123323052	SONIA DEVI		L
17	88246126023039	HARPREET KAUR		
18	88246126023040	ISHA		
19	88246126023041	JASHANPREET KAUR		
20	88246126023042	JASLEEN KAUR		
21	88246126023043	KIRANDEEP KAUR	<u></u>	

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88246126023044	KIRANDEEP KAUR		
23	88246126023048	RANJIT KAUR		
24	88246126023049	RUPINDER KAUR		
25	88246126023051	CANDEED KALID		
26	88246126023052	CUMANDDEET KALID		
Na I (otal No. Of Answer Sheame and Signature Of [Name] [Name] [Name] as Invi	Incharge (Designation) gilator. I have personally che	Undertaki ng <u></u>	hereby certify that I have conducted the t particulars of all the students who
hav	⁄e appeared under mv si	upervision in todav's exam, hav	e been filled and sh	aded correctly in the OMR sheets. I also
ner	eby undertake that II	any mistakes are found, I will		ture of the Invigilator
l h fil	nave conducted 20% rand led correctly as per i	dom checking of the OMR sheet o nstructions.	3	on and found that particulars have been
Nam	ne of the Superintender	nt	Si gna	ture of the Superintendent
l h fil	nave conducted 10% rand led correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Nam	ne of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l fi l	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examinati	on and found that particulars have been
Nam	ne of the Controller		Si gna	ture of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88246123323033	JAMANDEEP	<u> </u>	
2	88246123323034	AMARJEET KAUR	<u> </u>	<u> </u>
3	88246123323036	CHARNAJIT KAUR	<u> </u>	<u> </u>
4	88246123323037	_J DIKSHA	L	L
5 	88246123323038	KOMAL SHARMA	L	L
6	88246123323040	_J MANISHA	<u> </u>	L
7	88246123323041	_J MANJIT KAUR	L	L
8	88246123323042	JMEENU DEVI	L	L
9	88246123323043	PARNEET KAUR	L	L
10	88246123323044	JPRATIBHA SINGH	L	L
11 	88246123323046	RAMANPREET KAUR	L	L
12	88246123323047	SANJANA DEVI	L	L
13	88246123323049	SHARANJIT KAUR	L	L
14	88246123323050	SIMRANJEET KAUR	L	L
15 	88246123323051	SIYA	L	L
16	88246123323052	SONIA DEVI	L	L
17 	88246126022015	RAJWINDER KAUR	L	L
18	88246126023039	HARPREET KAUR	L	L
19 	88246126023040	_] ISHA	L	
20 l	88246126023041	JASHANPREET KAUR	<u> </u>	
21	88246126023042	JASLEEN KAUR	L	

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 2 of 2 Center Name:

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88246126023043	KIRANDEEP KAUR		
23	88246126023044			
24	88246126023048	, RAN IIT KALIR		
25	88246126023049	RUPINDER KAUR		
26	88246126023051	SANDEEP KAUR		
27	88246126023052	SUMANPREET KAUR	I	
	al No. Of Answer Sheme and Signature Of		Undertaki ng	
abov	ame)_ e examination as Invi appeared under my su	(Designation)_ _gilator. I have personally che upervision in today's exam, hav	cked and ensured tha	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also any remuneration.
here	by undertake that if	any mistakes are found, I will		
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	g	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ature of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Name	of the Deputy Contro	ol I er	Si gna	ature of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet onstructions.	of the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	ature of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88246123323033	JAMANDEEP	<u> </u>	L
2	88246123323034	AMARJEET KAUR		L
3	88246123323036	CHARNAJIT KAUR		L
4	88246123323037	_] DIKSHA	<u> </u>	L
5 	88246123323038	KOMAL SHARMA	<u> </u>	<u> </u>
6	88246123323040	_] MANISHA	<u> </u>	<u> </u>
7	88246123323041	MANJIT KAUR	<u> </u>	<u> </u>
8	88246123323042	JMEENU DEVI	<u> </u>	<u> </u>
9	88246123323043	PARNEET KAUR	<u> </u>	<u> </u>
10	88246123323044	PRATIBHA SINGH	<u> </u>	<u> </u>
11	88246123323046	RAMANPREET KAUR	<u> </u>	<u> </u>
12	88246123323047	JSANJANA DEVI	<u> </u>	<u> </u>
13	88246123323049	SHARANJIT KAUR	<u> </u>	<u> </u>
14	88246123323050	SIMRANJEET KAUR	<u> </u>	L
15 	88246123323051	JSIYA	L	L
16	88246123323052	JSONIA DEVI	<u> </u>	<u> </u>
17	88246126023039	HARPREET KAUR	<u> </u>	<u> </u>
18	88246126023040	_] ISHA	<u> </u>	<u> </u>
19	88246126023041	JASHANPREET KAUR	<u> </u>	<u> </u>
20	88246126023042	JASLEEN KAUR	<u> </u>	<u></u>
21	88246126023043	KIRANDEEP KAUR	<u> </u>	<u> </u>

Class: First

Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 2 of Center Name:

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 652 / FASHION DESIGN TECHNOLOGY

44435 / PRACTICAL Subject:

Name of the Controller

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88246126023044 | KIRANDEEP KAUR 88246126023048 | RANJIT KAUR 23 24 88246126023049 | RUPINDER KAUR 25 88246126023051 | SANDEEP KAUR 26 88246126023052 | SUMANPREET KAUR 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. Signature of the Superintendent 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.

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR Center Name:

Course: 654 / MACHINIST

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88222226023053	JABHISHEK RATHOUR	<u> </u>	
2	88222226023055	GURINDER SINGH	<u> </u>	
3	88222226023057	GURPREET SINGH	<u> </u>	
4	88222226023058	HARJASS SINGH	<u> </u>	
5	88222226023059	HARSHDEEP SINGH	<u> </u>	
6	88222226023062	SAGAR SINGH	<u> </u>	
7	88222226023063	SIMRANJIT SINGH	<u> </u>	
8	88222226023064	JVIKRAJ SINGH		
To	otal No. Of Students in otal No. Of Answer Shame and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abo hav	e appeared under my s	(Designation) igilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	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% randled correctly as per		the said examination	on and found that particulars have been
Nam	e of the Superintende	nt	Si gna	ture of the Superintendent
l h fil	ave conducted 10% ran Led correctly as per	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been
Nam	e of the Deputy Contr	oller	Si gna	ture of the Deputy Controller
l fi l	have conducted 5% ran led correctly as per	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been
Nam	e of the Controller		Si gna	ture of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR Center Name:

Course: 654 / MACHINIST

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88222226023053	ABHISHEK RATHOUR	<u> </u>	<u> </u>
2	88222226023055	GURINDER SINGH	<u> </u>	<u> </u>
3	88222226023057	GURPREET SINGH	<u> </u>	<u> </u>
4	88222226023058	HARJASS SINGH	<u> </u>	<u> </u>
5	88222226023059	HARSHDEEP SINGH	<u> </u>	<u> </u>
6	88222226023062	SAGAR SINGH	<u> </u>	<u> </u>
7	88222226023063	SIMRANJIT SINGH		L
8	88222226023064	VIKRAJ SINGH		I
Tota	al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
above have	mme) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha√ fill∈	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Superintender	t	Si gnat	ure 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	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l ha fill∈	nve conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course:

654 / MACHINIST

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88222226023053	ABHISHEK RATHOUR		
2	88222226023055	GURINDER SINGH		
3	88222226023057	GURPREET SINGH		<u> </u>
4	88222226023058	HARJASS SINGH	<u> </u>	<u> </u>
5	88222226023059	HARSHDEEP SINGH	<u> </u>	<u> </u>
6	88222226023062	SAGAR SINGH		<u> </u>
7	88222226023063	SIMRANJIT SINGH	<u> </u>	<u> </u>
8	88222226023064	VIKRAJ SINGH	I	1
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abòv have	appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Superintenden	nt	Si gnat	ure of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 660 / WELDER Class: First

Subject: 44431 / TRADE THEORY

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
88212123323054	JASHANPREET SINGH	<u> </u>			
	LA DANI KUNAA D		<u> </u>		
88212123323056	MANPREET SINGH	<u></u>	L		
Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
ove examination as Inv	(Designation) igilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	cked and ensured that been filled and sha	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.		
		Si gna	ture of the Invigilator		
nave conducted 20% ran led correctly as per	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been		
ne of the Superintende	nt	Si gna	ture of the Superintendent		
nave conducted 10% ran led correctly as per	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been		
ne of the Deputy Contr	oller	Si gna	ture of the Deputy Controller		
have conducted 5% ran led correctly as per	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been		
	88212123323054 88212123323055 88212123323056 Otal No. Of Students in otal No. Of Answer Shame and Signature Of the appeared under my streety undertake that if the correctly as perme of the Superintended as a correctly as perme of the Deputy Control of the Deput	88212123323054 JASHANPREET SINGH 88212123323055 KARAN KUMAR 88212123323056 MANPREET SINGH Otal No. Of Students in this Subject > Present: Absorbed No. Of Answer Sheets Packed > ame and Signature Of Incharge (Name) (Designation) (Designa	88212123323054 JASHANPREET SINGH 88212123323055 KARAN KUMAR 88212123323056 MANPREET SINGH Otal No. Of Students in this Subject > Present : Absent: Otal No. Of Answer Sheets Packed > ame and Signature Of Incharge Undertaking (Name) (Designation) Invite appeared under my supervision in today's exam, have been filled and shareby undertake that if any mistakes are found, I will not be entitled for Signation as per instructions. The of the Superintendent Signation in the own of the Superintendent Signation are conducted 20% random checking of the OMR sheet of the said examination are of the Superintendent Signation are conducted 10% random checking of the OMR sheet of the said examination are conducted 10% random checking of the OMR sheet of the said examination are of the Deputy Controller Signation are conducted 5% random checking of the OMR sheet of the said examination are conducted 5% random checking of the OMR sheet of the said examination are conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examination and the conducted 5% random checking of the OMR sheet of the said examinati		

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Name of the Controller

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212123322023 | GURWINDER SINGH 88212123323054 JASHANPREET SINGH 2 3 88212123323055 | KARAN KUMAR 88212123323056 | 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.

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR Center Name:

Course: 660 / WELDER

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88212123323054	JASHANPREET SINGH	<u> </u>	<u> </u>	
2		1/A D A N 1/1 IN A A D		L	
3	88212123323056	MANPREET SINGH	L	<u>L</u>	
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of		ent:		
			Undertaki ng		
I (Na above have herel	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and 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 hav fille	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
Name	of the Superintender	nt	Si gnat	ure 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	n and found that particulars have been	
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller	
l ha fille	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
Name	of the Controller		Si gnat	ure of the Controller	

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 661 / COMPUTER HARDWARE AND NETWORK MAINTENANCE

Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

PAGE: 1

S.No

		' 		
1	88264123523041	AKRITI CHOUHAN	<u> </u>	
2	88264123523044	AMARJEET KAUR	<u> </u>	
3	88264123523045	ANMOL	<u> </u>	
4	88264123523047	BALWINDER KAUR		
5	88264123523049	BIKRAMJEET SINGH		
6	88264123523050	GURWINDER SINGH		
7	88264123523051	HARPREET SINGH		
8	88264123523055	LOVE KUMAR		
9	88264123523056	LOVEPREET SINGH		
10	88264123523057	MANDEEP SINGH		
11	88264123523059	PARAMPREET SINGH		
12	88264123523061	PIYUSH SHARMA		
13	88264123523062	RADHEY SHAYAM		
14	88264123523063	SARBJEET KAUR		

Answer Sheet No.

Student's Sign.

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR Course: 661 / COMPUTER HARDWARE AND NETWORK MAINTENANCE Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been

Name of the Superintendent

L have conducted 10% random of

filled correctly as per instructions.

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 661 / COMPUTER HARDWARE AND NETWORK MAINTENANCE

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88264123523041	JAKRITI CHOUHAN	<u> </u>	<u> </u>
2	88264123523044	AMARJEET KAUR	<u> </u>	L
3	88264123523045	ANMOL	<u> </u>	L
4	88264123523047	BALWINDER KAUR	<u> </u>	L
5	88264123523049	BIKRAMJEET SINGH	<u> </u>	L
6	88264123523050	GURWINDER SINGH		L
7	88264123523051	HARPREET SINGH		L
8	88264123523055	LOVE KUMAR		L
9	88264123523056	LOVEPREET SINGH		L
10	88264123523057	MANDEEP SINGH		L
11	88264123523059	PARAMPREET SINGH		I
12	88264123523061	PIYUSH SHARMA		L
13	88264123523062	RADHEY SHAYAM		L
14	88264123523063	 SARBJEET KAUR		

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR
Course: 661 / COMPUTER HARDWARE AND NETWORK MAINTENANCE Class: First
Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 661 / COMPUTER HARDWARE AND NETWORK MAINTENANCE

Class: First

Name Of the Student

Subject: 44435 / PRACTICAL

Regd. No.

PAGE: 1

S.No

0.110		, manie et alle etadent	Allswei Sheet No.	
1	88264123523041	AKRITI CHOUHAN		
2	88264123523044	JAMARJEET KAUR	<u> </u>	
3	88264123523045	ANMOL	<u> </u>	
4	88264123523047	BALWINDER KAUR	<u> </u>	<u> </u>
5	88264123523049	BIKRAMJEET SINGH	<u> </u>	
6	88264123523050	GURWINDER SINGH	<u> </u>	
7	88264123523051	HARPREET SINGH	<u> </u>	
8	88264123523055	LOVE KUMAR	<u> </u>	
9	88264123523056	LOVEPREET SINGH	<u> </u>	<u> </u>
10	88264123523057	MANDEEP SINGH	<u> </u>	
11	88264123523059	PARAMPREET SINGH	<u> </u>	
12	88264123523061	PIYUSH SHARMA	<u> </u>	<u> </u>
13	88264123523062	RADHEY SHAYAM	<u> </u>	
14	88264123523063	SARBJEET KAUR	<u> </u>	

Answer Sheet No.

Student's Sign.

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

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR Course: 661 / COMPUTER HARDWARE AND NETWORK MAINTENANCE Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1

Center Name : 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course:

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 	
1	88218226023065	JANSH BHARADWAJ	<u> </u>		
2	88218226023069	HARMANJOT SINGH	<u></u>		
3	88218226023073	KULWINDER SINGH	<u> </u>	<u> </u>	
4	88218226023075	MEHAKDEEP SINGH	<u> </u>	<u> </u>	
5	88218226023076	PARAMJIT SINGH		<u> </u>	
6	88218226023078	PARDEEP SINGH		<u> </u>	
7	88218226023080	RAHUL KUMAR			
8	88218226023084	SUKHWINDER SINGH		<u> </u>	
9	88218226023085	VISHAL		<u> </u>	
Tota	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:		
			Undertaki ng		
I (Na above 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 been filled and sha not be entitled for	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	cure of the Invigilator	
	ve conducted 20% rand ed correctly as per i		the said examination	on and found that particulars have been	
Name	Name of the Superintendent Signature of the Superintendent				
	ve conducted 10% rand ed correctly as per i		the said examination	on and found that particulars have been	
Name	of the Deputy Contro	oller	Si gnat	cure of the Deputy Controller	
l ha	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	

Signature of the Controller

Name of the Controller

Class: First

Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 Center Name :

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course:

Subject: 44434 / EMPLOYBILITY SKILL

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218226023065	ANSH BHARADWAJ	<u> </u>	<u> </u>
2	88218226023069	HARMANJOT SINGH	L	L
3	88218226023073	KULWINDER SINGH	<u> </u>	L
4	88218226023075	MEHAKDEEP SINGH	<u> </u>	L
5	88218226023076	PARAMJIT SINGH	<u> </u>	<u> </u>
6	88218226023078	PARDEEP SINGH	<u> </u>	<u> </u>
7	88218226023080	RAHUL KUMAR		<u> </u>
8	88218226023084	SUKHWINDER SINGH		<u> </u>
9	88218226023085	VISHAL		I
Tot	al No. Of Students in al No. Of Answer She ne and Signature Of		ent:	
			Undertaki ng	
I (Nabove have here	ame)_ e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally check upervision in today's exam, have any mistakes are found, I will u	hked and ensured that been filled and shanot be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Superintenden	nt	Si gnat	ure of the Superintendent
	ve conducted 10% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l h	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been

Name of the Controller

Class: First

Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course:

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218226023065	JANSH BHARADWAJ		1
2	88218226023069	HARMANJOT SINGH	<u></u>	
3	88218226023073	KULWINDER SINGH	<u></u>	1
4	88218226023075	MEHAKDEEP SINGH	1	1
5	88218226023076	PARAMJIT SINGH	1	1
6	88218226023078	PARDEEP SINGH	1	1
7	88218226023080	RAHUL KUMAR	1	1
8	88218226023084	SUKHWINDER SINGH		1
9	88218226023085	VISHAL	1	1
Tot	al No. Of Students in al No. Of Answer Sho me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	e appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	e been filled and sha	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gnat	ture of the Superintendent
	ve conducted 10% rand ed correctly as per i		f the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
	ave conducted 5% randed correctly as per i		f the said examination	on and found that particulars have been

Name of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 Center Name:

1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course:

667 / FOOD AND BEVERAGES SERVICE ASSISTANT

44431 / TRADE THEORY Subject:

S.No Regd. No. Name Of the Student Answer Sheet No. 88252122422020 IMANRAJPREET SINGH 2 88252122423005 _IHARRY 3 88252122423006 | HARSHDEEP 88252122423009 | KIRTI 88252122423010 _IMEHAK 5 88252122423014 | SUNDEEP SINGH 88252122423015 | SURAJ CHUMBER Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

667 / FOOD AND BEVERAGES SERVICE ASSISTANT

Course: Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.N	lo Regd. No. 	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88252122423005	HARRY		L		
2	88252122423006	HARSHDEEP				
3	88252122423009	KIRTI				
4	88252122423010		ı			
5	88252122423014	SUNDEEP SINGH				
6	88252122423015	SURAJ CHUMBER				
I	Total No. Of Students in this Subject > Present: Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also					
r	hereby undertake that if	any mistakes are found, I will r	not be entitled for a	any remuneration. ure of the Invigilator		
l f	have conducted 20% rand illed correctly as per i	lom checking of the OMR sheet of nstructions.	G	n and found that particulars have been		
Ν	lame of the Superintenden	t	Si gnati	ure of the Superintendent		
l f	have conducted 10% rand illed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Ν	lame of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller		
f	I have conducted 5% rand illed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Ν	lame of the Controller		Si gnati	ure of the Controller		

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

667 / FOOD AND BEVERAGES SERVICE ASSISTANT

Course: Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88252122423005	HARRY		
2	88252122423006	HARSHDEEP		
3	88252122423009	KIRTI		
4	88252122423010			
5 _	88252122423014	SUNDEEP SINGH		
6	88252122423015	SURAJ CHUMBER		
I (N abov have	appeared under my su	(Designation) gilator. I have personally checupervision in today's exam. have	cked and ensured tha e been filled and sh	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also
have	appeared under my su	gilator. I nave personally chec pervision in today's exam, have any mistakes are found, I will	e been filled and sh	aded correctly in the OMR sheets. I also
			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.	f the said examinati	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.	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	ave conducted 5% 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 Controller		Si gna	ture of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

1 ATTENDANCE CUM CHALLAN FORM - FOR August 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course : 686 / Mechanic Electric Vehicle Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course : 686 / Mechanic Electric Vehicle Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

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

1 | 88295123523065 | AMANPREET 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

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1311 / INDUSTRIAL TRAINING INSTITUTE, ROPAR

Course: 686 / Mechanic Electric Vehicle Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

5.110	Rega. No.		Answer Sneet No.	Student's Sign.
1	88227221623001	DAVINDER SINGH	1	L
2		LIA DIA MAIDED CINICII		
3	88227221623007	PRINCEJOT SINGH	<u></u>	_L
4	88227221623008	RAJ KUMAR	<u></u>	L
5				_L
I (Na above have	ame) e examination as Invi appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam, have	Undertaking	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also
have herel	appeared under my su by undertake that if	ipervision in today's exam, have any mistakes are found, I will	e been filled and sh not be entitled for	naded correctly in the OMR sheets. I also any remuneration.
			Si gna	ature of the Invigilator
l ha fille	ve conducted 20% rand ed correctly as per i	lom 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	ature of the Superintendent
l ha fille	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gna	ature of the Deputy Controller
l ha	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been
Name	of the Controller		Si ana	ature of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

5.110	Rega. No.		Answer Sneet No.	Student's Sign.
1	88227221623001	DAVINDER SINGH	1	L
2		LIA DIA MAIDED CINICII		
3	88227221623007	PRINCEJOT SINGH	<u></u>	_L
4	88227221623008	RAJ KUMAR	<u></u>	L
5				_L
I (Na above have	ame) e examination as Invi appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam, have	Undertaking	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also
have herel	appeared under my su by undertake that if	ipervision in today's exam, have any mistakes are found, I will	e been filled and sh not be entitled for	naded correctly in the OMR sheets. I also any remuneration.
			Si gna	ature of the Invigilator
l ha fille	ve conducted 20% rand ed correctly as per i	lom 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	ature of the Superintendent
l ha fille	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gna	ature of the Deputy Controller
l ha	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been
Name	of the Controller		Si ana	ature of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88227221623001	DAVINDER SINGH				
2	88227221623006	HARWINDER SINGH				
3	88227221623007	DDINICE IOT CINICII				
4	88227221623008	RAJ KUMAR				
5 I	88227221623009	VADINDED CINCU				
I (N abov have	lame) re examination as Invi e appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have	Undertaking	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also		
abov have	re examination as Invi	gilator. I have personally checupervision in today's exam, have	cked and ensured that been filled and sh	t particulars of all the students who aded correctly in the OMR sheets. I also		
Here	by undertake that in	any mistakes are found, I will		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		
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been		
Name	of the Controller		Si ana	ture of the Controller		

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W), MOHALI

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231221623010 | GAURAV SINGH 88231221623011 | GURJOT SINGH 3 88231221623012 | GURPREET SINGH 88231221623013 | GURTEJ SINGH 5 88231221623015 | IQBAL MOHAMMAD 88231221623019 | KARAN SINGH 88231221623020 | KULVIR SINGH 88231221623024 | RAJ KUMAR 88231221623026 | UTTAM 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.

Signature of the Controller

Name of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88231221623010	GAURAV SINGH		1			
2	88231221623011	GURJOT SINGH		1			
3	88231221623012	GURPREET SINGH	<u> </u>	1			
4	88231221623013	GURTEJ SINGH	<u> </u>	<u> </u>			
5	88231221623015	IQBAL MOHAMMAD	<u> </u>	<u> </u>			
6	88231221623019	KARAN SINGH	<u> </u>	<u> </u>			
7	88231221623020	KULVIR SINGH	<u> </u>	<u> </u>			
8	88231221623024	RAJ KUMAR	<u> </u>	<u> </u>			
9	88231221623026	UTTAM SINGH		1			
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:				
			Undertaki ng				
abov have	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
			Si gnat	ture of the Invigilator			
l ha fill	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been			
Name	of the Superintenden	t	Si gna	ture of the Superintendent			
l ha fill	ve conducted 10% rand ed correctly as per i	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 gna	ture of the Deputy Controller			
l h	ave conducted 5% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been			
Name	of the Controller		Si gna	ture of the Controller			

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI Center Name:

Course: 132 / ELECTRICIAN

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231221623010	GAURAV SINGH		
2	88231221623011	GURJOT SINGH		<u> </u>
3	88231221623012	GURPREET SINGH		
4	88231221623013	GURTEJ SINGH		<u> </u>
5	88231221623015	IQBAL MOHAMMAD		<u> </u>
6	88231221623019	KARAN SINGH	<u> </u>	<u> </u>
7	88231221623020	KULVIR SINGH		<u> </u>
8	88231221623024	RAJ KUMAR		<u> </u>
9	88231221623026	UTTAM SINGH		1
To	otal No. Of Students in otal No. Of Answer She ame and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I dabo hav her	Name) ove examination as Invi ove appeared under my su reby undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h cked and ensured that e been filled and sha not be entitled for	nereby certify that I have conducted the particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	cure of the Invigilator
l h fil	nave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinatio	on and found that particulars have been
Nar	ne of the Superintender	nt	Si gnat	ture of the Superintendent
l h fil	nave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Nar	ne of the Deputy Contro	oller	Si gnat	cure of the Deputy Controller
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinatio	on and found that particulars have been
Nar	ne of the Controller		Si gnat	cure of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231221622003	_J AZZIZ KHAN		
2	88231221622004	BAZZIZ KHAN	<u> </u>	<u> </u>
3	88231221622005	GAGANDEEP SINGH	<u> </u>	<u> </u>
4	88231221622007	HARPREET SINGH	<u> </u>	L
5 	88231221622008	JASPREET SINGH	<u> </u>	<u> </u>
6	88231221622009	KARANVEER SINGH		
7	88231221622010	KASHDEEP SINGH	<u> </u>	<u> </u>
8	88231221622012	LOVEPREET SINGH	<u> </u>	<u> </u>
9	88231221622014	_] MOHIT	<u> </u>	L
10	88231221622015	PARDEEP SINGH		L
11	88231221622016	PRABHJOT SINGH		
12	88231221622017	RAHUL KUMAR		
13	88231221622018	RAMANDEEP SINGH		
14	88231221622020	VARINDER SINGH		

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI Center Name: Course: 132 / ELECTRICIAN Class: Second Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

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

1	88231221622003 AZZIZ KHAN	
2	88231221622004 BAZZIZ KHAN	<u> </u>
3	88231221622005 GAGANDEEP SINGH	
4	88231221622007 HARPREET SINGH	I
5	88231221622008 JASPREET SINGH	
6	88231221622009 KARANVEER SINGH	
7	88231221622010 KASHDEEP SINGH	
8	88231221622012 LOVEPREET SINGH	
9	88231221622014 MOHIT	
10	88231221622015 PARDEEP SINGH	
11	88231221622016 PRABHJOT SINGH	
12	88231221622017 RAHUL KUMAR	
13	88231221622018 RAMANDEEP SINGH	

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

88231221622020 | VARINDER SINGH

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI Center Name:

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231221622003	AZZIZ KHAN	<u> </u>	
2	88231221622004	BAZZIZ KHAN	<u> </u>	
3	88231221622005	GAGANDEEP SINGH	<u> </u>	L
4	88231221622007	HARPREET SINGH	<u> </u>	L
5	88231221622008	JASPREET SINGH	<u> </u>	L
6	88231221622009	KARANVEER SINGH	<u> </u>	L
7	88231221622010	KASHDEEP SINGH	<u> </u>	L
8	88231221622012	LOVEPREET SINGH	<u> </u>	L
9	88231221622014	_] MOHIT	<u> </u>	L
10	88231221622015	PARDEEP SINGH	<u> </u>	L
11	88231221622016	PRABHJOT SINGH	<u> </u>	L
12	88231221622017	RAHUL KUMAR		L
13	88231221622018	RAMANDEEP SINGH	<u></u>	
14	88231221622020	VARINDER SINGH		

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W), MOHALI

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI Course : 142 / DRAUGHTSMAN (MECHANICAL) Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88224221122001 | AMANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

142 / DRAUGHTSMAN (MECHANICAL) Course:

Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88224221122001	JAMANDEEP KAUR	<u> </u>	<u></u>
2	88224221122002	JANISHA RANI		<u> </u>
3	88224221122004	JASHANPREET KAUR		<u> </u>
4	88224221122006	KHUSHI		
5	88224221122008	MANSI		
6	88224221122009	MANVIR KAUR		
7	88224221122010	 PRIYANKA		
8	88224221122011	 SANJNA RANI		
9	88224221122012	SHIFFALI		
10	88224221122013	 SIMRANJEET KAUR		
11	88224221122014	 SIMRANJEET KAUR		
12	88224221122017	 VERSHA	<u></u>	
		J		L

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI Course: 142 / DRAUGHTSMAN (MECHANICAL) Class: Second Subject: 44441 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

filled correctly as per instructions.

Name of the Deputy Controller

Name of the Superintendent

Signature of the Deputy Controller

Signature of the Superintendent

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 142 / DRAUGHTSMAN (MECHANICAL)

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88224221122001	JAMANDEEP KAUR	<u> </u>	L
2	88224221122002	JANISHA RANI		L
3	88224221122004	JASHANPREET KAUR		L
4	88224221122006	KHUSHI		L
5 	88224221122008	MANSI		L
6	88224221122009	MANVIR KAUR		L
7	88224221122010	PRIYANKA		L
8	88224221122011	SANJNA RANI		L
9	88224221122012	SHIFFALI		L
10	88224221122013	SIMRANJEET KAUR		L
11	88224221122014	SIMRANJEET KAUR	<u></u>	
12	88224221122017	VERSHA		

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI Course: 142 / DRAUGHTSMAN (MECHANICAL) Class: Second Subject: 44444 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 142 / DRAUGHTSMAN (MECHANICAL)

Class: Second

Subject: 44445 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88224221122001	JAMANDEEP KAUR	<u> </u>	L
2	88224221122002	JANISHA RANI		L
3	88224221122004	JASHANPREET KAUR		L
4	88224221122006	KHUSHI		L
5	88224221122008	MANSI		L
6	88224221122009	MANVIR KAUR		L
7	88224221122010	PRIYANKA		L
8	88224221122011	JSANJNA RANI		L
9	88224221122012	SHIFFALI		L
10	88224221122013	SIMRANJEET KAUR		
11	88224221122014	SIMRANJEET KAUR		
12	88224221122017	VERSHA		L

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI Course: 142 / DRAUGHTSMAN (MECHANICAL) Class: Second Subject: 44445 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI Course : 143 / DRAUGHTSMAN (CIVIL) Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88217221621023 | TARANJOT 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 August' 2024 EXAMS -SCVT

PAGE: 1 of

filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

S.No)	Regd. No.	Name (Of the Student	Answer Sheet No.	Student's Sign.		
1		88175121521018	B _J RAJVIR KAL	JR		<u> </u>		
2		88175121521020	RAMANDEE	P KAUR		L		
3		88175121522001		144115		<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	(Na ove ive ereb	me) examination as Invappeared under my s y undertake that if	(Design vigilator. I ha supervision in f any mistakes	ation)_ ve personally chec today's exam, have are found, I will	cked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
					Si gnat	ure of the Invigilator		
l fi	hav H e	e conducted 20% rar d correctly as per	ndom checking o instructions.	f the OMR sheet of	f the said examinatio	n and found that particulars have been		
Na	ıme	of the Superintende	ent		Si gnat	ure of the Superintendent		
l fi	hav H e	e conducted 10% rar d correctly as per	ndom checking o instructions.	f the OMR sheet of	f the said examinatio	n and found that particulars have been		
Na	ıme	of the Deputy Contr	roller		Si gnat	ure of the Deputy Controller		
l fi	ha Ile	ve conducted 5% rar d correctly as per	ndom checking o instructions.	f the OMR sheet of	f the said examinatio	n and found that particulars have been		
Na	ıme	of the Controller			Si gnat	ure of the Controller		

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 617 / MECHANIC DIESEL ENGINE

Subject: 44431 / TRADE THEORY

Class: First

Name Of the Student

Regd. No.

S.No

'	3	'		ŭ
1	88201121122024	KIRAN JUNEJA		
2	88201121122030	NEELAM SHARMA	L	<u></u>
3	88201121122039	SUKHPAL KAUR	L	L
4	88201121122040	SUNITA DEVI	L	L
5	88201121123004	DEEPIKA	<u> </u>	L
6	88201121123007	KAJAL	<u> </u>	L
7	88201121123013	NEHA	<u> </u>	L
8	88201121123014	PRIANKA KUMARI	<u> </u>	L
9	88201121123015	RAJNI	L	L
10	88201121123016	RAJWINDER KAUR	L	L
11	88201121123018	SUNITA RANI	L	<u> </u>
4				

Answer Sheet No.

Student's Sign.

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 617 / MECHANIC DIESEL ENGINE Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 Center Name : 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 617 / MECHANIC DIESEL ENGINE Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88201121122024	KIRAN JUNEJA		
2	88201121122037	SHIVANI		
3	88201121123004	DEEPIKA		
4	88201121123007	KAJAL		
5	88201121123013	ΝΙΤΙΙΛ		
6	88201121123014	PRIANKA KUMARI		
7	88201121123015	RAJNI		
8	88201121123016	RAJWINDER KAUR		
9	88201121123018	SUNITA RANI		
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	Absent:	
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally c pervision in today's exam, h any mistakes are found, I wi	ave 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
I ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet nstructions.	of the said examination	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	lom checking of the OMR sheet nstructions.	of the said examination	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gna	ture of the Deputy Controller
l h	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet nstructions.	of the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

617 / MECHANIC DIESEL ENGINE

Course: Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88201121123004	DEEPIKA				
2	88201121123007					
3	88201121123013	NELIA				
4	88201121123014					
5						
6						
7	88201121123018	CLINITA DANI				
Tot	al No. Of Answer She me and Signature Of	eets Packed >	sent:			
ING	ine and Signature Or	menarge				
have	e appeared under my su	(Designation)_ gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	e been filled and sh	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.		
	ture of the Invigilator					
I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
Name of the Superintendent Signature of the Superintendent				ture of the Superintendent		
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	Name of the Deputy Controller Signature of the Deputy Controller					
	nave conducted 5% rand ed correctly as per i		the said examinati	on and found that particulars have been		
Name	of the Controller		Si gna	ture of the Controller		

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Name Of the Student

Subject: 17411 / TRADE THEORY

Regd. No.

S.No

1	88174121123019	AMANJOT KAUR	<u> </u>	<u> </u>
2	88174121123023	JASHANDEEP.KAUR	<u> </u>	L
3	88174121123024	JASHANPREET KAUR	<u> </u>	L
4	88174121123025	JASWINDER KAUR	L	L
5	88174121123026	KAMALDEEP KAUR	<u> </u>	L
6	88174121123027	KHUSHDEEP KAUR		L
7	88174121123028	KHUSHPREET KAUR		L
8	88174121123030	MANDEEP KAUR		L
9	88174121123033	NAVJOT KAUR	L	L
10	88174121123034	PRABHJOT KAUR		L
11	88174121123035	PRABHJOT KAUR		
12	88174121123036	PREETI KAUR		
13	88174121123037	SIMRANJEET KAUR		L
14	88174121123038	TANVIR KAUR		L

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17411 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17414 / SOCIAL STUDIES

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174121123019	JAMANJOT KAUR	<u> </u>	<u></u>
2	88174121123023	JASHANDEEP.KAUR	<u> </u>	L
3	88174121123024	JASHANPREET KAUR	<u> </u>	L
4	88174121123025	JASWINDER KAUR	<u> </u>	L
5	88174121123026	KAMALDEEP KAUR	<u> </u>	L
6	88174121123027	KHUSHDEEP KAUR		L
7	88174121123028	KHUSHPREET KAUR	<u> </u>	L
8	88174121123030	_J MANDEEP KAUR	<u> </u>	L
9	88174121123033	NAVJOT KAUR		L
10	88174121123034	PRABHJOT KAUR		L
11	88174121123035	PRABHJOT KAUR		L
12	88174121123036	PREETI KAUR		L
13	88174121123037	SIMRANJEET KAUR		L
14	88174121123038	TANVIR KAUR	<u> </u>	

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17414 / SOCIAL STUDIES

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17415 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174121123019	AMANJOT KAUR		
2	88174121123023	JASHANDEEP.KAUR	<u> </u>	L
3	88174121123024	JASHANPREET KAUR	<u> </u>	L
4	88174121123025	JASWINDER KAUR	<u> </u>	L
5	88174121123026	KAMALDEEP KAUR	<u> </u>	L
6	88174121123027	KHUSHDEEP KAUR	<u> </u>	L
7	88174121123028	KHUSHPREET KAUR	<u> </u>	L
8	88174121123030	MANDEEP KAUR	<u> </u>	L
9	88174121123033	NAVJOT KAUR	<u> </u>	L
10	88174121123034	PRABHJOT KAUR	<u> </u>	L
11	88174121123035	PRABHJOT KAUR	<u> </u>	L
12	88174121123036	PREETI KAUR		L
13	88174121123037	SIMRANJEET KAUR		
14	88174121123038	TANVIR KAUR	 	

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 664 / PUNJABI STENOGRAPHY Class: First

17415 / PRACTICAL Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W) , MOHALI

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17416 / COGNATE

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174121123019	JAMANJOT KAUR		<u> </u>
2	88174121123023	JASHANDEEP.KAUR		L
3	88174121123024	JASHANPREET KAUR		L
4	88174121123025	JASWINDER KAUR	<u> </u>	L
5	88174121123026	KAMALDEEP KAUR		L
6	88174121123027	KHUSHDEEP KAUR		L
7	88174121123028	KHUSHPREET KAUR		L
8	88174121123030	MANDEEP KAUR		L
9	88174121123033	NAVJOT KAUR		L
10	88174121123034	PRABHJOT KAUR		L
11	88174121123035	PRABHJOT KAUR		L
12	88174121123036	PREETI KAUR		L
13	88174121123037	SIMRANJEET KAUR		L
14	88174121123038	TANVIR KAUR		

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1334 / INDUSTRIAL TRAINING INSTITUTE (W), MOHALI

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17416 / COGNATE

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

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

Undertaki ng

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Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

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

Subject: 17511 / PRINCIPLE OF EDUCATION

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175120522018 | POONAM RANI 88175120522020 | RAJNI DEVI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course:

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

17512 / TRADE THEORY Subject:

Name of the Controller

S.No Name Of the Student Regd. No. Answer Sheet No. 88175120520019 _I MONIKA 88175120522012 | KIRNA 88175120522018_] POONAM RANI 3 88175120522020 | RAJNI DEVI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

44431 / TRADE THEORY Subject:

Center Name:

Name Of the Student S.No Regd. No. Student's Sign. Answer Sheet No. 88242120423001 | ANITA KUMARI 88242120423002 | ANJALI 88242120423004 | ANJANI DEVI 3 88242120423005 _| ASHA RANI 5 88242120423006 | BABITA RANI 88242120423007 | HARPREET KAUR 88242120423008 | JAGRITI 88242120423009 | JASWINDER KAUR 88242120423010 _| KASHISH 88242120423011 KULWINDER KAUR 10 88242120423012 _|MANISHA KUMARI 12 88242120423013 | MANJEET KAUR 88242120423014 | MEENAKSHI 13 14 88242120423015 | PINKI DEVI 88242120423016 | PRIYA KUMARI 15 88242120423017 | REETU BALA 16 88242120423018 | SHIVANI 17 88242120423019 | SHIVANI 18 88242120423021 | SIMRANJEET KAUR 20 88242120423022 _| TAMANNA 88242120423023 _ITANIA

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First 44431 / TRADE THEORY Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242120423001	JANITA KUMARI	<u> </u>	L
2	88242120423002	ANJALI		L
3	88242120423004	ANJANI DEVI		L
4	88242120423005	_J ASHA RANI	<u> </u>	L
5 	88242120423006	_J BABITA RANI	<u> </u>	L
6	88242120423007	HARPREET KAUR	<u> </u>	L
7	88242120423008	JAGRITI	<u> </u>	L
8	88242120423009	JASWINDER KAUR	<u> </u>	L
9	88242120423010	KASHISH	<u> </u>	L
10	88242120423011	KULWINDER KAUR	<u> </u>	L
11	88242120423012	_J MANISHA KUMARI	<u> </u>	L
12	88242120423013	_J MANJEET KAUR	<u> </u>	L
13	88242120423014	_] MEENAKSHI	<u> </u>	L
14	88242120423015	JPINKI DEVI	<u> </u>	L
15	88242120423016	JPRIYA KUMARI	<u> </u>	L
16	88242120423017	_J REETU BALA	<u> </u>	L
17	88242120423018	SHIVANI	<u> </u>	L
18	88242120423019	SHIVANI	<u> </u>	L
19	88242120423021	SIMRANJEET KAUR	<u> </u>	L
20	88242120423022	JTAMANNA	<u> </u>	<u></u>
21	88242120423023	_] TANIA	<u> </u>	L

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

 $1335 \, / \, \text{INDUSTRIAL TRAINING INST.}$ (W) , ANANDPUR SAHIB

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242120423001	JANITA KUMARI	<u> </u>	<u> </u>
2	88242120423002	ANJALI	<u> </u>	<u>L</u>
3	88242120423004	ANJANI DEVI	<u> </u>	<u>L</u>
4	88242120423005	JASHA RANI	<u> </u>	<u>L</u>
5	88242120423006	_J BABITA RANI	L	L
6	88242120423007	HARPREET KAUR	<u> </u>	<u> </u>
7	88242120423008	JAGRITI	<u> </u>	L
8	88242120423009	JASWINDER KAUR	<u> </u>	<u>L</u>
9	88242120423010	KASHISH	<u> </u>	<u> </u>
10	88242120423011	KULWINDER KAUR	<u> </u>	<u> </u>
11	88242120423012	_J MANISHA KUMARI	<u> </u>	<u> </u>
12	88242120423013	JMANJEET KAUR	<u> </u>	<u> </u>
13	88242120423014	_J MEENAKSHI	<u> </u>	<u> </u>
14	88242120423015	JPINKI DEVI	<u> </u>	<u>L</u>
15	88242120423016	JPRIYA KUMARI	<u> </u>	<u> </u>
16	88242120423017	REETU BALA	<u> </u>	<u> </u>
17	88242120423018	SHIVANI	<u> </u>	<u> </u>
18	88242120423019	SHIVANI	<u> </u>	<u> </u>
19	88242120423021	SIMRANJEET KAUR		L
20	88242120423022	_J TAMANNA		
21	88242120423023	_J TANIA		<u> </u>
			·	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First 44435 / PRACTICAL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 658 / SEWING TECHNOLOGY

Subject: 44431 / TRADE THEORY

Class: First

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247120423025	JANJANA DEVI	<u> </u>	<u> </u>
2	88247120423026	BANDNA DEVI	<u> </u>	L
3	88247120423027	JBANITA KUMARI	<u> </u>	L
4	88247120423028	DEEPIKA SHARMA	<u> </u>	L
5 	88247120423029	HARPREET KAUR	<u> </u>	L
6	88247120423030	JYOTI DEVI	<u> </u>	L
7	88247120423031	MAMTA DEVI	<u> </u>	L
8	88247120423032	_] NEELAM	<u> </u>	L
9	88247120423033	NEELAM KUMARI	<u> </u>	L
10	88247120423035	_] PALAVI	<u> </u>	L
11	88247120423036	POOJA	<u> </u>	L
12	88247120423037	_J PURNIMA		L
13	88247120423038	RAJNI DEVI	<u> </u>	L
14	88247120423039	SALONI	<u> </u>	L
15 	88247120423040	_] SAMRITI	<u> </u>	L
16	88247120423041	SANEHA BHATTI	<u> </u>	L
17 	88247120423042	SUCHETA KUMARI		L
18	88247120423043	SUKHWINDER KAUR	<u></u>	
19	88247120423044	SUPRIYA DEVI		L
				·

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 658 / SEWING TECHNOLOGY Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

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Signature of the Deputy Controller

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Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 658 / SEWING TECHNOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247120423025	ANJANA DEVI	<u> </u>	L
2	88247120423026	BANDNA DEVI	L	L
3	88247120423027	BANITA KUMARI	L	L
4	88247120423028	DEEPIKA SHARMA	L	L
5	88247120423029	HARPREET KAUR	L	L
6	88247120423030	JYOTI DEVI	L	L
7	88247120423031	_J MAMTA DEVI	L	L
8	88247120423032	_J NEELAM	L	L
9	88247120423033	NEELAM KUMARI	L	L
10	88247120423035	PALAVI	L	L
11	88247120423036	_J POOJA	L	L
12	88247120423037	_J PURNIMA	L	L
13	88247120423038	RAJNI DEVI	<u> </u>	L
14	88247120423039	SALONI	<u> </u>	L
15 	88247120423040	SAMRITI	<u> </u>	L
16 	88247120423041	SANEHA BHATTI	<u> </u>	L
17 	88247120423042	SUCHETA KUMARI	<u> </u>	
18	88247120423043	SUKHWINDER KAUR	<u> </u>	<u> </u>
19	88247120423044	SUPRIYA DEVI		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 658 / SEWING TECHNOLOGY Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

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Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 658 / SEWING TECHNOLOGY

Class: First

44435 / PRACTICAL Subject:

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247120423025	JANJANA DEVI	<u> </u>	<u></u>
2	88247120423026	BANDNA DEVI	<u> </u>	L
3	88247120423027	BANITA KUMARI	L	L
4	88247120423028	DEEPIKA SHARMA	<u> </u>	L
5	88247120423029	HARPREET KAUR	<u> </u>	L
6	88247120423030	JYOTI DEVI	<u> </u>	L
7	88247120423031	MAMTA DEVI	<u> </u>	L
8	88247120423032	_] NEELAM	<u> </u>	L
9	88247120423033	NEELAM KUMARI	<u> </u>	L
10	88247120423035	PALAVI	<u> </u>	L
11	88247120423036	POOJA	<u> </u>	L
12	88247120423037	_J PURNIMA	<u> </u>	L
13	88247120423038	RAJNI DEVI	<u> </u>	L
14	88247120423039	SALONI	<u> </u>	L
15	88247120423040	_] SAMRITI	<u> </u>	L
16	88247120423041	SANEHA BHATTI	<u> </u>	L
17	88247120423042	SUCHETA KUMARI		L
18	88247120423043	SUKHWINDER KAUR	<u> </u>	
19	88247120423044	SUPRIYA DEVI		
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PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 658 / SEWING TECHNOLOGY Class: First 44435 / PRACTICAL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W) , ANANDPUR SAHIB Center Name:

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17411 / TRADE THEORY

S.No	Regd. No.	Name Of the S	tudent	Answer Sheet No.	Student's Sign.
1	88174120523001	JAMANPREET KAU	R		
2	88174120523002	ANCHAL DEVI			
3	88174120523003	DHARAMPREET S	INGH		
4	88174120523004	GAGANDEEP KAU	IR		
5	88174120523005	GURJEET SINGH		<u> </u>	
6	88174120523006	GURPREET SING	H	<u> </u>	
7	88174120523007	JASKARAN		<u> </u>	
8	88174120523008	KIRANDEEP KAUF	ξ	<u> </u>	
9	88174120523009	MANISHA RANI		<u> </u>	
10	88174120523010	MANPREET KAUR	<u>'</u>	<u> </u>	
11	88174120523011	MEENAKSHI		<u> </u>	
12	88174120523013	MUSKAN			
13	88174120523015	RAJWINDER KAU	₹		
14	88174120523016	RAKESH KUMAR			
15	88174120523018	RASHPAL SINGH			
16	88174120523019	SIMRAN			
17	88174120523020	VISHAL	 		

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

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17411 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17414 / SOCIAL STUDIES

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174120523001	JAMANPREET KAUR	<u> </u>	
2	88174120523002	JANCHAL DEVI	<u> </u>	<u> </u>
3	88174120523003	DHARAMPREET SINGH	<u> </u>	<u> </u>
4	88174120523004	JGAGANDEEP KAUR	<u> </u>	<u> </u>
5	88174120523005	GURJEET SINGH	<u> </u>	<u> </u>
6	88174120523006	GURPREET SINGH	<u> </u>	<u> </u>
7	88174120523007	JASKARAN	<u> </u>	<u> </u>
8	88174120523008	KIRANDEEP KAUR	<u> </u>	<u> </u>
9	88174120523009	_J MANISHA RANI	<u> </u>	<u> </u>
10	88174120523010	JMANPREET KAUR	<u> </u>	<u> </u>
11	88174120523011	_] MEENAKSHI	<u> </u>	<u> </u>
12	88174120523013	_] MUSKAN	<u> </u>	<u> </u>
13	88174120523015	RAJWINDER KAUR	<u> </u>	<u> </u>
14	88174120523016	RAKESH KUMAR	<u> </u>	<u> </u>
15 	88174120523018	_J RASHPAL SINGH	<u> </u>	<u> </u>
16	88174120523019	SIMRAN	<u> </u>	<u> </u>
17	88174120523020	VISHAL	<u></u>	
			·	·

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 664 / PUNJABI STENOGRAPHY

Class: First

17414 / SOCIAL STUDIES Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Center Name:

Course: 664 / PUNJABI STENOGRAPHY

Class: First

17415 / PRACTICAL Subject:

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88174120523001 | AMANPREET KAUR 88174120523002 | ANCHAL DEVI 3 88174120523003 | DHARAMPREET SINGH 88174120523004 | GAGANDEEP KAUR 5 88174120523005 | GURJEET SINGH 88174120523006 | GURPREET SINGH 88174120523007 _| JASKARAN 88174120523008 | KIRANDEEP KAUR 88174120523009 _|MANISHA RANI 88174120523010 _| MANPREET KAUR 10 88174120523011 | MEENAKSHI 88174120523013 | MUSKAN 12 13 88174120523015 | RAJWINDER KAUR 14 88174120523016 | RAKESH KUMAR 15 88174120523019 | SIMRAN 16

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

Name and Signature Of Incharge

88174120523020 _IVISHAL

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Class: First

Course: 664 / PUNJABI STENOGRAPHY

17415 / PRACTICAL Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W) , ANANDPUR SAHIB Center Name:

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17416 / COGNATE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174120523001	JAMANPREET KAUR	<u> </u>	<u></u>
2	88174120523002	JANCHAL DEVI	<u> </u>	L
3	88174120523003	DHARAMPREET SINGH	<u> </u>	L
4	88174120523004	JGAGANDEEP KAUR	<u> </u>	L
5	88174120523005	GURJEET SINGH	<u> </u>	L
6	88174120523006	GURPREET SINGH	<u> </u>	L
7	88174120523007	JASKARAN	<u> </u>	L
8	88174120523008	KIRANDEEP KAUR		L
9	88174120523009	_J MANISHA RANI	<u> </u>	L
10	88174120523010	MANPREET KAUR	<u> </u>	L
11	88174120523011	_] MEENAKSHI		L
12	88174120523013	JMUSKAN		<u> </u>
13	88174120523015	RAJWINDER KAUR		L
14	88174120523016	RAKESH KUMAR		L
15	88174120523018	RASHPAL SINGH		
16	88174120523019	SIMRAN		L
17	88174120523020	VISHAL		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17416 / COGNATE

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

17051 / PAINTING Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223123002	ADARSH RAIZADA		L
2	88370223123003	JAJAY KUMAR		L
3	88370223123004	JAJAY KUMAR	<u> </u>	L
4	88370223123006	JAKSHITA THAKUR	<u> </u>	L
5	88370223123007	JAMANDEEP	<u> </u>	L
6	88370223123008	ANISH MOHAMAD		L
7	88370223123010	DALJEET BHATIA	<u></u>	L
8	88370223123011	DEEP KUMAR		L
9	88370223123012	DHARMENDER SINGH		L
10	88370223123013	GURJEET KAUR		L
11	88370223123015	INDERJEET SINGH		L
12	88370223123016	KISHAN CHAND		L
13	88370223123017	JMANOJ KUMAR		L
14	88370223123018	MEENAKSHI SHARMA		L
15	88370223123020	RISHI SHARMA		L
16	88370223123022	JSHYAM LAL		L
17	88370223123023	SURESH KUMAR		<u> </u>
18	88370223123024	VANSH SHARMA		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First Subject: 17051 / PAINTING Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W) , ANANDPUR SAHIB

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17055 / CRAFT(T)

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223121007	JARNAIL SINGH	<u> </u>	L
2	88370223122007	AKSHIT	<u> </u>	L
3	88370223122012	CHAMAN LAL	<u> </u>	L
4	88370223122014	DHARMINDER SINGH	<u> </u>	L
5	88370223122015	DHEERAJ KUMAR	<u> </u>	L
6	88370223122020	JASVEER SINGH	<u> </u>	L
7	88370223122025	NAINAKSHI	<u> </u>	L
8	88370223122030	RAGHU BIR SINGH	L	L
9	88370223122031	RAHUL KAPOOR	L	L
10	88370223122033	RAJEEV KUMAR	L	L
11	88370223122035	SANJEEV KUMAR	L	L
12	88370223122038	SATWANT SINGH	L	L
13	88370223122039	SHAGUN	L	L
14	88370223122040	SONU DEVI	L	L
15	88370223123002	JADARSH RAIZADA	L	L
16	88370223123003	JAJAY KUMAR	L	L
17	88370223123004	JAJAY KUMAR	L	L
18	88370223123006	JAKSHITA THAKUR	L	L
19	88370223123007	JAMANDEEP	L	
20	88370223123008	JANISH MOHAMAD	L	
21	88370223123010	DALJEET BHATIA	<u> </u>	L

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: First

Subject: 17055 / CRAFT(T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22 	88370223123011	DEEP KUMAR	<u> </u>	
23	88370223123012	DHARMENDER SINGH	<u> </u>	<u> </u>
24	88370223123013	GURJEET KAUR	L	<u></u>
25	88370223123015	INDERJEET SINGH	L	<u> </u>
26	88370223123016	KISHAN CHAND	L	
27	88370223123017	JMANOJ KUMAR	L	<u></u>
28	88370223123018	MEENAKSHI SHARMA	<u> </u>	<u> </u>
29	88370223123020	RISHI SHARMA	<u> </u>	<u> </u>
30	88370223123022	SHYAM LAL	<u> </u>	<u> </u>
31	88370223123023	SURESH KUMAR	L	L
32	88370223123024	VANSH SHARMA		

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1335 / INDUSTRIAL TRAINING INST. (W) , ANANDPUR SAHIB
Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First
Subject: 17055 / CRAFT(T)

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

Undertaking

I (Name) ______ (Designation) ______ hereby certify that I have condu-

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W) , ANANDPUR SAHIB

665 / ART & CRAFT TEACHER TRAINING COURSE

Course:

17059 / DESIGN

PAGE: 1

Class: First Subject:

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88370223123002	ADARSH RAIZADA		L
88370223123003	AJAY KUMAR		
88370223123004	JAJAY KUMAR		
88370223123006	JAKSHITA THAKUR	<u> </u>	<u> </u>
88370223123007	AMANDEEP	<u>[</u>	L
88370223123008	ANISH MOHAMAD	<u> </u>	<u> </u>
88370223123010	DALJEET BHATIA	<u> </u>	<u> </u>
88370223123011	DEEP KUMAR	<u> </u>	<u> </u>
88370223123012	DHARMENDER SINGH	<u> </u>	<u> </u>
88370223123013	GURJEET KAUR	<u> </u>	<u> </u>
88370223123015	INDERJEET SINGH	<u> </u>	<u> </u>
88370223123016	KISHAN CHAND	<u> </u>	<u> </u>
88370223123017	MANOJ KUMAR		L
88370223123018	MEENAKSHI SHARMA		L
88370223123020	RISHI SHARMA		L
88370223123022	SHYAM LAL	<u>[</u>	
88370223123023	SURESH KUMAR		
	88370223123003 88370223123004 88370223123006 88370223123007 88370223123010 88370223123011 88370223123012 88370223123015 88370223123016 88370223123016 88370223123017 88370223123018	Name Of the Student	88370223123002 ADARSH RAIZADA 88370223123003 AJAY KUMAR 88370223123004 AJAY KUMAR 88370223123006 AKSHITA THAKUR 88370223123007 AMANDEEP 88370223123008 ANISH MOHAMAD 88370223123010 DALJEET BHATIA 88370223123011 DEEP KUMAR 88370223123012 DHARMENDER SINGH 88370223123013 GURJEET KAUR 88370223123015 INDERJEET SINGH 88370223123016 KISHAN CHAND 88370223123017 MANOJ KUMAR 88370223123018 MEENAKSHI SHARMA 88370223123020 RISHI SHARMA

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

88370223123024 | VANSH SHARMA

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

18

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First Subject: 17059 / DESIGN Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

17060 / STILL LIFE Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223123002	JADARSH RAIZADA		
2	88370223123003	JAJAY KUMAR		<u> </u>
3	88370223123004	JAJAY KUMAR		<u> </u>
4	88370223123006	JAKSHITA THAKUR		<u> </u>
5	88370223123007	JAMANDEEP	<u></u>	L
6	88370223123008	JANISH MOHAMAD	<u> </u>	L
7	88370223123010	DALJEET BHATIA	<u></u>	L
8	88370223123011	DEEP KUMAR	<u></u>	L
9	88370223123012	DHARMENDER SINGH		<u> </u>
10	88370223123013	GURJEET KAUR		<u> </u>
11	88370223123015	INDERJEET SINGH		<u> </u>
12	88370223123016	KISHAN CHAND		<u> </u>
13	88370223123017	JMANOJ KUMAR		<u> </u>
14	88370223123018	JMEENAKSHI SHARMA		<u> </u>
15	88370223123020	RISHI SHARMA		<u> </u>
16	88370223123022	SHYAM LAL		<u> </u>
17	88370223123023	SURESH KUMAR		L
18	88370223123024	VANSH SHARMA		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First Subject: 17060 / STILL LIFE Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

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

Subject: 17065 / CRAFT(P)

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

			7113WC1 311CC1 110.	
1	88370223123002	ADARSH RAIZADA	<u> </u>	
2	88370223123003	AJAY KUMAR	<u> </u>	<u> </u>
3	88370223123004	AJAY KUMAR	<u> </u>	L
4	88370223123006	AKSHITA THAKUR	L	L
5	88370223123007	AMANDEEP	L	L
6	88370223123008	ANISH MOHAMAD		<u> </u>
7	88370223123010	DALJEET BHATIA	<u> </u>	L
8	88370223123011	DEEP KUMAR	<u> </u>	L
9	88370223123012	DHARMENDER SINGH	<u> </u>	L
10	88370223123013	GURJEET KAUR	<u> </u>	L
11	88370223123015	INDERJEET SINGH	<u> </u>	L
12	88370223123016	KISHAN CHAND	<u> </u>	<u> </u>
13	88370223123017	MANOJ KUMAR		L
14	88370223123018	MEENAKSHI SHARMA		
15	88370223123020	RISHI SHARMA		
16	88370223123022	SHYAM LAL	L	
17 	88370223123023	SURESH KUMAR	L	
18	88370223123024	VANSH SHARMA	L	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First Subject: 17065 / CRAFT(P) Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223122030	RAGHU BIR SINGH	<u> </u>	<u>L</u>
2	88370223122039	SHAGUN	<u> </u>	<u>L</u>
3	88370223123002	JADARSH RAIZADA	<u></u>	L
4	88370223123003	JAJAY KUMAR	<u> </u>	L
5 	88370223123004	JAJAY KUMAR	<u> </u>	L
6	88370223123006	JAKSHITA THAKUR	<u> </u>	L
7	88370223123007	JAMANDEEP	1	L
8	88370223123008	JANISH MOHAMAD	<u> </u>	L
9	88370223123010	DALJEET BHATIA	<u> </u>	L
10	88370223123011	JDEEP KUMAR	<u> </u>	L
11 l	88370223123012	DHARMENDER SINGH	<u></u>	L
12	88370223123013	GURJEET KAUR	<u></u>	L
13	88370223123015	INDERJEET SINGH	<u> </u>	L
14	88370223123016	JKISHAN CHAND	<u></u>	L
15 	88370223123017	_J MANOJ KUMAR	<u> </u>	<u> </u>
16	88370223123018	MEENAKSHI SHARMA	<u> </u>	<u> </u>
17 	88370223123020	_J RISHI SHARMA	<u> </u>	<u> </u>
18	88370223123022	JSHYAM LAL	<u> </u>	<u> </u>
19	88370223123023	SURESH KUMAR	<u> </u>	<u> </u>
20	88370223123024	VANSH SHARMA	<u></u>	L

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB 665 / ART & CRAFT TEACHER TRAINING COURSE Course: Class: First 17070 / PRINCIPLES OF EDUCATION Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: First

17071 / HISTORY & APPRECIATION OF ART Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223123002	JADARSH RAIZADA	<u> </u>	L
2	88370223123003	JAJAY KUMAR	<u> </u>	L
3	88370223123004	JAJAY KUMAR	<u> </u>	L
4	88370223123006	JAKSHITA THAKUR	<u> </u>	L
5	88370223123007	JAMANDEEP	<u> </u>	L
6	88370223123008	JANISH MOHAMAD	<u> </u>	L
7	88370223123010	DALJEET BHATIA	<u> </u>	L
8	88370223123011	JDEEP KUMAR	<u> </u>	L
9	88370223123012	DHARMENDER SINGH	<u> </u>	L
10	88370223123013	GURJEET KAUR	<u> </u>	L
11	88370223123015	INDERJEET SINGH	<u> </u>	L
12	88370223123016	_J KISHAN CHAND	<u> </u>	L
13	88370223123017	_J MANOJ KUMAR	<u> </u>	L
14	88370223123018	MEENAKSHI SHARMA	<u> </u>	L
15	88370223123020	RISHI SHARMA	<u> </u>	L
16	88370223123022	SHYAM LAL		L
17	88370223123023	SURESH KUMAR	<u> </u>	
18	88370223123024	VANSH SHARMA		L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17071 / 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

Name of the Superintendent

filled correctly as per instructions.

Signature of the Superintendent

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

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: First

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

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223123002	ADARSH RAIZADA	<u> </u>	<u> </u>
2	88370223123003	JAJAY KUMAR	<u>[</u>	<u></u>
3	88370223123004	JAJAY KUMAR	<u> </u>	<u> </u>
4	88370223123006	AKSHITA THAKUR	<u> </u>	<u></u>
5 	88370223123007	AMANDEEP	<u>[</u>	<u></u>
6	88370223123008	JANISH MOHAMAD	<u> </u>	<u> </u>
7	88370223123010	DALJEET BHATIA	<u> </u>	<u></u>
8	88370223123011	DEEP KUMAR	<u>[</u>	L
9	88370223123012	DHARMENDER SINGH	<u>[</u>	L
10	88370223123013	GURJEET KAUR	<u>[</u>	L
11	88370223123015	INDERJEET SINGH	<u>[</u>	L
12	88370223123016	KISHAN CHAND	<u> </u>	L
13	88370223123017	JMANOJ KUMAR	<u> </u>	<u> </u>
14	88370223123018	JMEENAKSHI SHARMA	<u> </u>	L
15	88370223123020	RISHI SHARMA	<u>[</u>	L
16	88370223123022	SHYAM LAL		
17	88370223123023	SURESH KUMAR		
18	88370223123024	VANSH SHARMA		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB 665 / ART & CRAFT TEACHER TRAINING COURSE Course: Class: First Subject: 17072 / COMP. AWARENESS & GRAPHICS (T) Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

Subject: 17073 / GEOMETRICAL DRAWING

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223122010	BALDEV	<u> </u>	<u> </u>
2	88370223123002	_J ADARSH RAIZADA		<u> </u>
3	88370223123003	JAJAY KUMAR	<u> </u>	<u> </u>
4	88370223123004	JAJAY KUMAR	<u> </u>	<u> </u>
5	88370223123006	JAKSHITA THAKUR	<u> </u>	<u> </u>
6	88370223123007	JAMANDEEP	<u> </u>	<u> </u>
7	88370223123008	ANISH MOHAMAD	<u> </u>	<u> </u>
8	88370223123010	DALJEET BHATIA		<u> </u>
9	88370223123011	JDEEP KUMAR	<u> </u>	<u> </u>
10	88370223123012	DHARMENDER SINGH		<u> </u>
11	88370223123013	GURJEET KAUR	<u> </u>	<u> </u>
12	88370223123015	INDERJEET SINGH	<u> </u>	<u> </u>
13	88370223123016	_J KISHAN CHAND	<u> </u>	<u> </u>
14	88370223123017	_J MANOJ KUMAR	<u> </u>	<u> </u>
15 	88370223123018	JMEENAKSHI SHARMA		<u>L</u>
16	88370223123020	_J RISHI SHARMA		<u>L</u>
17	88370223123022	SHYAM LAL		L
18	88370223123023	SURESH KUMAR		
19	88370223123024	VANSH SHARMA		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB 665 / ART & CRAFT TEACHER TRAINING COURSE Course: Class: First 17073 / GEOMETRICAL 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

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: First

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

PAGE: 1

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223123002	ADARSH RAIZADA	<u>[</u>	<u> </u>
2	88370223123003	JAJAY KUMAR	<u> </u>	<u> </u>
3	88370223123004	AJAY KUMAR	<u> </u>	<u> </u>
4	88370223123006	AKSHITA THAKUR	<u> </u>	<u> </u>
5	88370223123007	AMANDEEP	<u>[</u>	<u></u>
6	88370223123008	JANISH MOHAMAD	<u> </u>	
7	88370223123010	DALJEET BHATIA		
8	88370223123011	DEEP KUMAR		L
9	88370223123012	DHARMENDER SINGH		L
10	88370223123013	GURJEET KAUR	<u> </u>	L
11	88370223123015	INDERJEET SINGH	<u> </u>	L
12	88370223123016	KISHAN CHAND	<u> </u>	
13	88370223123017	MANOJ KUMAR	<u> </u>	L
14	88370223123018	MEENAKSHI SHARMA		
15	88370223123020	RISHI SHARMA	<u> </u>	L
16	88370223123022	SHYAM LAL		
17	88370223123023	SURESH KUMAR		
18	88370223123024	VANSH SHARMA		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB 665 / ART & CRAFT TEACHER TRAINING COURSE Course: Class: First Subject: 17082 / COMP. AWARENESS & GRAPHICS (P) Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Signature of the Deputy Controller

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

Name of the Controller

Class: Second

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: $1335 \, / \, \text{INDUSTRIAL TRAINING INST.}$ (W) , ANANDPUR SAHIB

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223122006	AJAY SINGH	<u> </u>	<u> </u>
2	88370223122007	AKSHIT	<u> </u>	<u>L</u>
3	88370223122008	ANIKET	<u> </u>	<u>L</u>
4	88370223122009	JANJALI KUMARI	L	L
5	88370223122010	BALDEV	L	L
6	88370223122011	BANITA SAINI	<u> </u>	<u> </u>
7	88370223122012	CHAMAN LAL	<u> </u>	L
8	88370223122013	DEVINDER KUMAR	<u> </u>	<u> </u>
9	88370223122014	DHARMINDER SINGH	<u> </u>	<u> </u>
10	88370223122015	DHEERAJ KUMAR	<u> </u>	<u> </u>
11	88370223122016	GURDEV SINGH	<u> </u>	<u> </u>
12	88370223122017	GULSHAN KUMAR	<u> </u>	<u> </u>
13	88370223122018	JGURMEL SINGH	<u> </u>	L
14	88370223122019	JGURPAL SINGH	<u> </u>	L
15	88370223122020	JASVEER SINGH	<u> </u>	<u> </u>
16	88370223122021	KANIKA THAKUR	<u> </u>	<u> </u>
17	88370223122022	JMADHU DEVI	<u> </u>	<u> </u>
18	88370223122023	JMANPREET KAUR	<u> </u>	
19	88370223122024	MEHAKPREET KAUR	 	
20	88370223122025	NAINAKSHI	 	
21	88370223122026	NEEKITA SAINI.		<u> </u>
			·	

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

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

Subject: 70051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370223122028	PANKAJ SHARMA	<u> </u>	
23	88370223122029	PRATIBHA	<u> </u>	
24	88370223122030	RAGHU BIR SINGH	<u> </u>	
25	88370223122031	RAHUL KAPOOR	<u> </u>	<u> </u>
26	88370223122033	RAJEEV KUMAR	<u> </u>	
27	88370223122035	SANJEEV KUMAR	<u> </u>	
28	88370223122036	SANJEEV KUMAR	<u> </u>	<u> </u>
29	88370223122037	SATISH KUMAR	<u> </u>	
30	88370223122038	SATWANT SINGH	<u> </u>	
31	88370223122039	SHAGUN	<u> </u>	<u> </u>
32	88370223122040	SONU DEVI	<u> </u>	
33	88370223122041	SUMAN DEVI	<u> </u>	
34	88370223122042	SUNIL KUMAR	<u> </u>	
35 	88370223122043	SUNITA KUMARI	<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: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70051 / PAINTING Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

Name of the Superintendent Signature of the Superintendent

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 filled correctly as per instructions.

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

Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller Signature of the Controller

Class: Second

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

70055 / CRAFT(T) Subject:

Center Name:

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88370223122006 $_{\mid}$ AJAY SINGH 88370223122007 | AKSHIT 3 88370223122008 | ANIKET 88370223122009 $_{\parallel}$ ANJALI KUMARI 5 88370223122010 | BALDEV 88370223122011 _|BANITA SAINI 88370223122012 | CHAMAN LAL 88370223122013 | DEVINDER KUMAR 88370223122015 _| DHEERAJ KUMAR 10 88370223122016 | GURDEV SINGH 88370223122017 | GULSHAN KUMAR 12 13 88370223122018 | GURMEL SINGH 88370223122019 GURPAL SINGH 14 88370223122020 $_{
m I}$ JASVEER SINGH 15 16 88370223122021 | KANIKA THAKUR 17 88370223122022 | MADHU DEVI 88370223122023 $_{\mid}$ MANPREET KAUR 18 20 88370223122025 | NAINAKSHI 88370223122026 | NEEKITA SAINI.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

70055 / CRAFT(T) Subject:

Class: Second

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370223122028 PA	NKAJ SHARMA		
23 .	88370223122029 ₋ PF	 2ΔΤΙΡΗΔ		

24 88370223122030 | RAGHU BIR SINGH 88370223122031 | RAHUL KAPOOR 25 26 88370223122033 | RAJEEV KUMAR 27 28 88370223122036 | SANJEEV KUMAR 88370223122037 $_{\parallel}$ SATISH KUMAR 29 30 88370223122038 _| SATWANT SINGH

88370223122039 _I SHAGUN 31 88370223122040 | SONU DEVI 32

88370223122041 | SUMAN DEVI 33 34 88370223122042 | SUNIL KUMAR 35

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

88370223122043 _| SUNITA KUMARI

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

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

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70055 / 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70056 / CRAFT(P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223122006	_J AJAY SINGH	<u> </u>	L
2	88370223122007	AKSHIT		L
3	88370223122008	_] ANIKET		L
4	88370223122009	JANJALI KUMARI		L
5 	88370223122010	BALDEV		L
6	88370223122011	JBANITA SAINI		L
7	88370223122012	CHAMAN LAL	<u> </u>	L
8	88370223122013	DEVINDER KUMAR		L
9	88370223122014	DHARMINDER SINGH		L
10	88370223122015	DHEERAJ KUMAR		L
11	88370223122016	GURDEV SINGH		L
12	88370223122017	GULSHAN KUMAR		L
13	88370223122018	GURMEL SINGH	<u> </u>	L
14	88370223122019	GURPAL SINGH	<u> </u>	L
15 	88370223122020	JASVEER SINGH	<u> </u>	L
16	88370223122021	KANIKA THAKUR	<u> </u>	L
17	88370223122022	_J MADHU DEVI		L
18	88370223122023	MANPREET KAUR		L
19	88370223122024	MEHAKPREET KAUR		L
20	88370223122025	NAINAKSHI	<u></u>	<u></u>
21	88370223122026	_J NEEKITA SAINI.	<u></u>	<u></u>

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

70056 / CRAFT(P) Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22 	88370223122028	JPANKAJ SHARMA	<u> </u>	<u> </u>
23	88370223122029	PRATIBHA	<u> </u>	L
24	88370223122030	RAGHU BIR SINGH	<u> </u>	L
25 	88370223122031	RAHUL KAPOOR	<u> </u>	L
26	88370223122033	RAJEEV KUMAR	<u> </u>	L
27	88370223122035	SANJEEV KUMAR	<u> </u>	L
28	88370223122036	SANJEEV KUMAR	<u> </u>	L
29	88370223122037	SATISH KUMAR	<u> </u>	L
30	88370223122038	SATWANT SINGH	<u> </u>	L
31	88370223122039	SHAGUN	<u> </u>	L
32 	88370223122040	SONU DEVI	<u> </u>	L
33	88370223122041	SUMAN DEVI		L
34	88370223122042	SUNIL KUMAR	<u> </u>	
35	88370223122043	SUNITA KUMARI		L

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

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

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70056 / CRAFT(P) Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223121004	DARSHAN SINGH	<u> </u>	<u> </u>
2	88370223121007	JARNAIL SINGH	<u> </u>	L
3	88370223122006	_J AJAY SINGH	<u> </u>	L
4	88370223122007	JAKSHIT	L	L
5 	88370223122008	JANIKET	<u> </u>	L
6	88370223122009	JANJALI KUMARI	<u> </u>	L
7	88370223122010	BALDEV	<u></u>	L
8	88370223122011	BANITA SAINI	L	L
9	88370223122012	CHAMAN LAL	<u> </u>	L
10	88370223122013	DEVINDER KUMAR	<u> </u>	L
11	88370223122014	DHARMINDER SINGH	<u> </u>	L
12 	88370223122015	DHEERAJ KUMAR	L	L
13	88370223122016	JGURDEV SINGH	<u></u>	L
14	88370223122017	JGULSHAN KUMAR	<u></u>	L
15 	88370223122018	JGURMEL SINGH	L	L
16	88370223122019	JGURPAL SINGH	<u> </u>	L
17	88370223122020	JASVEER SINGH	<u> </u>	<u> </u>
18	88370223122021	KANIKA THAKUR	<u> </u>	<u> </u>
19	88370223122022	JMADHU DEVI	<u> </u>	
20	88370223122023	MANPREET KAUR	L	<u></u>
21	88370223122024	MEHAKPREET KAUR	<u> </u>	<u> </u>
				

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370223122025	NAINAKSHI	<u> </u>	
23	88370223122026	_J NEEKITA SAINI.	<u> </u>	
24	88370223122028	PANKAJ SHARMA	<u> </u>	
25 	88370223122029	PRATIBHA	<u> </u>	
26 	88370223122030	RAGHU BIR SINGH	<u> </u>	
27	88370223122031	RAHUL KAPOOR	<u> </u>	
28	88370223122033	RAJEEV KUMAR	<u> </u>	
29	88370223122035	SANJEEV KUMAR	<u> </u>	
30	88370223122036	SANJEEV KUMAR	<u> </u>	
31	88370223122037	SATISH KUMAR	<u> </u>	
32	88370223122038	SATWANT SINGH	<u> </u>	
33	88370223122039	SHAGUN	<u> </u>	
34	88370223122040	SONU DEVI	<u> </u>	
35	88370223122041	SUMAN DEVI	<u> </u>	
36	88370223122042	SUNIL KUMAR	<u> </u>	
37 	88370223122043	SUNITA KUMARI		

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W) , ANANDPUR SAHIB

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

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: Second

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

665 / ART & CRAFT TEACHER TRAINING COURSE

Center Name:

Course:

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223120014	BALJINDER KAUR	<u> </u>	<u> </u>
2	88370223120016	SURINDER KUMAR	<u> </u>	L
3	88370223121003	BALJEET KAUR	<u> </u>	L
4	88370223121004	DARSHAN SINGH	<u> </u>	L
5	88370223121005	GURDEEP SINGH	<u> </u>	L
6	88370223121007	JARNAIL SINGH	<u> </u>	L
7	88370223121016	SAVITA BHATIA	<u> </u>	L
8	88370223122006	AJAY SINGH	<u> </u>	L
9	88370223122007	AKSHIT	<u> </u>	L
10	88370223122008	ANIKET	<u> </u>	L
11	88370223122009	ANJALI KUMARI	<u> </u>	L
12	88370223122010	BALDEV	<u> </u>	L
13	88370223122011	BANITA SAINI	<u> </u>	L
14	88370223122012	CHAMAN LAL	<u> </u>	L
15 	88370223122013	DEVINDER KUMAR	<u> </u>	L
16	88370223122014	DHARMINDER SINGH	<u> </u>	L
17	88370223122015	DHEERAJ KUMAR	<u> </u>	L
18	88370223122016	GURDEV SINGH	<u> </u>	L
19	88370223122017	GULSHAN KUMAR	<u> </u>	L
20	88370223122018	GURMEL SINGH	<u> </u>	
21	88370223122019	GURPAL SINGH	<u> </u>	L

Class: Second

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W) , ANANDPUR SAHIB

665 / ART & CRAFT TEACHER TRAINING COURSE

Center Name:

Course:

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370223122020	JASVEER SINGH	<u> </u>	<u></u>
23	88370223122021	KANIKA THAKUR	<u> </u>	L
24	88370223122022	JMADHU DEVI	<u> </u>	L
25	88370223122023	JMANPREET KAUR	<u> </u>	L
26	88370223122024	JMEHAKPREET KAUR	<u> </u>	L
27	88370223122025	NAINAKSHI	<u> </u>	L
28	88370223122026	NEEKITA SAINI.	<u> </u>	L
29	88370223122028	PANKAJ SHARMA	<u> </u>	L
30 <u> </u>	88370223122029	PRATIBHA	<u> </u>	L
31 	88370223122030	RAGHU BIR SINGH	<u> </u>	L
32 	88370223122031	RAHUL KAPOOR	<u> </u>	L
33	88370223122033	RAJEEV KUMAR		L
34	88370223122035	SANJEEV KUMAR	<u> </u>	L
35 	88370223122036	SANJEEV KUMAR	<u> </u>	L
36 	88370223122037	SATISH KUMAR	<u> </u>	L
37 	88370223122038	SATWANT SINGH	<u> </u>	L
38 	88370223122039	SHAGUN		L
39	88370223122040	SONU DEVI		L
40	88370223122041	SUMAN DEVI		L
41	88370223122042	SUNIL KUMAR		
42	88370223122043	SUNITA KUMARI	<u> </u>	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 665 / ART & CRAFT TEACHER TRAINING COURSE 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 Deputy Controller

filled correctly as per instructions.

Name of the Superintendent

Signature of the Deputy Controller

Signature of the Superintendent

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

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

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: $1335 \, / \, \text{INDUSTRIAL TRAINING INST.}$ (W) , ANANDPUR SAHIB

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

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223122006	JAJAY SINGH	<u> </u>	L
2	88370223122007	AKSHIT	<u> </u>	L
3	88370223122008	_] ANIKET	<u> </u>	L
4	88370223122009	JANJALI KUMARI	<u> </u>	L
5 	88370223122010	BALDEV	<u> </u>	L
6	88370223122011	BANITA SAINI		L
7	88370223122012	CHAMAN LAL		L
8 <u> </u>	88370223122013	DEVINDER KUMAR	<u> </u>	L
9	88370223122014	DHARMINDER SINGH	<u> </u>	L
10	88370223122015	DHEERAJ KUMAR	<u> </u>	L
11	88370223122016	GURDEV SINGH	<u> </u>	L
12	88370223122017	JGULSHAN KUMAR	<u> </u>	L
13	88370223122018	GURMEL SINGH	<u> </u>	L
14	88370223122019	GURPAL SINGH	<u> </u>	L
15	88370223122020	JASVEER SINGH	<u> </u>	L
16	88370223122021	KANIKA THAKUR	<u> </u>	L
17	88370223122022	_J MADHU DEVI	<u> </u>	L
18	88370223122023	JMANPREET KAUR	<u> </u>	L
19	88370223122024	JMEHAKPREET KAUR	<u> </u>	L
20	88370223122025	NAINAKSHI	 	
21	88370223122026	_J NEEKITA SAINI.		<u> </u>
				

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

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

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370223122028	PANKAJ SHARMA	<u> </u>	
23	88370223122029	PRATIBHA	<u> </u>	
24	88370223122030	RAGHU BIR SINGH	<u> </u>	
25 	88370223122031	RAHUL KAPOOR	<u> </u>	
26 	88370223122033	RAJEEV KUMAR	<u> </u>	
27	88370223122035	SANJEEV KUMAR		
28 	88370223122036	SANJEEV KUMAR	<u> </u>	
29	88370223122037	SATISH KUMAR	<u> </u>	
30 <u> </u>	88370223122038	SATWANT SINGH	<u> </u>	
31	88370223122039	SHAGUN	<u> </u>	
32	88370223122040	SONU DEVI		
33	88370223122041	SUMAN DEVI		
34	88370223122042	SUNIL KUMAR		
35	88370223122043	SUNITA KUMARI		

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second Subject: 70072 / COMMERCIAL ART Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W) , ANANDPUR SAHIB

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

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223121005	GURDEEP SINGH	<u> </u>	<u></u>
2	88370223121007	JARNAIL SINGH		L
3	88370223121009	_J NEHA SAINI		L
4	88370223121015	SAMRITI SHARMA	<u> </u>	<u> </u>
5 	88370223122006	AJAY SINGH	<u> </u>	<u> </u>
6	88370223122007	AKSHIT		<u> </u>
7	88370223122008	ANIKET	<u> </u>	<u> </u>
8	88370223122009	JANJALI KUMARI		L
9	88370223122010	BALDEV		L
10	88370223122011	BANITA SAINI		L
11	88370223122012	CHAMAN LAL		L
12	88370223122013	DEVINDER KUMAR		
13	88370223122014	DHARMINDER SINGH	<u> </u>	L
14	88370223122015	DHEERAJ KUMAR	<u> </u>	L
15 	88370223122016	GURDEV SINGH		L
16	88370223122017	GULSHAN KUMAR		
17	88370223122018	GURMEL SINGH		
18	88370223122019	GURPAL SINGH		
19	88370223122020	JASVEER SINGH		
20	88370223122021	KANIKA THAKUR		
21	88370223122022	MADHU DEVI	<u></u>	

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22 	88370223122023	MANPREET KAUR	<u> </u>	<u> </u>
23	88370223122024	MEHAKPREET KAUR	<u> </u>	<u> </u>
24	88370223122025	NAINAKSHI	<u> </u>	<u> </u>
25 	88370223122026	NEEKITA SAINI.	<u> </u>	<u> </u>
26 	88370223122028	PANKAJ SHARMA	<u> </u>	<u> </u>
27 	88370223122029	PRATIBHA	<u> </u>	L
28 	88370223122030	RAGHU BIR SINGH	<u> </u>	L
29 	88370223122031	RAHUL KAPOOR	<u> </u>	L
30 	88370223122033	RAJEEV KUMAR	<u> </u>	L
31	88370223122035	SANJEEV KUMAR		L
32 	88370223122036	SANJEEV KUMAR	<u> </u>	L
33	88370223122037	SATISH KUMAR	<u> </u>	L
34 	88370223122038	SATWANT SINGH	<u> </u>	L
35 	88370223122039	SHAGUN	<u> </u>	L
36	88370223122040	SONU DEVI		L
37	88370223122041	SUMAN DEVI		
38	88370223122042	SUNIL KUMAR	<u> </u>	
39	88370223122043	SUNITA KUMARI		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB 665 / ART & CRAFT TEACHER TRAINING COURSE Course: Class: Second 70073 / SCALE & PERSPECTIVE DRAWING Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

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

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223122006	AJAY SINGH	<u> </u>	L
2	88370223122007	AKSHIT	<u> </u>	L
3	88370223122008	ANIKET	<u> </u>	L
4	88370223122009	ANJALI KUMARI	<u> </u>	L
5	88370223122010	BALDEV	<u> </u>	L
6	88370223122011	BANITA SAINI	<u> </u>	L
7	88370223122012	CHAMAN LAL	<u> </u>	L
8	88370223122013	DEVINDER KUMAR	<u> </u>	L
9	88370223122014	DHARMINDER SINGH	<u> </u>	L
10	88370223122015	DHEERAJ KUMAR	<u> </u>	L
11	88370223122016	JGURDEV SINGH	<u> </u>	L
12	88370223122017	GULSHAN KUMAR	<u> </u>	L
13	88370223122018	JGURMEL SINGH	<u></u>	L
14	88370223122019	JGURPAL SINGH	<u></u>	L
15 	88370223122020	JASVEER SINGH	<u> </u>	L
16	88370223122021	KANIKA THAKUR	<u> </u>	L
17	88370223122022	_J MADHU DEVI	<u> </u>	L
18	88370223122023	MANPREET KAUR	<u> </u>	L
19	88370223122024	MEHAKPREET KAUR	<u> </u>	L
20	88370223122025	_J NAINAKSHI	<u></u>	
21	88370223122026	NEEKITA SAINI.	<u> </u>	<u></u>

PAGE: 2 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

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

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22 	88370223122028	JPANKAJ SHARMA	<u> </u>	
23	88370223122029	PRATIBHA	<u> </u>	<u> </u>
24	88370223122030	RAGHU BIR SINGH	<u> </u>	<u> </u>
25 	88370223122031	RAHUL KAPOOR	<u> </u>	<u> </u>
26 	88370223122033	RAJEEV KUMAR	<u> </u>	<u> </u>
27 	88370223122035	SANJEEV KUMAR	<u> </u>	<u> </u>
28	88370223122036	SANJEEV KUMAR	<u> </u>	<u> </u>
29	88370223122037	SATISH KUMAR	<u> </u>	<u> </u>
30 <u> </u>	88370223122038	SATWANT SINGH	<u> </u>	<u> </u>
31 	88370223122039	SHAGUN	<u> </u>	<u> </u>
32 	88370223122040	SONU DEVI	<u> </u>	<u> </u>
33	88370223122041	SUMAN DEVI	<u> </u>	L
34	88370223122042	SUNIL KUMAR	<u></u>	
35 <u> </u>	88370223122043	SUNITA KUMARI	 	<u> </u>
4				

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 August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB 665 / ART & CRAFT TEACHER TRAINING COURSE Course: Class: Second 70074 / TEACHING OF ART & CRAFT (P) Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

Name of the Superintendent

filled correctly as per instructions.

Signature of the Superintendent

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

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: $1335 \, / \, \text{INDUSTRIAL TRAINING INST.}$ (W) , ANANDPUR SAHIB

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70075 / PROJECT

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223122006	JAJAY SINGH	<u> </u>	L
2	88370223122007	_] AKSHIT	<u> </u>	L
3	88370223122008	JANIKET	<u> </u>	L
4	88370223122009	JANJALI KUMARI	<u> </u>	L
5 	88370223122010	BALDEV	<u> </u>	L
6 <u> </u>	88370223122011	JBANITA SAINI		L
7	88370223122012	CHAMAN LAL		L
8 <u> </u>	88370223122013	DEVINDER KUMAR	<u> </u>	L
9	88370223122014	DHARMINDER SINGH	<u> </u>	L
10	88370223122015	DHEERAJ KUMAR	<u> </u>	L
11	88370223122016	GURDEV SINGH	<u> </u>	L
12	88370223122017	GULSHAN KUMAR	<u> </u>	L
13	88370223122018	GURMEL SINGH	<u> </u>	L
14	88370223122019	GURPAL SINGH	<u> </u>	L
15	88370223122020	JASVEER SINGH	<u> </u>	L
16	88370223122021	KANIKA THAKUR	<u> </u>	L
17	88370223122022	_J MADHU DEVI	<u> </u>	L
18	88370223122023	JMANPREET KAUR	<u> </u>	L
19	88370223122024	MEHAKPREET KAUR	 	<u></u>
20	88370223122025	NAINAKSHI		
21	88370223122026	NEEKITA SAINI.		<u> </u>
.				

3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

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

Subject: 70075 / PROJECT

PAGE: 2

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370223122028	PANKAJ SHARMA	<u> </u>	<u></u>
23	88370223122029	PRATIBHA	<u> </u>	L
24	88370223122030	RAGHU BIR SINGH	<u> </u>	L
25 	88370223122031	RAHUL KAPOOR	<u> </u>	L
26	88370223122033	RAJEEV KUMAR		L
27	88370223122035	SANJEEV KUMAR		L
28	88370223122036	SANJEEV KUMAR	<u> </u>	L
29	88370223122037	SATISH KUMAR		L
30	88370223122038	SATWANT SINGH	<u> </u>	L
31	88370223122039	SHAGUN		L
32	88370223122040	SONU DEVI		L
33	88370223122041	SUMAN DEVI		
34	88370223122042	SUNIL KUMAR		
35	88370223122043	 SUNITA KUMARI	 	
,				~

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70075 / PROJECT Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Name of the Superintendent

filled correctly as per instructions.

Signature of the Superintendent

Signature of the Invigilator

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

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370223122006	_J AJAY SINGH	<u> </u>	L
2	88370223122007	AKSHIT	<u> </u>	L
3	88370223122008	ANIKET	<u> </u>	L
4	88370223122009	ANJALI KUMARI	<u> </u>	L
5	88370223122010	BALDEV	<u> </u>	L
6	88370223122011	BANITA SAINI	<u> </u>	L
7	88370223122012	CHAMAN LAL	<u> </u>	L
8	88370223122013	DEVINDER KUMAR	<u> </u>	L
9	88370223122014	DHARMINDER SINGH	<u> </u>	L
10	88370223122015	DHEERAJ KUMAR	<u> </u>	L
11	88370223122016	GURDEV SINGH	<u> </u>	L
12	88370223122017	GULSHAN KUMAR	<u> </u>	L
13	88370223122018	GURMEL SINGH	<u> </u>	L
14	88370223122019	GURPAL SINGH	<u> </u>	L
15 	88370223122020	JASVEER SINGH	<u> </u>	L
16	88370223122021	KANIKA THAKUR	<u> </u>	L
17	88370223122022	_J MADHU DEVI	<u> </u>	L
18	88370223122023	MANPREET KAUR	<u> </u>	L
19	88370223122024	MEHAKPREET KAUR	<u> </u>	L
20	88370223122025	NAINAKSHI	L	
21	88370223122026	NEEKITA SAINI.	<u> </u>	

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22 	88370223122028	PANKAJ SHARMA	<u> </u>	<u></u>
23	88370223122029	PRATIBHA	<u> </u>	L
24	88370223122030	RAGHU BIR SINGH		L
25 	88370223122031	RAHUL KAPOOR		L
26 	88370223122033	RAJEEV KUMAR		L
27 	88370223122035	SANJEEV KUMAR		L
28	88370223122036	SANJEEV KUMAR	<u> </u>	L
29	88370223122037	SATISH KUMAR	<u> </u>	L
30 <u> </u>	88370223122038	SATWANT SINGH		L
31	88370223122039	SHAGUN		L
32	88370223122040	SONU DEVI	1	L
33	88370223122041	SUMAN DEVI	1	L
34	88370223122042	SUNIL KUMAR		L
35	88370223122043	SUNITA KUMARI		

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

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

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70082 / COMPUTER AWARENESS & GRAPHICS (P) Subject: Total No. Of Students in this Subject > Present : Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Center Name:

Course: 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY)

Class: First

44431 / TRADE THEORY Subject:

PAGE: 1

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

88249120422030 _| NEELAM KUMARI 88249120422039 _I SIMRAN 3 88249120423046 | ANJALI 88249120423047 | DEEPIKA. 5 88249120423048 | HEENA KUMARI 88249120423050 | JASVIR KAUR 88249120423052 _| MINAKSHI DEVI 88249120423053 _I POOJA KUMARI 88249120423054 _I RAJWINDER KAUR 10 88249120423055 | RESHMA DEVI 12 88249120423056 | SANDEEP KAUR 13 88249120423057 | SANJNA 14 88249120423058 | SHIVANI

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

88249120423061 | SUKHPREET KAUR

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

88249120423059 | SIMRAN

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY) Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

671 / SURFACE ORNAMENTATION TECHNIQUES((EMBRIODERY) Course:

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88249120422021	ANCHAL		
2	88249120422028	MONIKA BANGA		
3	88249120422031	POOJA		
4	88249120422039	SIMRAN		
5	88249120423046	ANJALI		
6	88249120423047	DEEPIKA.		
7	88249120423048	HEENA KUMARI		
8	88249120423050	JASVIR KAUR		
9	88249120423051	MANPREET KAUR		
10	88249120423052	MINAKSHI DEVI		
11	88249120423053	POOJA KUMARI		
12	88249120423054	RAJWINDER KAUR		
13	88249120423055	RESHMA DEVI		
14	88249120423056	SANDEEP KAUR		
15	88249120423057	 SANJNA		
16	88249120423058	 SHIVANI		
17	88249120423059	SIMRAN		
18	88249120423061	SUKHPREET KAUR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY) Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB

671 / SURFACE ORNAMENTATION TECHNIQUES((EMBRIODERY) Course:

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88249120423046	ANJALI		L
2	88249120423047	DEEPIKA.	<u> </u>	
3	88249120423048	HEENA KUMARI	<u> </u>	
4	88249120423050	JASVIR KAUR	<u>[</u>	
5 	88249120423051	MANPREET KAUR	<u>[</u>	
6	88249120423052	MINAKSHI DEVI	<u>[</u>	
7	88249120423053	POOJA KUMARI	<u> </u>	
8	88249120423054	RAJWINDER KAUR	<u>[</u>	
9	88249120423055	RESHMA DEVI	<u>[</u>	
10	88249120423056	SANDEEP KAUR	<u> </u>	
11	88249120423057	SANJNA	<u> </u>	
12	88249120423058	SHIVANI		
13	88249120423059	SIMRAN		

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

88249120423061 | SUKHPREET KAUR

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1335 / INDUSTRIAL TRAINING INST. (W), ANANDPUR SAHIB Course: 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY) Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1412 / INDUSTRIAL TRAINING INSTITUTE, BARNALA

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

70051 / PAINTING Subject:

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370236122001 | JASHANPREET SINGH 88370236122002 | PARDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1412 / INDUSTRIAL TRAINING INSTITUTE, BARNALA

Course :

665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second

70055 / CRAFT(T) Subject:

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370236122001 JASHANPREET SINGH 88370236122002 | PARDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1412 / INDUSTRIAL TRAINING INSTITUTE, BARNALA

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

70056 / CRAFT(P) Subject:

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370236122001 JASHANPREET SINGH 88370236122002 | PARDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1412 / INDUSTRIAL TRAINING INSTITUTE, BARNALA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

Name of the Controller

5.N0 	Rega. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 		
1	88370236122001	JASHANPREET SINGH	<u> </u>	L		
2		DADDEED WALLD		L		
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
hav	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I als hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	ture of the Invigilator		
	ave conducted 20% rand led correctly as per i		the said examination	on and found that particulars have been		
Nam	e of the Superintender	nt	Si gnat	ure of the Superintendent		
l h fil	ave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Nam	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l fi l	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1412 / INDUSTRIAL TRAINING INSTITUTE, BARNALA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370236122001	JASHANPREET SINGH	1	
2	88370236122002	DADDEED KALID		
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	e appeared under my su	(Designation) gilator. I have personally che upervision in today's exam, have any mistakes are found, I will	e been filled and sh	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
	ve conducted 20% rand ed correctly as per i		f the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	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
	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 August' 2024 EXAMS -SCVT

Center Name: 1412 / INDUSTRIAL TRAINING INSTITUTE, BARNALA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

70072 / COMMERCIAL ART Subject:

PAGE: 1 of

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370236122001	JASHANPREET SINGH		
2	88370236122002			
То	tal No. Of Students in tal No. Of Answer She ime and Signature Of	eets Packed >	osent:	
			Undertaki ng	
have	e appeared under my su	(Designation) gilator. I have personally che pervision in today's exam, hav any mistakes are found, I will	∕e been filled and sh	hereby certify that I have conducted the 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% rand Led correctly as per i		of the said examinati	on and found that particulars have been
Name	e of the Superintender	t	Si gna	ture of the Superintendent
l ha fil	ave conducted 10% rand led correctly as per i	lom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been

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

Name of the Deputy Controller

Signature of the Controller

Signature of the Deputy Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1412 / INDUSTRIAL TRAINING INSTITUTE, BARNALA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370236122	⁰⁰¹ JASHANPREET SINGH				
2		002 DADDEED KALID				
Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng			
I (abo hav her	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gna	ture of the Invigilator		
l h fil	nave conducted 20% led correctly as p	random checking of the OMR sheet c er instructions.	of the said examinati	on and found that particulars have been		
Nan	ne of the Superinte	ndent	Si gna	ture of the Superintendent		
l h fil	nave conducted 10% led correctly as p	random checking of the OMR sheet c er instructions.	f the said examinati	on and found that particulars have been		
Nan	ne of the Deputy Co	ntroller	Si gna	ture of the Deputy Controller		
l fi l	have conducted 5% led correctly as p	random checking of the OMR sheet c er instructions.	of the said examinati	on and found that particulars have been		

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1412 / INDUSTRIAL TRAINING INSTITUTE, BARNALA

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

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

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370236122001 JASHANPREET SINGH 88370236122002 | PARDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1412 / INDUSTRIAL TRAINING INSTITUTE, BARNALA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70075 / PROJECT

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370236122001	JASHANPREET SINGH		
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	e appeared under my su	(Designation)_ gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	e been filled and sh	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
	ive conducted 20% rand ed correctly as per i		the said examinati	on and found that particulars have been
Name	e of the Superintender	t	Si gna	ture of the Superintendent
l ha fill	ive conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Name	e of the Deputy Contro	ller	Si gna	ture of the Deputy Controller
	nave conducted 5% rand ed correctly as per i		f the said examinati	on and found that particulars have been

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1412 / INDUSTRIAL TRAINING INSTITUTE, BARNALA Center Name:

PAGE: 1 of

Name of the Controller

665 / ART & CRAFT TEACHER TRAINING COURSE

Course : Class: Second

70082 / COMPUTER AWARENESS & GRAPHICS (P) Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370236122001 JASHANPREET SINGH 88370236122002 | PARDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 128 / FITTER Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

S.No

	3	'		S	
1	88227264722005	BINNY VISHAL			
2	88227264722009	GAURAV JOSHI	<u> </u>	 	
3	88227264722018	NAAMJOT SINGH		 	
4	88227264723001	ABHINAV SINGH	<u> </u>	 	
5	88227264723003	ARSHDEEP SINGH	<u> </u>	 	
6	88227264723004	ARSHDEEP SINGH		 	
7	88227264723010	HARNOOR SINGH	<u> </u>	 	
8	88227264723013	JASWINDER SINGH	<u> </u>	 	
9	88227264723017	PARVINDER SINGH	<u> </u>	 	
10	88227264723018	RAVI RANJAN KUMAR SINC	<u> </u>	 	
11	88227264723019	SARABJIT SINGH	<u> </u>	 	
4					

Answer Sheet No.

Student's Sign.

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA
Course: 128 / FITTER Class: First

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

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

44431 / TRADE THEORY

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Subject:

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227264722005	JBINNY VISHAL	L	<u></u>
2	88227264722018	_J NAAMJOT SINGH	<u> </u>	<u> </u>
3	88227264723001	_J ABHINAV SINGH	L	L
4	88227264723003	ARSHDEEP SINGH	<u> </u>	L
5	88227264723004	ARSHDEEP SINGH	<u> </u>	L
6	88227264723010	HARNOOR SINGH	<u> </u>	L
7	88227264723013	JASWINDER SINGH	<u> </u>	L
8	88227264723017	PARVINDER SINGH	<u> </u>	L
9	88227264723018	RAVI RANJAN KUMAR SINC	<u> </u>	L
10	88227264723019	SARABJIT SINGH		L

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA Center Name:

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

5.110	кеда. No.		Answer Sneet No.	Student's Sign.
1	88227264723001	ABHINAV SINGH		
2	88227264723003	ARSHDEEP SINGH	<u> </u>	<u> </u>
3	88227264723004	ARSHDEEP SINGH	<u> </u>	<u> </u>
4	88227264723010	HARNOOR SINGH	L	<u> </u>
5 	88227264723013	JASWINDER SINGH	L	L
6	88227264723017	PARVINDER SINGH	<u> </u>	<u> </u>
7	88227264723018	RAVI RANJAN KUMAR SINC	<u> </u>	<u> </u>
8	88227264723019	SARABJIT SINGH		I
Tota	al No. Of Answer She ne and Signature Of		on.	
	3	J.	Undertaki ng	
I (Na above have herel	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally checl pervision in today's exam, have any mistakes are found, I will u	h ked and ensured that	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l hav fille	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintenden	t	Si gnat	ure of the Superintendent
l hav fille	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
	ave conducted 5% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 128 / FITTER Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227264722001	JAMRIT SINGH	<u> </u>	
2	88227264722005	JBINNY VISHAL		
3	88227264722009	GAURAV JOSHI		
4	88227264722011	HADCHDDEET CINCH		
5	88227264722016	MANDEEP SINGH	<u> </u>	
6	88227264722017	.MANIDDEET SINCH		
7	88227264722018	NAAMJOT SINGH		
Tota	al No. Of Answer She me and Signature Of			
· · ·	no and orginature or	monary o		
have	appeared under my su	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	: been filled and 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	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
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
	ave conducted 5% rand ed correctly as per i		the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 128 / FITTER Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227264722001	AMRIT SINGH		
2	88227264722005			
3	88227264722009	GAURAV JOSHI		
4	88227264722011	HARSHPREET SINGH		
5	88227264722016	MANDEEP SINGH	<u> </u>	
6	88227264722017	MANPREET SINGH		
7	88227264722018	NAAMJOT SINGH		
	tal No. Of Answer She me and Signature Of			
			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 chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sh	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Name	e of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinati	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 examinati	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 128 / FITTER Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88227264722001	AMRIT SINGH			
2	88227264722005	BINNY VISHAL	<u> </u>		
3	88227264722009	GAURAV JOSHI			
4	88227264722011	HARSHPREET SINGH			
5	88227264722016	MANDEEP SINGH	<u> </u>		
6	88227264722017	MANDDEET SINCH			
7	88227264722018	NIA ANA IOT CINICII			
	al No. Of Answer She me and Signature Of				
			Undertaki ng		
I (N abov have here	lame)_ re examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally checupervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha 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.	the said examination	on and found that particulars have been	
Name	of the Superintender	nt	Si gna	ture of the Superintendent	
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
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	

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231264723023	ARSHPREET SINGH		
2	88231264723024	CHERRY SINGH		L
3	88231264723026	GAGANDEEP SINGH		L
4	88231264723027	GURPREET SINGH		L
5	88231264723028	GURPREET SINGH		
6	88231264723031	JASKARAN SINGH		
7	88231264723032	JASPREET SINGH		
8	88231264723035	KULVIR SINGH		L
9	88231264723036	LAVJEET SINGH		L
10	88231264723037	RAMJAN SHAH		L
11	88231264723038	RUPINDER SINGH		
12	88231264723040	YUVRAJ SINGH	1	

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

enter Name . 1413/ INDUSTRIAL TRAINING INSTITUTE, MALERNOTEA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231264723023	ARSHPREET SINGH	<u> </u>	<u> </u>
2	88231264723024	CHERRY SINGH		L
3	88231264723026	GAGANDEEP SINGH		<u> </u>
4	88231264723027	GURPREET SINGH		
5	88231264723028	GURPREET SINGH		
6	88231264723031	 JASKARAN SINGH		
7	88231264723032	JASPREET SINGH		
8	88231264723035	KULVIR SINGH		
9	88231264723036	LAVJEET SINGH		
10	88231264723037	 RAMJAN SHAH		
11	88231264723038	RUPINDER SINGH		
12	88231264723040	YUVRAJ SINGH		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231264723023	ARSHPREET SINGH		
2	88231264723024	CHERRY SINGH	<u> </u>	
3	88231264723026	GAGANDEEP SINGH	<u> </u>	
4	88231264723027	GURPREET SINGH	<u> </u>	
5	88231264723028	GURPREET SINGH	<u> </u>	
6	88231264723031	JASKARAN SINGH	<u> </u>	
7	88231264723032	JASPREET SINGH		
8	88231264723035	KULVIR SINGH	<u> </u>	
9	88231264723036	LAVJEET SINGH		
10 	88231264723037	RAMJAN SHAH	<u> </u>	
11 	88231264723038	RUPINDER SINGH	<u> </u>	
12	88231264723040	YUVRAJ SINGH		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231230221001	JANMOLPREET SINGH		
2	88231230221003	BALWANT SINGH	<u> </u>	<u> </u>
3	88231230221007	GURINDER SINGH	<u> </u>	<u> </u>
4	88231230221010	HARDEEP SINGH	<u> </u>	<u> </u>
5	88231230221013	HARSHPREET SINGH	<u> </u>	<u> </u>
6	88231230221014	KARANVEER SINGH	<u> </u>	<u> </u>
7	88231230221017	MANPREET SINGH	<u> </u>	<u> </u>
8	88231264721053	DHARAM SINGH	<u> </u>	<u> </u>
9	88231264721055	GURDEEP SINGH	<u> </u>	<u> </u>
10	88231264721062	HARDEEP SINGH	<u> </u>	<u> </u>
11	88231264721064	JASANDEEP SINGH	<u> </u>	<u> </u>
12	88231264721067	JUGRAJ SINGH	<u> </u>	<u> </u>
13	88231264721068	KARAMJOT SINGH	<u> </u>	<u> </u>
14	88231264721073	RABINDER SINGH	<u> </u>	L
15	88231264721075	SANDEEP SINGH	<u> </u>	
16	88231264721076	SATVIR SINGH	<u> </u>	
17	88231264721077	SHEHBAZ ALI	<u></u>	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA Center Name:

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231230221007	JGURINDER SINGH	<u> </u>	<u> </u>
2	88231230221010	HARDEEP SINGH	<u> </u>	L
3	88231230221013	HARSHPREET SINGH	<u> </u>	L
4	88231230221017	 MANPREET SINGH	<u> </u>	L
5	88231264721055	GURDEEP SINGH	<u> </u>	L
6	88231264721062	HARDEEP SINGH	<u> </u>	L
7	88231264721064	JASANDEEP SINGH	<u> </u>	L
8	88231264721067	JUGRAJ SINGH	<u> </u>	L
9	88231264721068	KARAMJOT SINGH		L
10	88231264721073	RABINDER SINGH		L
11	88231264721077	SHEHBAZ ALI		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA Course : 145 / ELECTRONICS MECHANIC Class: Second 44441 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88219230220060 | MOHIT MUNJAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course:

222 / COMP. OP. PROGRAM. ASSISTANT

44431 / TRADE THEORY Subject:

Center Name:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88242130322029 | KAMALJEET KAUR 88242130322040 _| RAJWINDER KAUR 3 88242130322044 | SAMANDEEP KAUR 88242130323001 | AMANJOT KAUR 5 88242130323002 | ARSHPREET KAUR 88242130323004 | HARMANDEEP KAUR 88242130323005 | HARPREET KAUR 88242130323006 _| ISHA CHAUDHARY 88242130323009 | KARAMJIT KAUR 10 88242130323010 | KIRANDEEP KAUR 88242130323011 | KIRANDEEP KAUR 12 13 88242130323012 | KIRANPREET KAUR 88242130323013 | MONA RANI 14 88242130323014 | MUSKAN 15 16 88242130323015 | NAVJOT KAUR 17 88242130323016 | PARMINDER KAUR 18 88242130323017 | SANDEEP KAUR 88242130323018 | SANDEEP KAUR 20 88242130323019 | SATVEER KAUR 88242130323020 $_{\mid}$ SHABNAM BIBI

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 2 of Center Name:

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First 44431 / TRADE THEORY Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88242130323021 | SIMRANJEET KAUR 88242130323022 | SIMRANJEET KAUR 23 88242130323023 | SIMRANJOT KAUR 88242130323024 VEERPAL KAUR 25 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242130323001	JAMANJOT KAUR	<u> </u>	<u> </u>
2	88242130323002	JARSHPREET KAUR	<u> </u>	L
3	88242130323003	JBHAWANPREET KAUR	<u> </u>	L
4	88242130323004	HARMANDEEP KAUR	<u> </u>	<u> </u>
5	88242130323005	HARPREET KAUR	<u> </u>	<u> </u>
6	88242130323006	JISHA CHAUDHARY	<u> </u>	<u> </u>
7	88242130323009	KARAMJIT KAUR	<u> </u>	<u> </u>
8	88242130323010	KIRANDEEP KAUR	<u> </u>	<u> </u>
9	88242130323011	KIRANDEEP KAUR	<u> </u>	L
10	88242130323012	KIRANPREET KAUR	<u> </u>	<u> </u>
11	88242130323013	JMONA RANI	<u> </u>	<u> </u>
12	88242130323014	_] MUSKAN	<u> </u>	<u> </u>
13	88242130323015	NAVJOT KAUR	L	L
14	88242130323016	PARMINDER KAUR	L	L
15	88242130323017	SANDEEP KAUR	<u> </u>	<u> </u>
16	88242130323018	SANDEEP KAUR	<u> </u>	<u> </u>
17	88242130323019	SATVEER KAUR	<u> </u>	<u> </u>
18	88242130323020	SHABNAM BIBI	<u> </u>	<u> </u>
19	88242130323021	SIMRANJEET KAUR	<u> </u>	<u> </u>
20	88242130323022	SIMRANJEET KAUR	<u></u>	
21	88242130323023	SIMRANJOT KAUR		<u> </u>
		·		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name : 1413 / INDUSTRIAL TRAINING I

PAGE: 2 of

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

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

Subject: 44434 / EMPLOYBILITY SKILL

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

22 | 88242130323024 | VEERPAL KAUR |

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

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

Undertaki ng

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: First

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

44435 / PRACTICAL Subject:

Center Name:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88242130323001 $_{\mid}$ AMANJOT KAUR 88242130323002 $_{\mid}$ ARSHPREET KAUR 3 88242130323003 | BHAWANPREET KAUR 88242130323004 $_{\mid}$ HARMANDEEP KAUR 5 88242130323005 | HARPREET KAUR 88242130323006 _IISHA CHAUDHARY 88242130323009 | KARAMJIT KAUR 88242130323010 $_{\mid}$ KIRANDEEP KAUR 88242130323011 | KIRANDEEP KAUR 88242130323012 | KIRANPREET KAUR 10 88242130323013 _IMONA RANI 88242130323014 | MUSKAN 12 13 88242130323015 | NAVJOT KAUR 14 88242130323016 | PARMINDER KAUR 88242130323017 | SANDEEP KAUR 15 16 88242130323018 | SANDEEP KAUR 17 88242130323019 | SATVEER KAUR 18 88242130323020 | SHABNAM BIBI 88242130323021 | SIMRANJEET KAUR 20 88242130323022 | SIMRANJEET KAUR 88242130323023 $_{\parallel}$ SIMRANJOT KAUR

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course : 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Name Of the Student

44435 / PRACTICAL Subject:

Regd. No.

S.No

88242130323024 | VEERPAL 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

Answer Sheet No.

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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

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name:

PAGE: 1

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 617 / MECHANIC DIESEL ENGINE

Subject: 44431 / TRADE THEORY

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88201164722027	JASHANPREET SINGH	<u> </u>	<u>L</u>
2	88201164722039	SALEEM MOHD	<u> </u>	<u> </u>
3	88201164723041	AKASHDEEP SINGH	<u> </u>	<u> </u>
4	88201164723045	ANSHPREET SINGH	<u> </u>	<u> </u>
5	88201164723048	JDILRAJ SINGH	<u> </u>	<u> </u>
6	88201164723049	GURSEWAK SINGH	<u> </u>	<u> </u>
7	88201164723051	GURTEJ SINGH	<u> </u>	<u> </u>
8	88201164723052	JGURTEJ SINGH	<u> </u>	<u> </u>
9	88201164723055	JASKARAN SINGH	<u> </u>	<u> </u>
10	88201164723057	KARISHAN KUMAR	<u> </u>	<u> </u>
11	88201164723058	LOVEPREET SINGH	<u> </u>	<u> </u>
12	88201164723059	MANINDERPAL SINGH PAN		L
13	88201164723061	RAJINDER SINGH	<u> </u>	

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

88201164723064 | TARANVEER SINGH DHALI'

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

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 617 / MECHANIC DIESEL ENGINE Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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Name of the Deputy Controller

Signature of the Deputy Controller

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Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 617 / MECHANIC DIESEL ENGINE Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88201164722039	SALEEM MOHD	<u> </u>	L
2	88201164723041	AKASHDEEP SINGH		L
3	88201164723045	ANSHPREET SINGH		L
4	88201164723048	DILRAJ SINGH		L
5	88201164723049	GURSEWAK SINGH		
6	88201164723051	GURTEJ SINGH		
7	88201164723052	GURTEJ SINGH		
8	88201164723055	JASKARAN SINGH		
9	88201164723057	KARISHAN KUMAR		
10	88201164723058	LOVEPREET SINGH		
11	88201164723059	MANINDERPAL SINGH PAN		
12	88201164723061	RAJINDER SINGH		

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

88201164723064 | TARANVEER SINGH DHALI'

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

Center Name: 1413 / INDUSTRIAL

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 617 / MECHANIC DIESEL ENGINE Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

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Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 617 / MECHANIC DIESEL ENGINE Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88201164723041	JAKASHDEEP SINGH		
2	88201164723045	ANSHPREET SINGH		<u> </u>
3	88201164723048	DILRAJ SINGH		<u> </u>
4	88201164723049	GURSEWAK SINGH	<u> </u>	<u> </u>
5 	88201164723051	GURTEJ SINGH	<u> </u>	<u> </u>
6	88201164723052	GURTEJ SINGH	<u> </u>	<u> </u>
7	88201164723055	JASKARAN SINGH	<u> </u>	<u> </u>
8	88201164723057	KARISHAN KUMAR	<u> </u>	<u> </u>
9	88201164723058	LOVEPREET SINGH	<u> </u>	<u> </u>
10	88201164723059	MANINDERPAL SINGH PAN	<u> </u>	<u> </u>
11 	88201164723061	RAJINDER SINGH	<u> </u>	<u> </u>
12	88201164723064	TARANVEER SINGH DHALI	I	I

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 617 / MECHANIC DIESEL ENGINE Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA Center Name: Course : 654 / MACHINIST Class: Second 44441 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88222230220110 | RAJU VERMA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA Course : 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88218264722053 | GURKARAN 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

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

Name of the Deputy Controller

Signature of the Deputy Controller

Signature of the Superintendent

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

Name of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name:

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: First

44434 / EMPLOYBILITY SKILL Subject:

Name of the Controller

5.NO	Rega. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88218264722053	GURKARAN SINGH	<u> </u>	<u> </u>		
2	88218264722054	GURMUKH SINGH	L			
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (abc hav her	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	ure of the Invigilator		
	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Nam	ne of the Superintender	nt	Si gnat	ure of the Superintendent		
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Nam	ne of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		

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

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218264720058	_J MADHAV KUMAR	<u> </u>	<u> </u>
2	88218264720063	RAMANDEEP SINGH KALIA	<u> </u>	<u> </u>
3	88218264721124	SAHIL	<u> </u>	<u> </u>
4	88218264722045	JANKUSH KUMAR GIRI	<u> </u>	L
5	88218264722047	ARSHDEEP SINGH	<u> </u>	L
6	88218264722050	GAGANDEEP SINGH	<u> </u>	<u> </u>
7	88218264722052	GURJOT SINGH	<u> </u>	<u> </u>
8	88218264722053	GURKARAN SINGH	<u> </u>	L
9	88218264722054	GURMUKH SINGH	<u> </u>	<u> </u>
10	88218264722064	SATVEER SINGH	<u> </u>	<u> </u>
11	88218264722068	SURINDER SINGH		L

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: Second Subject: 44441 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218264720058	JMADHAV KUMAR	<u> </u>	<u> </u>
2	88218264720063	RAMANDEEP SINGH KALIA		L
3	88218264721111	ANSOOL KUMAR		L
4	88218264721124	SAHIL		<u> </u>
5	88218264722045	ANKUSH KUMAR GIRI		<u> </u>
6	88218264722047	ARSHDEEP SINGH		
7	88218264722050	GAGANDEEP SINGH		L
8	88218264722052	GURJOT SINGH		<u> </u>
9	88218264722053	GURKARAN SINGH		<u> </u>
10	88218264722054	GURMUKH SINGH		
11	88218264722064	SATVEER SINGH		<u> </u>
12	88218264722068	SURINDER SINGH		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA
Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: Second
Subject: 44444 / EMPLOYBILITY SKILL

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

Undertaking

Undertaki

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: Second

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218264722045	JANKUSH KUMAR GIRI		
2	88218264722047	ARSHDEEP SINGH		1
3	88218264722050	GAGANDEEP SINGH		1
4	88218264722052	GURJOT SINGH		
5 <u> </u>	88218264722053	GURKARAN SINGH		1
6	88218264722054	GURMUKH SINGH		1
7	88218264722064	SATVEER SINGH		1
8	88218264722068	SURINDER SINGH	[I
Tota	al No. Of Students in al No. Of Answer Sho ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (Na above have herel	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha not be entitled for	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
				ture of the Invigilator
l ha fille	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 gnat	ture of the Superintendent
l ha fille	ve conducted 10% randed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	ol I er	Si gnat	ture of the Deputy Controller
l ha	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA

Course : 679 / OPERATOR ADVANCE MACHINE TOOL

Class: Second

44441 / TRADE THEORY Subject:

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88284230222003 | ARSHDEEP SINGH $88284230222008_{\mathsf{I}}\mathsf{RAJINDER}$ SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA Center Name:

Course : 679 / OPERATOR ADVANCE MACHINE TOOL

Class: Second

44444 / EMPLOYBILITY SKILL Subject:

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88284230222003 | ARSHDEEP SINGH $88284230222008_{\mathsf{I}}\mathsf{RAJINDER}$ SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1413 / INDUSTRIAL TRAINING INSTITUTE, MALERKOTLA Center Name:

Course : 679 / OPERATOR ADVANCE MACHINE TOOL

Class: Second

44445 / PRACTICAL Subject:

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88284230222003 | ARSHDEEP SINGH 88284230222008 | RAJINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227239623001 | ARSHDEEP SINGH 88227239623007 JASPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88227239623001	ARSHDEEP SINGH				
2	88227239623007	JASPREET SINGH				
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
have	e appeared under my su	(Designation)_ gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	e been filled and sh	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.		
			Si gna	ture of the Invigilator		
	ve conducted 20% rand ed correctly as per i		f the said examinati	on and found that particulars have been		
Name	of the Superintender	nt	Si gna	ture of the Superintendent		
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	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 August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88227239623001 | ARSHDEEP SINGH 88227239623007 JASPREET 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.

Signature of the Controller

Name Of Invigilator

Name of the Controller

No. Of Students On This Page >> Present>>

Signature Of Invigilator

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231239622002	BIMALPREET SINGH	<u> </u>	L
2	88231239622003	_] DEEPAK	<u> </u>	L
3	88231239622009	JAGSEER SINGH	<u> </u>	L
4	88231239623008	_J AVTAR SINGH	<u> </u>	L
5	88231239623010	DALJEET SINGH	<u> </u>	L
6	88231239623011	GURBAKHSISH SINGH	<u> </u>	L
7	88231239623012	GURPREET SINGH	<u> </u>	L
8	88231239623013	_J HAPPY SINGH	<u> </u>	L
9	88231239623014	HARPREET SINGH	<u> </u>	L
10	88231239623015	JAGGA SINGH	<u> </u>	L
11	88231239623016	JASKARAN SINGH	<u> </u>	L
12	88231239623017	KARAMJEET KHAN	<u> </u>	L
13	88231239623019	KARANPREET SINGH	<u></u>	L
14	88231239623020	JKULWANT SINGH	<u> </u>	L
15	88231239623022	LAKHWINDER RAM	<u> </u>	L
16	88231239623024	PARMINDER SINGH	<u> </u>	L
17	88231239623025	SANDEEP SINGH	<u> </u>	L
18	88231239623026	JSEWAK SINGH	<u></u>	<u> </u>
19	88231239623027	SUMANPREET SINGH	<u></u>	
				·

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM
Course: 132 / ELECTRICIAN Class: First

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

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

44431 / TRADE THEORY

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Subject:

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231239622002	BIMALPREET SINGH	<u> </u>	
2	88231239623008	_J AVTAR SINGH	<u> </u>	<u>L</u>
3	88231239623010	DALJEET SINGH	<u> </u>	<u>L</u>
4	88231239623011	GURBAKHSISH SINGH	<u> </u>	<u>L</u>
5	88231239623012	GURPREET SINGH	<u> </u>	<u>L</u>
6	88231239623013	_J HAPPY SINGH	<u> </u>	L
7	88231239623014	HARPREET SINGH	<u> </u>	L
8	88231239623015	JAGGA SINGH	<u> </u>	L
9	88231239623016	JASKARAN SINGH	<u> </u>	L
10	88231239623017	KARAMJEET KHAN	<u> </u>	L
11	88231239623019	KARANPREET SINGH	<u> </u>	L
12	88231239623020	KULWANT SINGH	<u> </u>	L
13	88231239623022	LAKHWINDER RAM		L
14	88231239623024	PARMINDER SINGH	<u> </u>	L
15	88231239623025	SANDEEP SINGH	<u> </u>	L
16	88231239623026	SEWAK SINGH	<u></u>	<u> </u>
17	88231239623027	SUMANPREET SINGH	<u></u>	

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

Name and Signature Of Incharge

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

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231239623008	_J AVTAR SINGH		
2	88231239623010	DALJEET SINGH	<u> </u>	<u> </u>
3	88231239623011	GURBAKHSISH SINGH	<u> </u>	<u> </u>
4	88231239623012	GURPREET SINGH	<u> </u>	<u></u>
5	88231239623013	HAPPY SINGH	<u> </u>	<u> </u>
6	88231239623014	HARPREET SINGH	<u> </u>	
7	88231239623015	JAGGA SINGH	<u> </u>	<u> </u>
8	88231239623016	JASKARAN SINGH	<u> </u>	<u> </u>
9	88231239623017	KARAMJEET KHAN		<u> </u>
10	88231239623019	KARANPREET SINGH		<u> </u>
11	88231239623020	KULWANT SINGH		<u> </u>
12	88231239623022	LAKHWINDER RAM		
13	88231239623024	PARMINDER SINGH		
14		SANDEEP SINGH		
15	88231239623026	SEWAK SINGH		
16	88231239623027	SUMANPREET SINGH		

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

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

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231239622002	BIMALPREET SINGH	<u> </u>	<u></u>
2	88231239622003	DEEPAK	<u> </u>	<u></u>
3	88231239622004	GURPREET SINGH	<u> </u>	<u></u>
4	88231239622006	HARASHPREET SINGH	<u> </u>	<u></u>
5 	88231239622008	INDERJEET SINGH	<u> </u>	<u></u>
6	88231239622009	JAGSEER SINGH	<u> </u>	<u> </u>
7	88231239622010	JASPREET SINGH	<u> </u>	L
8	88231239622012	KRISHAN SINGH	<u> </u>	L
9	88231239622014	MUKESH KUMAR	<u> </u>	<u> </u>
10	88231239622018	SONU	<u> </u>	L
11	88231239622020	VISHAL KUMAR	<u> </u>	

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

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

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

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231239622002	BIMALPREET SINGH	<u> </u>	
2	88231239622003	_J DEEPAK	<u> </u>	L
3	88231239622004	GURPREET SINGH	<u> </u>	L
4	88231239622006	HARASHPREET SINGH	<u> </u>	L
5	88231239622008	INDERJEET SINGH	<u> </u>	L
6	88231239622009	JAGSEER SINGH		L
7	88231239622010	JASPREET SINGH	<u> </u>	L
8	88231239622012	KRISHAN SINGH	<u> </u>	L
9	88231239622014	MUKESH KUMAR		L
10	88231239622018	SONU		
11	88231239622020	 -VISHAL KUMAR	1	

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

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

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231239622002	BIMALPREET SINGH	<u> </u>	<u> </u>
2	88231239622003	DEEPAK	<u> </u>	L
3	88231239622004	GURPREET SINGH	<u> </u>	L
4	88231239622006	HARASHPREET SINGH	<u> </u>	L
5 	88231239622008	INDERJEET SINGH	<u> </u>	L
6	88231239622009	JAGSEER SINGH	<u> </u>	L
7	88231239622010	JASPREET SINGH	<u> </u>	L
8	88231239622012	KRISHAN SINGH	<u> </u>	L
9	88231239622014	MUKESH KUMAR	<u> </u>	L
10	88231239622018	SONU	<u> </u>	L
11	88231239622020	VISHAL KUMAR	<u> </u>	L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Subject: 17511 / PRINCIPLE OF EDUCATION

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88175133122002	AMANPREET KAUR	<u> </u>		
2	88175133122009	NISHA RANI	<u> </u>		
3	88175133122015	SANDEEP KAUR	<u> </u>	<u> </u>	
4	88175133122017	SANDEEP KAUR	<u> </u>	<u> </u>	
5	88175133122018	SANDEEP KAUR	<u> </u>		
6	88175133122019	SARABJEET KAUR	<u> </u>	<u> </u>	
7	88175133122020	SHARNJEET KAUR	<u> </u>	<u> </u>	
8	88175133122022	SUMAN. BAI		I	
Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng		
I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
	Signature of the Invigilator				
I have conducted 20% random checking of the OMR 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 hav fille	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have beer filled correctly as per instructions.				
Name of the Deputy Controller		Si gnat	ture of the Deputy Controller		
l ha	ave conducted 5% ranc ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Name	of the Controller		Si gnat	ture of the Controller	

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM Course : 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17512 / TRADE THEORY Subject: Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88175133122022 | SUMAN. BAI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of

filled correctly as per instructions.

Name of the Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 268 / WELDER (GMAW AND GTAW)

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88268139623028	AKASHPREET SINGH	<u> </u>			
2	88268139623029	JAMRITPAL SINGH	L			
3	88268139623034	HARJINDER SINGH CHAHA	L			
4	88268139623036	JAGSIR SINGH	<u> </u>			
5	88268139623038	KARAN SINGH	<u> </u>			
6	88268139623039	KULWINDER SINGH	<u> </u>			
7	88268139623041	PARMINDER SINGH				
8	88268139623042	RAHUL JINDAL				
9	88268139623043	ROHTAS 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					
	ve conducted 20% rand ed correctly as per i		the said examination	on and found that particulars have been		
Name	Name of the Superintendent Signature of the Superintendent					
I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
Name	Name of the Deputy Controller Signature of the Deputy Controller					
	I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					

Signature of the Controller

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

268 / WELDER (GMAW AND GTAW)

Course: Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.				
1	88268139623028	JAKASHPREET SINGH	<u> </u>	<u> </u>				
2	88268139623029	JAMRITPAL SINGH	<u> </u>	<u> </u>				
3	88268139623034	HARJINDER SINGH CHAHA	<u> </u>	<u>L</u>				
4	88268139623036	JAGSIR SINGH	<u> </u>	<u>L</u>				
5	88268139623038	KARAN SINGH	<u> </u>	L				
6	88268139623039	KULWINDER SINGH	<u> </u>	<u>L</u>				
7	88268139623041	PARMINDER SINGH	<u> </u>	<u>L</u>				
8	88268139623042	RAHUL JINDAL	<u> </u>	L				
9	88268139623043	ROHTAS SINGH		L				
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge							
			Undertaki ng					
I (abo hav her	Name)_ ve examination as Invi e appeared under my so eby undertake that if	(Designation) igilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	hked 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				
	ave conducted 20% rand Led correctly as per i		the said examinatio	n and found that particulars have been				
Nam	e of the Superintende	nt	Si gnat	ure of the Superintendent				
	ave conducted 10% rand led correctly as per i		the said examinatio	n and found that particulars have been				
	e of the Deputy Contro		Si gnat	ure of the Deputy Controller				
	have conducted 5% rand Led correctly as peri		the said examinatio	n and found that particulars have been				

Signature of the Controller

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 Center Name:

1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course:

268 / WELDER (GMAW AND GTAW)

44435 / PRACTICAL Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88268139623028 | AKASHPREET SINGH 88268139623029 _| AMRITPAL SINGH 3 88268139623034 | HARJINDER SINGH CHAHA 88268139623036 _| JAGSIR SINGH 5 88268139623038 | KARAN SINGH 88268139623041 | PARMINDER SINGH 88268139623042 _| RAHUL JINDAL 88268139623043 | ROHTAS 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

filled correctly as per instructions.

Answer Sheet No.

Student's Sign.

Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1

Subject:

S.No

Name Of the Student

1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM Center Name:

88212139623044 _| AKASHDEEP SINGH

660 / WELDER

Regd. No.

Course: Class: First 44431 / TRADE THEORY

3 88212139623051 | HARPREET SINGH 88212139623053 | JAGTAR SINGH 5 88212139623055 | KARANVEER SINGH 88212139623057 | LOVEPREET SINGH 88212139623059 | MANPREET SINGH 88212139623060 | NINDERPAL SINGH 88212139623061 | RISHI 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.

Class: First

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 660 / WELDER

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212139623044 _| AKASHDEEP SINGH 3 88212139623051 | HARPREET SINGH 88212139623053 | JAGTAR SINGH 5 88212139623055 | KARANVEER SINGH 88212139623057 | LOVEPREET SINGH 88212139623059 | MANPREET SINGH 88212139623060 | NINDERPAL SINGH 88212139623061 | RISHI 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. Name of the Controller Signature of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 660 / WELDER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212139623044	AKASHDEEP SINGH	1	<u> </u>
2	88212139623046	BALBHADAR SINGH		<u> </u>
3	88212139623051	HARPREET SINGH		<u> </u>
4	88212139623053	JAGTAR SINGH		<u> </u>
5	88212139623055	KARANVEER SINGH		<u> </u>
6	88212139623057	LOVEPREET SINGH	<u> </u>	<u> </u>
7	88212139623059	MANPREET SINGH	<u> </u>	<u> </u>
8	88212139623060	NINDERPAL SINGH	<u> </u>	<u> </u>
9	88212139623061	RISHI KUMAR SHARMA		I
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (Nabove have here	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	cked and ensured that be 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 gnat	ture of the Invigilator
	ve conducted 20% rand ed correctly as per i		f the said examinatio	on and found that particulars have been
Name	of the Superintender	t	Si gnat	ture of the Superintendent
I have conducted 10% random checking of the OMR sheet of filled correctly as per instructions.		f the said examination	on and found that particulars have been	
Name	of the Deputy Contro	ller	Si gnat	ture of the Deputy Controller
l h	ave conducted 5% ranc 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 Controller		Si gnat	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

17055 / CRAFT(T) Subject:

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370234221009 | MEHAKPREET SINGH 88370234222002 | GURNOOR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17073 / GEOMETRICAL DRAWING

S.	No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1		88370234220015	ROHIT THAPAR			
2		88370234221009	MELIAKODEET CINCU			
3		88370234222002	GURNOOR	<u> </u>		
4		88370234222004	RAJVEER KAUR	<u> </u>		
	Total No. Of Students in this Subject > Present: Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also					
	TICI C	by under take that IT	any mistakes are found, I will r		ure of the Invigilator	
	l ha fill	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
	Name	e of the Superintenden	t	Si gnatı	ure of the Superintendent	
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
	Name	e of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller	
	l h fill	nave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
	Name	e of the Controller		Si gnatı	ure of the Controller	

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70051 / PAINTING

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370234222002	GURNOOR		L		
	88370234222004			<u></u>		
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
have	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	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 examinatio	on and found that particulars have been		
Name	of the Superintender	nt	Si gnat	ture of the Superintendent		
	ve conducted 10% rand ed correctly as per i		f the said examinatio	on and found that particulars have been		
Name	of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller		
	nave conducted 5% ranc ed correctly as per i		f the said examinatio	on and found that particulars have been		

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70055 / CRAFT(T)

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370234222002	GURNOOR			
	88370234222004				
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge				
			Undertaki ng		
I (Name) hereby certify that I have conducted above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I a hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.				naded correctly in the OMR sheets. I also	
			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 instructions.	of the said examinati	on and found that particulars have been	
Name	e of the Deputy Contr	oller	Si gna	ature of the Deputy Controller	

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

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

70056 / CRAFT(P) Subject:

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370234222002 | GURNOOR 88370234222004 | RAJVEER KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370234222002	JGURNOOR				
2	88370234222004					
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
nav	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gna	ture of the Invigilator		
l h fil	ave conducted 20% randled correctly as per	dom checking of the OMR sheet of instructions.	f the said examination	on and found that particulars have been		
Nam	e of the Superintender	nt	Si gna	ture of the Superintendent		
l h fil	ave conducted 10% rand led correctly as per	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been		
Nam	e of the Deputy Contro	ol I er	Si gna	ture of the Deputy Controller		
	have conducted 5% rand Led correctly as peri		f the said examination	on and found that particulars have been		

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of 1 Center Name:

1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.N	o		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		<u> </u>	88370234220015	ROHIT THAPAR	<u> </u>	<u> </u>
2		L	88370234221005	JKAMALJEET KAUR	L	L
3		L	88370234221009	JMEHAKPREET SINGH		L
4		L	88370234222002	GURNOOR		L
5		<u> </u>	88370234222004	RAJVEER KAUR	<u> </u>	L
I al ha	Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also					
ha ha	ere	e ap eby	peared under my su undertake that if	upervision in today's exam, have any mistakes are found, I will u	been filled and sha not be entitled for	ded correctly in the OMR sheets. I also any remuneration.
I	ha	ave	conducted 20% rand	dom checking of the OMR sheet of	G	ure of the Invigilator n and found that particulars have been
			correctly as per i the Superintender		Signat	ure of the Superintendent
ı	ha	ave	•	dom checking of the OMR sheet of	-	n and found that particulars have been
			the Deputy Contro		Si gnat	ure of the Deputy Controller
f	h	nave ed	conducted 5% rand	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Na	ame	e of	the Controller		Si gnat	ure of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: Second

70072 / COMMERCIAL ART Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88370234222002	GURNOOR					
2	88370234222004						
То	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng				
have	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
	Signature of the Invigilator						
	I have 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 Superintender	nt	Si gna	ture of the Superintendent			
l ha fill	ave conducted 10% rand led correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been			

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

Name of the Deputy Controller

Signature of the Controller

Signature of the Deputy Controller

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370234221004	HARPREET KAUR	<u> </u>	
2	88370234221005	KAMALJEET KAUR	<u> </u>	
3	88370234221009	MEHAKPREET SINGH	L	L
4	88370234222002	GURNOOR	L	L
5				<u> </u>
I (N	me and Signature Of Jame) Ve examination as Invited appeared under my su	(Designation) gilator. I have personally check	ked and ensured that	nereby certify that I have conducted the t particulars of all the students who ended correctly in the OMR sheets. I also
have here	e appeared under my su eby undertake that if	pervision in today's exam, have any mistakes are found, I will n	been filled and sha not be entitled for	aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Controller		Si gnat	ture of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

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

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

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370234222002 | GURNOOR 88370234222004 | RAJVEER KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70075 / PROJECT

Name of the Controller

S.No	Regd. No. Name Of the Student Answer Sheet No. Student's Sign.
1	88370234222002 GURNOOR
2	
Т	otal No. Of Students in this Subject > Present : Absent: otal No. Of Answer Sheets Packed > ame and Signature Of Incharge
	Undertaki ng
ha	Name) hereby certify that I have conducted the byce examination as Invigilator. I have personally checked and ensured that particulars of all the students who be appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also be undertake that if any mistakes are found, I will not be entitled for any remuneration.
	Signature of the Invigilator
	have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been led correctly as per instructions.
Na	ne of the Superintendent Signature of the Superintendent
l fi	have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been led correctly as per instructions.
Na	ne of the Deputy Controller Signature of the Deputy Controller
	have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been led correctly as per instructions.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 1414 / INDUSTRIAL TRAINING INSTITUTE, SUNAM

PAGE: 1 of

Name of the Controller

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

70082 / COMPUTER AWARENESS & GRAPHICS (P) Subject:

Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88370234222002 | GURNOOR 88370234222004 | RAJVEER KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1433 / INDUSTRIAL TRAINING INSTITUTE (W) , MOONAK Center Name:

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

17073 / GEOMETRICAL DRAWING Subject:

PAGE: 1 of

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88370233521001	JASPREET KAUR					
2	88370233521006	JVIDYA NAND					
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng				
have	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I als hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
	Signature of the Invigilator						
l ha fill	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
Name	of the Superintender	nt	Si gna	ature of the Superintendent			
	ve conducted 10% rand ed correctly as per i		of the said examinati	on and found that particulars have been			

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1433 / INDUSTRIAL TRAINING INSTITUTE (W) , MOONAK Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70051 / PAINTING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370233522001 | GURVINDER 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: 1433 / INDUSTRIAL TRAINING INSTITUTE (W) , MOONAK Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70055 / CRAFT(T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370233522001 | GURVINDER KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of

filled correctly as per instructions.

Center Name: 1433 / INDUSTRIAL TRAINING INSTITUTE (W) , MOONAK Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70056 / CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370233522001 | GURVINDER KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of

filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1433 / INDUSTRIAL TRAINING INSTITUTE (W) , MOONAK Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70070 / EDUCATIONAL PSYCHOLOGY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370233522001 | GURVINDER KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

1433 / INDUSTRIAL TRAINING INSTITUTE(W), MOONAK Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.	.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88370233520002	GURPREET SINGH		<u></u>
2		88370233521001	JASPREET KAUR		
3		88370233521005	SUKHVIR KAUR		<u> </u>
4		88370233521006	MIDMA NAME		L
5		88370233522001	GURVINDER KAUR	<u> </u>	
	Tot	al No. Of Students in al No. Of Answer She ne and Signature Of		ent:	
	· •ai	no and orginataro or	mona.go		
				Undertaki ng	
	I (N abov have here	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally check pervision in today's exam, have any mistakes are found, I will m		ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
				Si gnati	ure of the Invigilator
	l ha fill	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
	Name	of the Superintenden	t	Si gnati	ure of the Superintendent
	I ha fill	ve conducted 10% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
	Name	of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller
	l h fill	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
	Name	of the Controller		Si gnati	ure of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1433 / INDUSTRIAL TRAINING INSTITUTE (W) , MOONAK Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70072 / COMMERCIAL ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370233522001 | GURVINDER 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 August' 2024 EXAMS -SCVT

Center Name: 1433 / INDUSTRIAL TRAINING INSTITUTE (W) , MOONAK

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.	.No Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370233521001	JASPREET KAUR			
2	88370233521005	CHKIMD KATID			
3	88370233521006	NUDYA MAND			
4	88370233522001	CHDVINDED KALID			
	Total No. Of Students in this Subject > Present: Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.				
		Signature of the Invigilator			
	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name of the Superintendent		Signature of the Superintendent			
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
	Name of the Deputy Controller		Signature of the Deputy Controller		
	I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
	Name of the Controller		Si gnati	ure of the Controller	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1433 / INDUSTRIAL TRAINING INSTITUTE (W) , MOONAK Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70074 / TEACHING OF ART & CRAFT (P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. $88370233522001_{\mathsf{I}}\mathsf{GURVINDER}$ KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 1433 / INDUSTRIAL TRAINING INSTITUTE (W) , MOONAK Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70075 / PROJECT Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370233522001 | GURVINDER 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: 1433 / INDUSTRIAL TRAINING INSTITUTE (W) , MOONAK Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70082 / COMPUTER AWARENESS & GRAPHICS (P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370233522001 | GURVINDER 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

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ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 1 of

Signature of the Controller

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

filled correctly as per instructions.