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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 125 / WIREMAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88232290723001	AKASHDEEP SINGH	<u> </u>	L
2	88232290723003	ANIKET THAKUR	L	L
3	88232290723004	DHARMINDER SINGH	L	L
4	88232290723006	GURDEEP SINGH	L	L
5 	88232290723008	JGURPAL SINGH	L	L
6	88232290723009	GURPREET SINGH	L	L
7	88232290723011	JASHANDEEP SINGH	<u> </u>	L
8	88232290723012	JASHANDEEP SINGH	L	L
9	88232290723013	KARAMPREET SINGH	L	L
10	88232290723014	_] KRISH	L	L
11	88232290723015	LOVEPREET SINGH	L	L
12	88232290723016	PARAMPREET SINGH	L	L
13	88232290723017	PRINCEPAL SINGH	<u> </u>	L
14	88232290723018	_] RAM	<u> </u>	L
15	88232290723020	JVISHALDEEP SINGH	<u> </u>	L
16	88232291023002	ANGREJ SINGH	<u> </u>	L
17	88232291023003	JARUN KUMAR	<u> </u>	L
18	88232291023004	_J AZIZ SINGH	L	L
19	88232291023005	DAVINDER SINGH	 	<u></u>
20	88232291023007	GURWINDER SINGH		
21	88232291023009	KARAN KUMAR		

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

PAGE: 2 of 2

Center Name : 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 125 / WIREMAN

Class: First Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88232291023011	_J MALKIT SINGH	<u> </u>	L
23	88232291023012	MANBIR SINGH GILL	<u> </u>	L
24	88232291023013	_J MANDEEP SINGH	<u> </u>	L
25	88232291023014	_J MANJIT SINGH	<u> </u>	L
26	88232291023015	_J MANSEWAK SINGH		<u> </u>
27	88232291023017	SAHIB SINGH		<u> </u>
28	88232291023018	SUKHDEV SINGH		<u> </u>
29	88232291023019	VARINDER SINGH		<u> </u>
30	88232291023020	VISHAL		<u> </u>
Tot	al No. Of Students in al No. Of Answer Sho me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (N abov have here	lame) re examination as Invi e appeared under my su by undertake that if	(Designation) gilator. I have personally 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	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
	ve conducted 20% rand ed correctly as per i		the said examinatio	on and found that particulars have been
Name	of the Superintender	nt	Si gnat	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 examinatio	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
	ave conducted 5% rand ed correctly as per i		the said examinatio	on and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 125 / WIREMAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88232290723001	JAKASHDEEP SINGH	<u> </u>	<u> </u>
2	88232290723003	JANIKET THAKUR	<u> </u>	L
3	88232290723004	DHARMINDER SINGH	<u> </u>	L
4	88232290723006	GURDEEP SINGH	<u> </u>	L
5 	88232290723008	JGURPAL SINGH	<u> </u>	L
6	88232290723009	GURPREET SINGH	<u> </u>	L
7	88232290723011	JASHANDEEP SINGH	<u></u>	L
8	88232290723012	JASHANDEEP SINGH	<u> </u>	L
9	88232290723013	KARAMPREET SINGH	<u> </u>	L
10	88232290723014	_] KRISH	<u> </u>	L
11	88232290723015	LOVEPREET SINGH	<u> </u>	L
12	88232290723016	PARAMPREET SINGH	<u> </u>	L
13	88232290723017	PRINCEPAL SINGH	<u></u>	L
14	88232290723018	_J RAM	<u></u>	L
15	88232290723020	JVISHALDEEP SINGH	<u></u>	L
16	88232291023002	ANGREJ SINGH	<u> </u>	L
17 	88232291023003	JARUN KUMAR	<u> </u>	L
18	88232291023004	AZIZ SINGH	<u> </u>	L
19	88232291023005	DAVINDER SINGH	<u> </u>	
20	88232291023007	GURWINDER SINGH	<u> </u>	<u></u>
21	88232291023009	KARAN KUMAR	<u> </u>	L
				

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

PAGE: 2 of 2

Center Name : 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 125 / WIREMAN

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88232291023011	MALKIT SINGH				
23	88232291023012	MANBIR SINGH GILL		<u> </u>		
24	88232291023013	MANDEEP SINGH		L		
25	88232291023014	MANJIT SINGH		L		
26	88232291023015	MANSEWAK SINGH	<u> </u>	<u></u>		
27	88232291023017	SAHIB SINGH		<u> </u>		
28	88232291023018	SUKHDEV SINGH		L		
29	88232291023019	VARINDER SINGH		<u> </u>		
30	88232291023020	VISHAL	<u> </u>	<u></u>		
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (N abov have here	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnati	ure of the Invigilator		
	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	of the Superintender	nt	Si gnati	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 examination	n and found that particulars have been		
Name	of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller		

I have conducted 5% 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 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 125 / WIREMAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88232290723001	AKASHDEEP SINGH	<u> </u>	<u> </u>
2	88232290723003	ANIKET THAKUR	<u> </u>	L
3	88232290723004	DHARMINDER SINGH	<u> </u>	L
4	88232290723006	GURDEEP SINGH	<u> </u>	L
5	88232290723008	GURPAL SINGH	<u> </u>	L
6	88232290723009	GURPREET SINGH	<u> </u>	L
7	88232290723011	JASHANDEEP SINGH	<u> </u>	L
8	88232290723012	JASHANDEEP SINGH	<u> </u>	L
9	88232290723013	KARAMPREET SINGH	<u> </u>	L
10	88232290723014	KRISH	<u> </u>	L
11	88232290723015	LOVEPREET SINGH		L
12	88232290723016	PARAMPREET SINGH		L
13	88232290723017	PRINCEPAL SINGH	<u> </u>	L
14	88232290723018	_] RAM	<u> </u>	L
15	88232290723020	VISHALDEEP SINGH	<u> </u>	L
16	88232291023002	ANGREJ SINGH	<u> </u>	L
17	88232291023003	JARUN KUMAR		L
18	88232291023004	AZIZ SINGH		L
19	88232291023005	DAVINDER SINGH	<u></u>	<u></u>
20	88232291023007	GURWINDER SINGH	<u></u>	
21	88232291023009	KARAN KUMAR	<u> </u>	
			·	

Class: First

Signature of the Controller

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

PAGE: 2 of 2 Center Name :

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course:

125 / WIREMAN

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88232291023011	_J MALKIT SINGH	<u> </u>	<u> </u>		
23	88232291023012	MANBIR SINGH GILL	<u> </u>	L		
24	88232291023013	MANDEEP SINGH				
25	88232291023014	_J MANJIT SINGH	<u> </u>	L		
26	88232291023015	_J MANSEWAK SINGH		<u> </u>		
27	88232291023017	SAHIB SINGH		<u> </u>		
28	88232291023018	SUKHDEV SINGH				
29	88232291023019	VARINDER SINGH		<u> </u>		
30	88232291023020	VISHAL		I		
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) (Designation) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	ure of the Invigilator		
l ha fill	ive conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent		
l ha fill	ive conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l h fill	I have conducted 5% random 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 : 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 128 / FITTER Class: First

Subject: 44431 / TRADE THEORY

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1		88227298023002	JGURSAJAN SINGH	<u></u>	L	
2					L	
3			DD ADULIOT CINICII		L	
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	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and 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 fi	have Hee	e conducted 20% rand d correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been	
Na	me d	of the Superintende	nt	Si gnat	ure of the Superintendent	
l fi	have He	e conducted 10% rand d correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been	
Na	me d	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller	
l fi	hav H e	ve conducted 5% rand d correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been	
Na	me d	of the Controller		Si gnat	ure of the Controller	

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

Center Name : 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

<u>٠</u> .	.No Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88227298023002	JGURSAJAN SINGH	<u> </u>			
2	88227298023005	PARMINDER SINGH	<u> </u>			
3	88227298023006	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.					
			Si gnati	ure of the Invigilator		
	I have conducted 20% rand filled correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Superintender	nt	Si gnati	ure of the Superintendent		
	I have conducted 10% rand filled correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller		
	I have conducted 5% rand filled correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Controller		Si gnati	ure of the Controller		

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88227298023002	GURSAJAN SINGH	<u> </u>	1		
2				<u></u>		
3						
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking					
abò	Name) ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that	nereby certify that I have conducted the particulars of all the students who added correctly in the OMR sheets. I also any remuneration.		
			Si gnat	cure of the Invigilator		
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	e of the Superintender	nt	Si gnat	cure 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	cure of the Deputy Controller		
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	e of the Controller		Si gnat	cure of the Controller		

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 143 / DRAUGHTSMAN (CIVIL)

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88217298023009	ANCHAL RANI	<u> </u>			
2	88217298023010	ARSHDEEP SINGH	<u> </u>			
3	88217298023011	GURSAHIB SINGH	<u> </u>	<u> </u>		
4	88217298023014	HARMANJIT SINGH	<u> </u>	<u> </u>		
5	88217298023018	KHUSHBOO	<u> </u>	<u> </u>		
6	88217298023020	NAVDEEP SINGH	<u> </u>	<u> </u>		
7	88217298023023	SUKHJINDER SINGH		<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 the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	cure of the Invigilator		
l ha fill	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	e of the Superintender	nt	Si gnat	cure of the Superintendent		
	ave conducted 10% rand ed correctly as per i		the said examination	on and found that particulars have been		
Name	e of the Deputy Contro	oller	Si 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 of 1 Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 143 / DRAUGHTSMAN (CIVIL) Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88217298023009	ANCHAL RANI				
2	88217298023010	ARSHDEEP SINGH				
3	88217298023011	GURSAHIB SINGH	<u> </u>	L		
4	88217298023014	HARMANJIT SINGH	<u></u>	L		
5	88217298023018	KHUSHBOO	<u></u>	L		
6	88217298023020	NAVDEEP SINGH	<u></u>	L		
7	88217298023023	SUKHJINDER SINGH	<u> </u>	L		
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (N abov have here	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	ure of the Invigilator		
l ha fill	ive conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	e of the Superintender	t	Si gnat	ure of the Superintendent		
I ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
	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	rure of the Controller		

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 143 / DRAUGHTSMAN (CIVIL)

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88217298023009	ANCHAL RANI			
2	88217298023010	ARSHDEEP SINGH	<u> </u>	1	
3	88217298023011	GURSAHIB SINGH	L	1	
4	88217298023014	HARMANJIT SINGH	<u> </u>	1	
5	88217298023018	KHUSHBOO	<u> </u>	1	
6	88217298023020	NAVDEEP SINGH	<u> </u>	1	
7	88217298023023	SUKHJINDER SINGH		1	
Tot	cal No. Of Students in cal No. Of Answer She me and Signature Of		ent:		
			Undertaki ng		
I (N abov have here	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.				
			Si gnat	ture of the Invigilator	
l ha fill	ive conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Name	e of the Superintender	t	Si gnat	ture of the Superintendent	
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	e of the Deputy Contro	ller	Si gnat	ture of the Deputy Controller	
	nave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been	
Name	e of the Controller		Si gnat	ture of the Controller	

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

Center Name : 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 143 / DRAUGHTSMAN (CIVIL) Class: Second

Subject: 44441 / TRADE THEORY

S.No 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88224298022014	ONKAR SINGH	<u> </u>	<u> </u>
2	88224298022020	SIMRANPREET KAUR		L
3	88224298022021	SUKHBIR SINGH	<u> </u>	<u> </u>
4	88224298022022	TEJBEER SINGH	<u> </u>	L
5	88224298022023	UDAYBEER SINGH		<u> </u>
6	88224298022024	YATIN MEHRA		
Na I (I abov	tal No. Of Answer She ime and Signature Of Name) ve examination as Invi	Incharge (Designation) gilator. I have personally chec pervision in today's exam, have	ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who eded correctly in the OMR sheets. I also
here	eby undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
l ha fill	ave conducted 20% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	9	rure of the Invigilator on and found that particulars have been
Name	e of the Superintenden	t	Si gnat	ure of the Superintendent
l ha fill	ave conducted 10% rand Led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l l fil∣	have conducted 5% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Controller		Si gnat	ure of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 143 / DRAUGHTSMAN (CIVIL)

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88224298022014	ONKAR SINGH		
2	88224298022020	OIMAD AND DEET WALLD		
3	88224298022021	SUKHBIR SINGH		
4	88224298022022	TEJBEER SINGH		
5	88224298022023	UDAYBEER SINGH		
6 _I	88224298022024	\/A TINI NAELIDA		
IVal	ne and Signature Or	g	Undertaki ng	
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
abov	ame)e examination as Invi	(Designation) gilator. I have personally checupervision in today's exam, have	cked and ensured tha	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also
here	by undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	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 of nstructions.	the said examinati	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l 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 gna	ture of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 143 / DRAUGHTSMAN (CIVIL)

Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88224298022014	ONKAR SINGH				
2	88224298022020					
3	88224298022021	SUKHBIR SINGH				
4	88224298022022	TEJBEER SINGH				
5	88224298022023	UDAYBEER SINGH				
6	88224298022024					
		Q	Undertaki ng	baraby cartify that I have conducted the		
To	tal No. Of Students in tal No. Of Answer She me and Signature Of	eets Packed >	bsent:			
abò\ have	Name) /e examination as Invi e appeared under my su	(Designation) gilator. I have personally ch ppervision in today's exam, ha	necked and ensured tha ave been filled and sh	hereby certify that I have conducted the it particulars of all the students who haded correctly in the OMR sheets. I also		
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	dom checking of the OMR sheet nstructions.	G	on and found that particulars have been		
Name	e 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	e of the Deputy Contro	oller	Si gna	ature of the Deputy Controller		
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been		
NI	e of the Controller		Signa	ature 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: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Course : 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First 44431 / TRADE THEORY Subject: Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88203198023026 | PRINCE SHARMA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88203198023026 | PRINCE 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

filled correctly as per instructions.

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE
Course: 200 / MECHANIC AUTO ELECTRICAL & ELECTRONICS Class: First
Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88203198023026	PRINCE SHARMA		
Tot Tot		this Subject > Present : Aleets Packed >	osent:	
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	∕e been filled and sh	hereby certify that I have conducted the 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		of the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
	ave conducted 5% rand ed correctly as per i		of the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

PAGE: 1

222 / COMP. OP. PROGRAM. ASSISTANT

Course: Class: First

44431 / TRADE THEORY Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242198023027	JAKASH SHARMA	<u> </u>	<u></u>
2	88242198023029	JARJUN TIWARI		L
3	88242198023030	ARSHDEEP SINGH		
4	88242198023031	ARSHDEEP SINGH		
5	88242198023032	ARSHPREET SINGH		
6	88242198023033	AVTAR SINGH		
7	88242198023034	BAKSHISH SINGH		
8	88242198023036	GURBIR SINGH		 [
9	88242198023037	GURSHARAN SINGH		 [
10	88242198023045	LOVEPREET SINGH		 [
11	88242198023046	PRINCEPAL SINGH		
12	88242198023050	TANIYA		

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: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 222 / COMP. OP. PROGRAM. ASSISTANT 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

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Center Name:

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Name Of the Student

Subject: 44434 / EMPLOYBILITY SKILL

Regd. No.

PAGE: 1

S.No

0		'	This wer street its.	
1	88242198023027	JAKASH SHARMA	<u> </u>	
2	88242198023029	ARJUN TIWARI	<u> </u>	
3	88242198023030	ARSHDEEP SINGH	<u> </u>	
4	88242198023031	ARSHDEEP SINGH	<u> </u>	
5 	88242198023032	ARSHPREET SINGH	<u> </u>	
6	88242198023033	AVTAR SINGH	<u> </u>	<u> </u>
7	88242198023034	BAKSHISH SINGH	<u> </u>	
8	88242198023036	GURBIR SINGH	<u> </u>	
9	88242198023037	GURSHARAN SINGH	<u> </u>	
10	88242198023045	LOVEPREET SINGH	<u> </u>	<u> </u>
11 	88242198023046	PRINCEPAL SINGH	<u> </u>	
12	88242198023050	_J TANIYA	<u> </u>	

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

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

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

222 / COMP. OP. PROGRAM. ASSISTANT Course:

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242198023027	JAKASH SHARMA		<u></u>
2	88242198023029	JARJUN TIWARI		L
3	88242198023030	ARSHDEEP SINGH		<u> </u>
4	88242198023031	ARSHDEEP SINGH		
5	88242198023032	ARSHPREET SINGH		
6	88242198023033	AVTAR SINGH	 	
7	88242198023034	BAKSHISH SINGH		
8	88242198023036	GURBIR SINGH		
9	88242198023037	GURSHARAN SINGH		
10	88242198023045	LOVEPREET SINGH		
11	88242198023046	PRINCEPAL SINGH	 	
12	88242198023050	 TANIYA		
		J		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: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

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

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 651 / COSMETOLOGY

Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239190523002	DAMANDEEP KAUR	<u> </u>	<u> </u>
2	88239190523006	JGAUTAM	<u> </u>	<u> </u>
3	88239190523011	KASHISH		<u> </u>
4	88239190523013	MANDEEP KAUR	<u> </u>	<u> </u>
5	88239190523014	JMEHAKPREET KAUR	<u> </u>	<u> </u>
6	88239190523018	RAJBIR KAUR	<u> </u>	<u> </u>
7	88239190523020	SAMARJIT SINGH	<u> </u>	<u> </u>
8	88239190523022	SHARANJEET KAUR	<u> </u>	<u> </u>
9	88239190523023	SHARANJIT SINGH	<u> </u>	<u> </u>
10	88239198023051	_] AARTI		<u> </u>
11	88239198023054	JANMOLDEEP KAUR	<u> </u>	<u> </u>
12	88239198023055	ARSHDEEP KAUR	<u> </u>	<u> </u>
13	88239198023056	JASHA RANI	<u> </u>	<u> </u>
14	88239198023057	BALJINDER KAUR	<u> </u>	<u> </u>
15	88239198023058	GURPREET KAUR	<u> </u>	<u> </u>
16	88239198023059	JASMEEN KAUR	<u> </u>	<u> </u>
17	88239198023060	JASPREET KAUR	<u> </u>	<u> </u>
18	88239198023061	ITOYL	<u> </u>	<u> </u>
19	88239198023062	KAVITA SHARMA	<u> </u>	
20	88239198023063	JKIRANDEEP KAUR	<u></u>	<u></u>
21	88239198023064	JKIRTI MEHTA	<u></u>	

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

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE Center Name:

Course: 651 / COSMETOLOGY Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88239198023065	KOMALPREET KAUR		
23	88239198023066	MAHI		
24	88239198023067	MAMTA PURI	<u> </u>	<u> </u>
25	88239198023068	RAMANDEEP KAUR	<u> </u>	<u> </u>
26	88239198023069	RANI KAUR	<u> </u>	<u> </u>
27	88239198023070	SANDEEP KAUR	<u> </u>	<u> </u>
28	88239198023071	SANDEEP KAUR	<u> </u>	
29	88239198023072	SIMRANPREET KAUR	I	1
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	e examination as Invi	(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 aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	cure of the Invigilator
l hav fill∈	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintenden	t	Si gnat	cure of the Superintendent
	ve conducted 10% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller
l ha fill∈	eve conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	cure of the Controller

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 651 / COSMETOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239190523002	DAMANDEEP KAUR	<u> </u>	
2	88239190523006	JGAUTAM	L	L
3	88239190523011	KASHISH	L	L
4	88239190523013	JMANDEEP KAUR	L	L
5	88239190523014	MEHAKPREET KAUR	L	L
6	88239190523018	RAJBIR KAUR	L	L
7	88239190523020	SAMARJIT SINGH	L	L
8	88239190523022	SHARANJEET KAUR	L	L
9	88239190523023	SHARANJIT SINGH	<u> </u>	L
10	88239198023051	_J AARTI	L	L
11 <u> </u>	88239198023054	ANMOLDEEP KAUR	L	L
12	88239198023055	ARSHDEEP KAUR	L	L
13	88239198023056	JASHA RANI	<u> </u>	L
14	88239198023057	BALJINDER KAUR	<u> </u>	L
15 	88239198023058	GURPREET KAUR	L	L
16 	88239198023059	JASMEEN KAUR	L	L
17 <u> </u>	88239198023060	JASPREET KAUR	L	L
18	88239198023061	ITOYL	<u> </u>	L
19	88239198023062	KAVITA SHARMA	L	
20	88239198023063	KIRANDEEP KAUR	L	
21	88239198023064	KIRTI MEHTA	<u> </u>	L

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

PAGE: 2 of 2 Center Name:

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 651 / COSMETOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88239198023065	KOMALPREET KAUR		<u> </u>
23	88239198023066	MAHI		<u> </u>
24	88239198023067	MAMTA PURI	L	<u> </u>
25 <u> </u>	88239198023068	RAMANDEEP KAUR	L	<u> </u>
26	88239198023069	RANI KAUR	L	<u> </u>
27	88239198023070	SANDEEP KAUR	<u> </u>	<u> </u>
28	88239198023071	SANDEEP KAUR	<u> </u>	<u> </u>
29	88239198023072	SIMRANPREET KAUR		1
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of		ent:	
			Undertaki ng	
have	e examination as Invi appeared under my su	(Designation)_ gilator. I have personally checl pervision in today's exam, have any mistakes are found, I will m	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l hav fille	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Superintenden	t	Si gnat	ure of the Superintendent
	re conducted 10% rand ed correctly as per i		the said examination	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
	ve conducted 5% rand ed correctly as per i		the said examination	n and found that particulars have been
Name	of the Controller		Si gnati	ure of the Controller

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

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 651 / COSMETOLOGY

Center Name:

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239190523002	DAMANDEEP KAUR	<u> </u>	L
2	88239190523006	JGAUTAM	L	L
3	88239190523011	KASHISH	L	L
4	88239190523013	JMANDEEP KAUR	L	L
5 	88239190523014	MEHAKPREET KAUR	L	L
6	88239190523018	RAJBIR KAUR	L	L
7	88239190523020	SAMARJIT SINGH	L	L
8	88239190523022	SHARANJEET KAUR	L	L
9	88239190523023	SHARANJIT SINGH	L	L
10	88239198023051	_J AARTI	L	L
11	88239198023054	JANMOLDEEP KAUR	L	L
12	88239198023055	ARSHDEEP KAUR	L	L
13	88239198023056	JASHA RANI	L	L
14	88239198023057	BALJINDER KAUR	L	L
15 	88239198023058	GURPREET KAUR	L	L
16	88239198023059	JASMEEN KAUR	L	L
17	88239198023060	JASPREET KAUR	L	L
18	88239198023061	ΙΤΟΥL	L	L
19	88239198023062	KAVITA SHARMA	L	<u></u>
20	88239198023063	KIRANDEEP KAUR	<u> </u>	<u></u>
21	88239198023064	KIRTI MEHTA		<u> </u>
	·		·	

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 651 / COSMETOLOGY Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88239198023065	KOMALPREET KAUR	<u> </u>			
23	88239198023066	_] MAHI	<u> </u>			
24	88239198023067	JMAMTA PURI	<u></u>			
25 	88239198023068	RAMANDEEP KAUR				
26	88239198023069	RANI KAUR				
27	88239198023070	SANDEEP KAUR				
28	88239198023071	SANDEEP KAUR				
29	88239198023072	SIMRANPREET KAUR	1	1		
Tota	al No. Of Answer She ne and Signature Of	eets Packed >	sent:			
			Undertaki ng			
have	e examination as Invi appeared under my su	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and 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	Signature of the Invigilator		
l hav fille	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name of the Superintendent Signature of			ture of the Superintendent			
l hav fille	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been		
Name	Name of the Deputy Controller			Signature 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 gna	ture of the Controller		

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 658 / SEWING TECHNOLOGY

Class: First

44431 / TRADE THEORY Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247198023075	JBIMALJEET KAUR	<u> </u>	
2	88247198023077	JASHAN PREET KAUR		L
3	88247198023078	KOMAL		<u> </u>
4	88247198023079	KULBIR KAUR		
5	88247198023080	KULJIT KAUR		
6	88247198023081	KULWINDER KAUR		
7	88247198023082	PALAKDEEP KAUR		
8	88247198023088	RAMANDEEP KAUR		
9	88247198023090	ROSHANBIR SINGH		
10	88247198023091	SIKANDER SINGH		
11	88247198023092	SIMARJEET KAUR		
12	88247198023094	 TREJA		

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: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

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

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course : 658 / SEWING TECHNOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247198023075	BIMALJEET KAUR	<u> </u>	L
2	88247198023077	JASHAN PREET KAUR	<u> </u>	L
3	88247198023078	_] KOMAL	<u> </u>	L
4	88247198023079	KULBIR KAUR		
5	88247198023080	KULJIT KAUR		
6	88247198023081	KULWINDER KAUR		
7	88247198023082	PALAKDEEP KAUR		
8	88247198023088	RAMANDEEP KAUR		
9	88247198023090	ROSHANBIR SINGH		
10	88247198023091	SIKANDER SINGH		
11	88247198023092	 SIMARJEET KAUR		
12	88247198023094	 TREJA	 	

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: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

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

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 658 / SEWING TECHNOLOGY

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247198023075	BIMALJEET KAUR	<u> </u>	<u> </u>
2	88247198023077	JASHAN PREET KAUR		L
3	88247198023078	KOMAL		
4	88247198023079	KULBIR KAUR		
5	88247198023080	KULJIT KAUR		
6	88247198023081	KULWINDER KAUR		
7	88247198023082	PALAKDEEP KAUR		
8	88247198023088	RAMANDEEP KAUR		I
9	88247198023090	ROSHANBIR SINGH		I
10	88247198023091	SIKANDER SINGH		
11	88247198023092	SIMARJEET KAUR		l
12	88247198023094	TREJA		<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: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 658 / SEWING TECHNOLOGY 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: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

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	88218298023095	DILPREET SINGH				
2	88218298023096	GAGANPREET SINGH				
3				L		
4	88218298023098					
5						
I (abo hav	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					
l (abo hav	(Name)ove examination as Invio	(Designation) gilator. I have personally checl pervision in today's exam. have	h 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		
her	reby undertake that if a	any mistakes are found, I will m		any remuneration. ure of the Invigilator		
l h fil	have conducted 20% rand lled correctly as per i	om checking of the OMR sheet of nstructions.	G	n and found that particulars have been		
Nar	me of the Superintenden	t	Si gnati	ure of the Superintendent		
l h fil	have conducted 10% rand lled correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nar	me of the Deputy Contro	ller	Si gnati	ure of the Deputy Controller		
l fil	have conducted 5% rando	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Nar	me of the Controller		Si gnati	ure of the Controller		

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

Center Name: 3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

44434 / EMPLOYBILITY SKILL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218298023095	DILPREET SINGH		
2	88218298023096	GAGANPREET SINGH		
3	88218298023097	JASHANPREET SINGH		
4	88218298023098	LOVEDDEET ONION		
5	88218298023099	PARTAP SINGH		
	tal No. Of Answer Sho me and Signature Of			
I (N	Name) /e examination as Invi	(Designation) gilator. I have personally che	cked 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
here	eby undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet o nstructions.	G	ture of the Invigilator 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 examinati	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examinati	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

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

PAGE: 1 of 1 ATTENDANCE CUM CH. Center Name: 3115 / INDUSTRIAL TRAINING I

3115 / INDUSTRIAL TRAINING INSTITUTE, LOPOKE

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First

Subject: 44435 / PRACTICAL

S.No		Regd. No.	Name	e Of the Student	Answer Sheet No.	Student's Sign.
1		88218298023095	5 DILPREET	SINGH		
2		88218298023096	6 _J GAGANPR	REET SINGH		
3		88218298023097	⁷ JASHANPI	REET SINGH		
4		88218298023098				
5	_L	88218298023099	9 PARTAP S	SINGH		
		e and Signature Of e) exami nati on as Investment and a line	G	gnation) have personally ch	Undertaking ecked 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.
l abo	(Name	e)eyamination_as_Inv	(Desig	gnation)	ecked and ensured that	hereby certify that I have conducted the
hav her	ve a _l reby	ppeared under my s undertake that if	supervision i f any mistake:	n today's exam, ha s are found, I wil	ve been filled and sha I not be entitled for	aded correctly in the OMR sheets. I also any remuneration.
					Si gna	ture of the Invigilator
l l fil	have I I ed	conducted 20% ran correctly as per	ndom checking instructions	of the OMR sheet	of the said examination	on and found that particulars have been
Nar	me o	f the Superintende	ent		Si gna	ture of the Superintendent
l l fil	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Nar	me o	f the Deputy Contr	roller		Si gna	ture of the Deputy Controller
l fil	have I I ed	e conducted 5% rar correctly as per	ndom checking instructions	of the OMR sheet	of the said examination	on and found that particulars have been
Nar	ne o	f the Controller			Si gna	ture of the Controller

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

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

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	88175190221054	PARWINDER KAUR	<u> </u>	L
2	88175190221062	RAMANDEEP KAUR	<u> </u>	L
3	88175190221064	RANJNA DEVI	<u> </u>	L
4	88175190222012	HARMANJIT KAUR	<u> </u>	L
5	88175190222016	JAGDIP KAUR	<u> </u>	L
6	88175190222019	JASPREET KAUR	<u> </u>	L
7	88175190222023	KARAMJEET KAUR	<u> </u>	L
8	88175190222040	MUSKAN	<u> </u>	L
9	88175193422026	PREETI KAUR	<u> </u>	L
10	88175193422030	RUPINDER KAUR	<u> </u>	L
11	88175193422034	SHIKHA		
12	88175193422035	SIMARJIT KAUR		
13	88175193422036	JSIMRAN KAUR		
14	88175193422038	SIMRANJIT KAUR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17511 / PRINCIPLE OF EDUCATION Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

Signature of the Controller

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR Center Name:

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Course:

17512 / TRADE THEORY Subject:

PAGE: 1 of

S.No Name Of the Student Regd. No. Answer Sheet No. 88175190220047 _I NITIKA 3 88175190221069 | SARBJIT KAUR 88175190222012 | HARMANJIT KAUR 5 88175190222016 | JAGDIP KAUR 88175190222020 _| JYOTSANA 88175193422036 | SIMRAN KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been

filled correctly as per instructions.

Name of the Controller

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR Course : 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17513 / PRACTICE OF TEACHING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175193422036 | SIMRAN KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1 of

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

filled correctly as per instructions.

Name of the Controller

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR Course : 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17525 / PRACTICAL IV-A (MEN GARMENTS) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175193422036 | SIMRAN KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

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

Name of the Controller

PAGE: 1

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR Course : 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17526 / PRACTICAL IV-B(WOMEN GARMENTS) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175193422036 | SIMRAN KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

I have conducted 5% random 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

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR Course : 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17527 / PRACTICAL IV-C (CHILD. GARMENTS) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175193422036 | SIMRAN KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Name Of the Student | Answer Sheet No.

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Course : Class: First

17528 / SCHEME WORK Subject:

Regd. No.

S.No

88175190222004 | ANUPREET KAUR 88175193422036 SIMRAN KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR Center Name: Course : 370 / ART & CRAFTS Class: Second 70070 / EDUCATIONAL PSYCHOLOGY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370190319003 | AMAN 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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370190319003 $_{\parallel}$ AMAN KUMAR 88370190319013 | KHUSHBOO 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: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 664 / PUNJABI STENOGRAPHY

Class: First

17411 / TRADE THEORY Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174190223006	ARUNPREET KAUR		L
2	88174190223009	_] KHUSHI		L
3	88174190223010	MUSKAN	<u> </u>	L
4	88174190223011	NANCY	<u> </u>	L
5	88174190223012	NAVPREET KAUR	<u> </u>	L
6	88174190223013	J	<u> </u>	L
7	88174190223014	NIRMAL KAUR	<u> </u>	L
8	88174190223015	NISHA	<u> </u>	L
9	88174190223016	_] RAJNI	<u> </u>	L
10	88174190223017	RAJPREET KAUR	<u> </u>	L
11	88174190223018	SANDEEP KAUR	<u> </u>	L
12	88174190223019	JSAVITA RANI	<u> </u>	L
13	88174190223021	TAMANNA	<u></u>	L

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

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

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17414 / SOCIAL STUDIES

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174190223006	JARUNPREET KAUR	<u> </u>	L
2	88174190223009	KHUSHI	<u> </u>	L
3	88174190223010	_] MUSKAN	<u> </u>	<u> </u>
4	88174190223011	NANCY	<u> </u>	<u> </u>
5	88174190223012	NAVPREET KAUR	<u> </u>	<u> </u>
6	88174190223013	_] NEETU	<u> </u>	L
7	88174190223014	NIRMAL KAUR	<u> </u>	<u> </u>
8	88174190223015	NISHA	<u> </u>	<u> </u>
9	88174190223016	_] RAJNI	<u> </u>	<u> </u>
10	88174190223017	RAJPREET KAUR	<u> </u>	L
11	88174190223018	SANDEEP KAUR	<u> </u>	L
12	88174190223019	SAVITA RANI	<u> </u>	<u> </u>
13	88174190223021	TAMANNA	 	

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: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17414 / SOCIAL STUDIES

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 664 / PUNJABI STENOGRAPHY

Class: First

17415 / PRACTICAL Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88174190223006 $_{\mid}$ ARUNPREET KAUR 88174190223009 _IKHUSHI 88174190223010 MUSKAN 3 88174190223011 | NANCY 5 88174190223012 | NAVPREET KAUR 88174190223013 | NEETU 88174190223014 | NIRMAL KAUR 88174190223015 | NISHA 88174190223016 _{| RAJNI} 88174190223017 _| RAJPREET KAUR 10 88174190223018 | SANDEEP KAUR 12 88174190223019 | SAVITA RANI

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

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

13

88174190223021 _I TAMANNA

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17415 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17416 / COGNATE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174190223006	ARUNPREET KAUR		L
2	88174190223009	_] KHUSHI		L
3	88174190223010	MUSKAN	<u> </u>	L
4	88174190223011	NANCY	<u> </u>	L
5	88174190223012	NAVPREET KAUR	<u> </u>	L
6	88174190223013	J	<u> </u>	L
7	88174190223014	NIRMAL KAUR	<u> </u>	L
8	88174190223015	NISHA	<u> </u>	L
9	88174190223016	_] RAJNI	<u> </u>	L
10	88174190223017	RAJPREET KAUR	<u> </u>	L
11	88174190223018	SANDEEP KAUR	<u> </u>	L
12	88174190223019	JSAVITA RANI	<u> </u>	L
13	88174190223021	TAMANNA	<u></u>	L

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

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

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

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

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17416 / COGNATE

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17055 / CRAFT(T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88370290320001	AMAN CHOUDHARY	<u> </u>	L			
2	88370290320014	KIRANJIT KAUR	<u> </u>	<u> </u>			
3	88370290321006	HARPREET SINGH	L	L			
4	88370290322010	GAGANPREET SINGH	<u> </u>	L			
5	88370290322012	GURLEEN KAUR	<u> </u>	L			
6	88370290322013	GURPREET KAUR		L			
7	88370290322022	MANPREET SINGH	<u> </u>	L			
8	88370290322031	RENU BALA	<u> </u>	L			
9	88370290322033	SUKHMANPREET KAUR	<u> </u>	L			
То	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng				
abò have	Name) ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally check upervision in today's exam, have any mistakes are found, I will m	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	ave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been			
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent			
	ave conducted 10% rand led correctly as per i		the said examinatio	n and found that particulars have been			
Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller			
l l fill	nave conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been			
Name	e of the Controller		Si gnat	ure of the Controller			

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

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

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	88370290320014	KIRANJIT KAUR	<u> </u>		
2	88370290321006	HARPREET SINGH	<u> </u>	<u> </u>	
3	88370290321031	RUPINDERJIT KAUR	<u> </u>	<u> </u>	
4	88370290322010	GAGANPREET SINGH	<u> </u>	<u> </u>	
5	88370290322031	JRENU BALA	<u> </u>		
6	88370293721004	MANROOP SINGH GILL	I	1	
Na	me and Signature Of	Incharge	Undertaki ng		
To	tal No. Of Answer She	eets Packed >	sent:		
abò\ have	e appeared under my su	upervision in today's exam, have	ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who aded correctly in the OMR sheets. I also	
here	eby undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.	
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	G	cure of the Invigilator on and found that particulars have been	
Name	e of the Superintender	nt	Si gnat	cure of the Superintendent	
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	e of the Deputy Contro	oller	Si gnat	cure of the Deputy Controller	
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Name	e of the Controller		Si gnat	cure of the Controller	

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

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17073 / GEOMETRICAL DRAWING

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370290320015	KOMALPREET KAUR	<u> </u>	
2	88370290320033	SIMRANJIT KAUR	<u> </u>	<u> </u>
3	88370290321040	YOGESH KUMAR SOOD	<u> </u>	<u> </u>
4	88370290322002	AMANDEEP KAUR	<u> </u>	<u> </u>
5 	88370290322010	GAGANPREET SINGH	<u> </u>	<u> </u>
6	88370290322012	GURLEEN KAUR	<u> </u>	<u> </u>
7	88370290322013	GURPREET KAUR	<u> </u>	<u> </u>
8	88370290322017	JASPREET KAUR	<u> </u>	<u> </u>
9	88370290322018	JULIE	<u> </u>	<u> </u>
10	88370290322022	MANPREET SINGH	<u> </u>	<u> </u>
11	88370290322023	_] MUKTI	<u> </u>	<u> </u>
12 	88370290322027	POOJA	<u> </u>	<u> </u>
13	88370290322031	RENU BALA	<u> </u>	<u> </u>
14	88370290322033	SUKHMANPREET KAUR	<u> </u>	L
15 	88370290322034	SUKHPAL KAUR	<u> </u>	L
16	88370290322037	_J VANDANA		L
17	88370293721001	AMANDEEP 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: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR
Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First
Subject: 17073 / GEOMETRICAL DRAWING

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: Second

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

70051 / PAINTING Subject:

Center Name:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370290322002 | AMANDEEP KAUR 88370290322004 | ANMOLPREET KAUR 88370290322005 | APIKA SHARMA 3 88370290322006 | ARMANPREET SINGH 5 88370290322007 _IASHU 88370290322010 | GAGANPREET SINGH 88370290322012 | GURLEEN KAUR 88370290322013 | GURPREET KAUR 88370290322014 | HARKIRAT SINGH 10 88370290322015 | HARPREET KAUR 88370290322017 $_{
m |}$ JASPREET KAUR 12 88370290322018 | JULIE 13 14 88370290322022 | MANPREET SINGH 88370290322023 _| MUKTI 15 16 88370290322026 | PARAMVEER SINGH 88370290322027 _| POOJA 17 88370290322028 | PREETI 18 88370290322031 | RENU BALA 20 88370290322032 | ROSEPREET KAUR 88370290322033 | SUKHMANPREET KAUR

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

PAGE: 2 of 2 Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

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	88370290322034	SUKHPAL KAUR		
23		TANILIDDEET KALID		
24	88370290322037	VANDANA		
25	88370293722001	GURPREET KAUR		
Nan	al No. Of Answer Shene and Signature Of	Incharge	Undertaki ng	hereby certify that I have conducted the t particulars of all the students who
have	appeared under my su	gilator. I have 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 hav fill∈	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l hav fille	ve conducted 10% rand ed correctly as per i	lom 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
l ha fille	ave conducted 5% randed correctly as per i	lom 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

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

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	88370290321028	_] RAJNI	<u> </u>	L
2	88370290321031	RUPINDERJIT KAUR	<u> </u>	L
3	88370290322002	JAMANDEEP KAUR	<u> </u>	<u> </u>
4	88370290322004	JANMOLPREET KAUR	<u> </u>	<u> </u>
5	88370290322005	JAPIKA SHARMA	<u> </u>	<u> </u>
6	88370290322006	ARMANPREET SINGH	<u> </u>	<u> </u>
7	88370290322007	_] ASHU	<u> </u>	L
8	88370290322009	_J FIZA SHARMA	<u> </u>	<u> </u>
9	88370290322010	GAGANPREET SINGH	<u> </u>	<u> </u>
10	88370290322012	GURLEEN KAUR	<u> </u>	<u> </u>
11	88370290322013	GURPREET KAUR	<u> </u>	L
12	88370290322014	HARKIRAT SINGH	<u> </u>	<u> </u>
13	88370290322015	_J HARPREET KAUR	<u> </u>	L
14	88370290322017	JASPREET KAUR	<u> </u>	L
15 	88370290322018	JULIE	<u> </u>	L
16	88370290322022	MANPREET SINGH	<u> </u>	<u> </u>
17	88370290322023	_] MUKTI	<u> </u>	<u> </u>
18	88370290322026	PARAMVEER SINGH	<u> </u>	<u> </u>
19	88370290322027	_J POOJA	<u> </u>	
20	88370290322028	_J PREETI	<u></u>	<u></u>
21	88370290322031	JRENU BALA	<u> </u>	<u> </u>

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

PAGE: 2 of 2 Center Name:

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70055 / CRAFT(T)

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88370290322032	ROSEPREET KAUR	<u> </u>	
88370290322033	SUKHMANPREET KAUR	<u></u>	
88370290322034	SUKHPAL KAUR		
88370290322036	TANUPREET KAUR	<u></u>	
88370290322037	JVANDANA	<u></u>	
88370293722001	GURPREET KAUR	I	
ame) e examination as Invi	(Designation) gilator. I have personally chec	ked and ensured tha	hereby certify that I have conducted the t particulars of all the students who
appeared under my su	upervision in todav's exam, have	e been filled and sh	aded correctly in the OMR sheets. I also
		Si gna	ture of the Invigilator
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 Superintendent Signature of the Superintendent			ture of the Superintendent
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
ame of the Deputy Controller Signature of the Deputy Controller			
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
of the Controller		Si gna	ture of the Controller
	88370290322033 88370290322034 88370290322036 88370290322037 88370293722001 al No. Of Students in al No. Of Answer Sheme and Signature Of ame) e examination as Invitable appeared under my substitution as Invitable and Invitable appeared under my substitution as Invitable appeared under	88370290322032 ROSEPREET KAUR 88370290322034 SUKHMANPREET KAUR 88370290322034 SUKHPAL KAUR 88370290322036 TANUPREET KAUR 88370290322037 VANDANA 88370293722001 GURPREET KAUR al No. Of Students in this Subject > Present: Absolute Abs	88370290322033 SUKHMANPREET KAUR 88370290322034 SUKHPAL KAUR 88370290322036 TANUPREET KAUR 88370290322037 VANDANA 88370293722001 GURPREET KAUR al No. Of Students in this Subject > Present : Absent: al No. Of Answer Sheets Packed > al No. Of Students in this Subject > Present : Absent: al No. Of Answer Sheets Packed > al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Absent: al No. Of Students in this Subject > Present : Abse

Class: Second

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

70056 / CRAFT(P) Subject:

Center Name:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370290322002 $_{\mid}$ AMANDEEP KAUR 88370290322004 | ANMOLPREET KAUR 88370290322005 | APIKA SHARMA 3 88370290322006 | ARMANPREET SINGH 5 88370290322007 _IASHU 88370290322010 | GAGANPREET SINGH 88370290322012 | GURLEEN KAUR 88370290322013 | GURPREET KAUR 88370290322014 | HARKIRAT SINGH 10 88370290322015 | HARPREET KAUR 88370290322017 $_{
m |}$ JASPREET KAUR 12 88370290322018 | JULIE 13 14 88370290322022 | MANPREET SINGH 88370290322023 _| MUKTI 15 16 88370290322026 | PARAMVEER SINGH 88370290322027 _| POOJA 17 88370290322028 | PREETI 18 88370290322031 | RENU BALA 20 88370290322032 | ROSEPREET KAUR 88370290322033 | SUKHMANPREET KAUR

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

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70056 / CRAFT(P)

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 	
22	88370290322034	SUKHPAL KAUR	<u> </u>	<u></u>	
23	88370290322036	TANUPREET KAUR	L	L	
24	88370290322037	VANDANA	L	L	
25 <u> </u>		OLIDODEET MALID		L	
Tota	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.					
				ure of the Invigilator	
I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	Name of the Superintendent Signature of the Superintendent			ure of the Superintendent	
l ha 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	ure of the Deputy Controller	
l ha	ave conducted 5% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been	

Class: Second

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Center Name:

70070 / EDUCATIONAL PSYCHOLOGY Subject:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370290321006 $_{\parallel}$ HARPREET SINGH 88370290321040 $_{
m |}$ YOGESH KUMAR SOOD 3 88370290322002 | AMANDEEP KAUR 88370290322004 | ANMOLPREET KAUR 5 88370290322005 | APIKA SHARMA 88370290322007 _| ASHU 88370290322009 _| FIZA SHARMA 88370290322012 | GURLEEN KAUR 10 88370290322013 | GURPREET KAUR 88370290322014 | HARKIRAT SINGH 12 13 88370290322015 | HARPREET KAUR 14 88370290322017 | JASPREET KAUR 88370290322018 | JULIE 15 88370290322022 | MANPREET SINGH 16 17 88370290322023 _|MUKTI 18 88370290322026 | PARAMVEER SINGH 88370290322027 _IPOOJA 88370290322028 _| PREETI 20 88370290322031 | RENU BALA

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR Center Name:

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370290322032	ROSEPREET KAUR		<u>L</u>
23	88370290322033	SUKHMANPREET KAUR	<u> </u>	<u> </u>
24	88370290322034	SUKHPAL KAUR	<u> </u>	<u> </u>
25	88370290322036	TANUPREET KAUR	<u> </u>	<u> </u>
26	88370290322037	VANDANA	<u> </u>	<u> </u>
27	88370293721004	MANROOP SINGH GILL	<u> </u>	<u> </u>
28	88370293722001	GURPREET KAUR	I	I
	al No. Of Answer Sheme and Signature Of			
			Undertaki ng	
I (N abov have here	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who ided correctly in the OMR sheets. I also any remuneration.
			Si gnat	cure of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gnat	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 examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
l h fill	ave conducted 5% ranc ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	on and found that particulars have been
Name	of the Controller		Si gnat	ture of the Controller

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second Subject:

70071 / HISTORY & APPRECIATION OF ART

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370290320001	JAMAN CHOUDHARY	<u> </u>	<u> </u>
2	88370290320010	JHARSHLEEN KAUR	<u> </u>	L
3	88370290320014	JKIRANJIT KAUR	<u> </u>	L
4	88370290320022	NAVJOT KAUR	<u> </u>	L
5 	88370290320027	_J	<u> </u>	L
6	88370290321006	HARPREET SINGH	<u> </u>	L
7	88370290321008	HARWINDER KAUR	<u> </u>	L
8	88370290321016	KHUSHDEEP SINGH	<u> </u>	L
9	88370290321024	_J NISHAN SINGH	<u> </u>	<u>L</u>
10	88370290321031	RUPINDERJIT KAUR	<u> </u>	L
11	88370290321034	SAHILPREET SINGH	<u> </u>	L
12	88370290321036	SATWINDER SINGH	<u> </u>	L
13	88370290321040	YOGESH KUMAR SOOD	<u> </u>	L
14	88370290322002	JAMANDEEP KAUR	<u> </u>	L
15	88370290322004	JANMOLPREET KAUR	<u> </u>	L
16	88370290322005	JAPIKA SHARMA	<u> </u>	L
17 	88370290322006	JARMANPREET SINGH	<u> </u>	L
18	88370290322007	_J ASHU	<u> </u>	<u> </u>
19	88370290322009	JFIZA SHARMA	<u> </u>	<u> </u>
20	88370290322010	JGAGANPREET SINGH	L	<u></u>
21	88370290322012	GURLEEN KAUR	<u> </u>	<u> </u>

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second Subject:

70071 / HISTORY & APPRECIATION OF ART

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370290322013	GURPREET KAUR	<u> </u>	<u> </u>
23	88370290322014	HARKIRAT SINGH	L	L
24	88370290322015	HARPREET KAUR	L	L
25	88370290322017	JASPREET KAUR	L	L
26	88370290322018	JULIE	L	L
27	88370290322022	JMANPREET SINGH	L	L
28	88370290322023	_] MUKTI	L	L
29	88370290322026	JPARAMVEER SINGH	L	L
30	88370290322027	_J POOJA	L	L
31	88370290322028	_J PREETI	L	L
32	88370290322031	JRENU BALA	L	L
33	88370290322032	ROSEPREET KAUR	L	L
34	88370290322033	SUKHMANPREET KAUR	L	L
35	88370290322034	SUKHPAL KAUR	L	L
36	88370290322036	JTANUPREET KAUR	L	L
37	88370290322037	JVANDANA	L	L
38	88370293720001	JGURSHARN SINGH	L	L
39 	88370293721001	JAMANDEEP KAUR	L	L
40	88370293721003	KIRANDEEP KAUR	L	<u></u>
41	88370293721004	JMANROOP SINGH GILL	<u> </u>	<u></u>
42	88370293721005	SARDHA SINGH GILL		<u> </u>
				

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370293722001 | GURPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70072 / COMMERCIAL ART

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370290322002	AMANDEEP KAUR	<u> </u>	L
2	88370290322004	JANMOLPREET KAUR	L	L
3	88370290322005	JAPIKA SHARMA	<u> </u>	L
4	88370290322006	JARMANPREET SINGH	<u> </u>	L
5	88370290322007	_J ASHU	<u> </u>	L
6	88370290322009	JFIZA SHARMA	<u></u>	L
7	88370290322010	GAGANPREET SINGH	<u> </u>	L
8	88370290322012	GURLEEN KAUR	<u> </u>	L
9	88370290322013	GURPREET KAUR	<u> </u>	L
10	88370290322014	HARKIRAT SINGH	<u> </u>	L
11	88370290322015	HARPREET KAUR	<u> </u>	L
12	88370290322017	JASPREET KAUR	<u> </u>	L
13	88370290322018	Jurie	<u></u>	L
14	88370290322022	JMANPREET SINGH	<u></u>	L
15	88370290322023	_] MUKTI	<u></u>	L
16	88370290322026	PARAMVEER SINGH	<u> </u>	L
17	88370290322027	POOJA	<u> </u>	L
18	88370290322028	PREETI	<u> </u>	L
19	88370290322031	JRENU BALA	<u> </u>	
20	88370290322032	ROSEPREET KAUR	<u> </u>	<u></u>
21	88370290322033	SUKHMANPREET KAUR	<u> </u>	L
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ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

PAGE: 2 of 2 Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88370290322034	SUKHPAL KAUR				
23		TANUDDEET KAUD		L		
24	88370290322037	VANDANA		L		
25 	88370293722001			<u> </u>		
I (N abov have	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	by undertake that if	any mistakes are found, I will	not be entitled for	any remuneration. Ture of the Invigilator		
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	9	on and found that particulars have been		
Name	of the Superintender	nt	Si gnat	ure of the Superintendent		
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	of the Controller		Si gnat	ure of the Controller		

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370290320001	JAMAN CHOUDHARY	<u> </u>	<u> </u>
2	88370290320021	NAVDEEP KAUR	<u> </u>	L
3	88370290320022	NAVJOT KAUR	<u> </u>	L
4	88370290320027	J.REEKU	<u> </u>	L
5 	88370290321008	HARWINDER KAUR	<u> </u>	L
6	88370290321015	KAJAL KUMARI	<u> </u>	L
7	88370290321028	_] RAJNI	<u> </u>	L
8	88370290321040	YOGESH KUMAR SOOD	<u> </u>	L
9	88370290322002	JAMANDEEP KAUR	<u> </u>	L
10	88370290322004	JANMOLPREET KAUR	<u> </u>	L
11	88370290322005	JAPIKA SHARMA	<u> </u>	L
12	88370290322006	JARMANPREET SINGH	<u> </u>	L
13	88370290322007	J.SHU	<u> </u>	L
14	88370290322009	JFIZA SHARMA	<u> </u>	L
15 	88370290322010	GAGANPREET SINGH	<u> </u>	L
16	88370290322012	GURLEEN KAUR	<u> </u>	L
17 	88370290322013	GURPREET KAUR	<u> </u>	L
18	88370290322014	_J HARKIRAT SINGH	<u> </u>	L
19	88370290322015	HARPREET KAUR	<u> </u>	
20	88370290322017	JASPREET KAUR	<u> </u>	<u></u>
21	88370290322018	JULIE	<u> </u>	L

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

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

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.
22	88370290322022	MANPREET SINGH	<u> </u>	
23	88370290322023	_] MUKTI		L
24	88370290322026	PARAMVEER SINGH		L
25	88370290322027	POOJA		L
26	88370290322028	PREETI		I
27	88370290322031	RENU BALA		
28	88370290322032	ROSEPREET KAUR		
29	88370290322033	SUKHMANPREET KAUR		L
30	88370290322034	SUKHPAL KAUR		L
31	88370290322036	TANUPREET KAUR		
32	88370290322037	VANDANA		
33	88370293722001	GURPREET 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 Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second

70073 / SCALE & PERSPECTIVE DRAWING Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

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

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370290322002	AMANDEEP KAUR	<u> </u>	<u></u>
2	88370290322004	ANMOLPREET KAUR	<u> </u>	L
3	88370290322005	APIKA SHARMA	<u> </u>	L
4	88370290322006	ARMANPREET SINGH	<u> </u>	L
5 	88370290322007	ASHU	<u> </u>	L
6	88370290322009	FIZA SHARMA	<u> </u>	L
7	88370290322010	GAGANPREET SINGH	<u> </u>	L
8	88370290322012	GURLEEN KAUR	<u> </u>	L
9	88370290322013	GURPREET KAUR	<u> </u>	L
10	88370290322014	HARKIRAT SINGH	<u> </u>	L
11	88370290322015	HARPREET KAUR		L
12	88370290322017	JASPREET KAUR		L
13	88370290322018	JULIE	<u> </u>	L
14	88370290322022	MANPREET SINGH	<u> </u>	L
15	88370290322023	_] MUKTI	<u> </u>	L
16	88370290322026	PARAMVEER SINGH	<u> </u>	L
17	88370290322027	POOJA		L
18	88370290322028	PREETI	<u> </u>	L
19	88370290322031	RENU BALA		L
20	88370290322032	ROSEPREET KAUR	<u></u>	
21	88370290322033	SUKHMANPREET KAUR		L
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PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name : 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

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	88370290322034	SUKHPAL KAUR	<u> </u>				
23	88370290322036	TANUPREET KAUR	<u> </u>				
24	88370290322037	V/AND AND					
25 	88370293722001	GURPREET KAUR	<u> </u>				
Nan	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 su	ipervision in today's exam, have any mistakes are found, I will	e been filled and sha	aded correctly in the OMR sheets. I also			
			Si gna	ture of the Invigilator			
l hav fille	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been			
Name	of the Superintender	nt	Si gna	ture of the Superintendent			
l hav fille	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been			
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller			
l ha fille	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been			
Name	of the Controller		Si gna	ture of the Controller			

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: Second

Subject: 70075 / PROJECT

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370290322002	JAMANDEEP KAUR	<u> </u>	<u> </u>
2	88370290322004	JANMOLPREET KAUR	<u></u>	L
3	88370290322005	JAPIKA SHARMA	<u> </u>	L
4	88370290322006	JARMANPREET SINGH	<u> </u>	L
5	88370290322007	_J ASHU	<u> </u>	L
6	88370290322009	JFIZA SHARMA	<u> </u>	L
7	88370290322010	GAGANPREET SINGH	<u> </u>	L
8	88370290322012	GURLEEN KAUR	<u> </u>	L
9	88370290322013	GURPREET KAUR	<u></u>	L
10	88370290322014	HARKIRAT SINGH	<u></u>	L
11	88370290322015	HARPREET KAUR	<u></u>	L
12	88370290322017	JASPREET KAUR	<u></u>	<u> </u>
13	88370290322018	Jurie	<u> </u>	L
14	88370290322022	JMANPREET SINGH	<u> </u>	L
15	88370290322023	_J MUKTI	<u> </u>	L
16	88370290322026	PARAMVEER SINGH	<u></u>	L
17 	88370290322027	_J POOJA	<u> </u>	<u> </u>
18	88370290322028	_J PREETI	<u> </u>	<u> </u>
19	88370290322031	JRENU BALA	<u></u>	
20	88370290322032	ROSEPREET KAUR	<u></u>	<u></u>
21	88370290322033	SUKHMANPREET KAUR	<u> </u>	<u> </u>
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PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

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.			
22	88370290322034	SUKHPAL KAUR	<u> </u>				
23	88370290322036	TANUPREET KAUR	<u> </u>				
24	88370290322037	V/AND AND					
25 	88370293722001	GURPREET KAUR	<u> </u>				
Nan	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 su	ipervision in today's exam, have any mistakes are found, I will	e been filled and sha	aded correctly in the OMR sheets. I also			
			Si gna	ture of the Invigilator			
l hav fille	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been			
Name	of the Superintender	nt	Si gna	ture of the Superintendent			
l hav fille	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been			
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller			
l ha fille	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been			
Name	of the Controller		Si gna	ture of the Controller			

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

3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

665 / ART & CRAFT TEACHER TRAINING COURSE

Course:

PAGE: 1 of

Center Name:

Class: Second Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370290322002	JAMANDEEP KAUR		L
2	88370290322004	JANMOLPREET KAUR	<u> </u>	L
3	88370290322005	JAPIKA SHARMA	<u> </u>	L
4	88370290322006	ARMANPREET SINGH	<u> </u>	L
5	88370290322007	_] ASHU	<u> </u>	L
6	88370290322009	JFIZA SHARMA	<u> </u>	L
7	88370290322010	GAGANPREET SINGH	<u> </u>	L
8	88370290322012	GURLEEN KAUR	<u> </u>	L
9	88370290322013	GURPREET KAUR	<u> </u>	L
10	88370290322014	HARKIRAT SINGH	<u> </u>	L
11	88370290322015	HARPREET KAUR	<u> </u>	L
12	88370290322017	JASPREET KAUR	<u> </u>	L
13	88370290322018	JULIE	<u> </u>	L
14	88370290322022	JMANPREET SINGH	<u> </u>	L
15 	88370290322023	_] MUKTI	<u> </u>	L
16	88370290322026	PARAMVEER SINGH	<u> </u>	L
17	88370290322027	_J POOJA	<u> </u>	L
18	88370290322028	PREETI	<u> </u>	L
19	88370290322031	JRENU BALA	<u> </u>	
20	88370290322032	ROSEPREET KAUR	<u></u>	
21	88370290322033	SUKHMANPREET KAUR	<u> </u>	L

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

Center Name: 3131 / INDUSTRIAL TRAINING INSTITUTE, (W) AMRITSAR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88370290322034	SUKHPAL KAUR				
23		TANUDDEET KAUD		L		
24	88370290322037	VANDANA		L		
25 	88370293722001			<u> </u>		
I (N abov have	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	by undertake that if	any mistakes are found, I will	not be entitled for	any remuneration. Ture of the Invigilator		
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	9	on and found that particulars have been		
Name	of the Superintender	nt	Si gnat	ure of the Superintendent		
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	of the Controller		Si gnat	ure of the Controller		

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

3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

Center Name:

Subject	: 44431 / TRADE	THEORY		
S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231222522003	DALJIT SINGH		L
2	88231222522004	GURMAAN SINGH	<u> </u>	L
3	88231222522012	KARANVEER SINGH		L
4	88231222522015	PARGAT SINGH	<u> </u>	L
5	88231222522019	VINAY		
6	88231222523001	ARJAN SINGH		
7	88231222523002	ARSHDEEP SINGH		
8	88231222523004	GULRAJ SINGH		L
9	88231222523005	GURJANT SINGH		
10	88231222523006	HARINDER SINGH		
11	88231222523008	JOBANDEEP SINGH		
12	88231222523009	JOBANPREET SINGH	<u> </u>	L
13	88231222523010	KARAN		L
14	88231222523011	KARANBIR SINGH		
15	88231222523013	PARAMBIR SINGH		
16	88231222523014	PARMPREET SINGH		
17	88231222523015	RAMANPREET KAUR		
18	88231222523016	ROBINDEEP SINGH		
19	88231222523018	SAHIL		
20	88231222523019	SUKHMAN SINGH		
21	88231222523020	SUKHRAJ SINGH	 	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 132 / ELECTRICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

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

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

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	88231222522012	KARANVEER SINGH	<u> </u>	
2	88231222523001	JARJAN SINGH	<u> </u>	<u> </u>
3	88231222523002	ARSHDEEP SINGH	<u> </u>	<u> </u>
4	88231222523004	GULRAJ SINGH		
5	88231222523005	GURJANT SINGH	1	
6	88231222523006	HARINDER SINGH]	
7	88231222523008	JOBANDEEP SINGH		
8	88231222523009	JOBANPREET SINGH		
9	88231222523010	KARAN	1	
10	88231222523011	KARANBIR SINGH	1	
11	88231222523013	PARAMBIR SINGH	1	
12	88231222523014	PARMPREET SINGH		
13	88231222523015	RAMANPREET KAUR		
14	88231222523016	ROBINDEEP SINGH		
15	88231222523018	SAHIL		
16 ,	 88231222523019	-SUKHMAN SINGH		

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

88231222523020 | SUKHRAJ SINGH

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN
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: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231222522012	KARANVEER SINGH	<u> </u>	L
2	88231222523001	ARJAN SINGH	<u> </u>	L
3	88231222523002	ARSHDEEP SINGH	<u> </u>	L
4	88231222523004	GULRAJ SINGH	<u> </u>	L
5	88231222523005	GURJANT SINGH	<u> </u>	L
6 <u> </u>	88231222523006	HARINDER SINGH	<u> </u>	L
7	88231222523008	JOBANDEEP SINGH	<u> </u>	L
8	88231222523009	JOBANPREET SINGH	<u> </u>	L
9	88231222523010	KARAN	<u> </u>	L
10	88231222523011	KARANBIR SINGH		L
11	88231222523013	PARAMBIR SINGH		L
12	88231222523014	PARMPREET SINGH		L
13	88231222523015	RAMANPREET KAUR		L
14	88231222523016	ROBINDEEP SINGH		L
15	88231222523018	SAHIL		L
16	88231222523019	SUKHMAN SINGH		L
17	88231222523020	SUKHRAJ 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: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN
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: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

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	88231222522002	AMRITPAL SINGH		L
2	88231222522003	DALJIT SINGH	<u> </u>	L
3	88231222522004	JGURMAAN SINGH	<u> </u>	L
4	88231222522005	GURSEWAK SINGH	<u> </u>	L
5 <u> </u>	88231222522006	GURSEWAK SINGH		L
6	88231222522008	GURWINDER SINGH		L
7	88231222522009	HARMAN SINGH		L
8	88231222522011	HARSIMRANJIT SINGH		L
9	88231222522013	LOVEPREET SINGH		
10	88231222522014	LOVEPREET SINGH		
11	88231222522015	PARGAT SINGH		
12	88231222522017	SUKHMANPREET SINGH		
13	88231222522018	TAJINDER SINGH.	 	
14	88231222522019	 VINAY	- -	
		·		

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

88231222522020 I VISHALDEEP SINGH

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN 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

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

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	88231222522002	AMRITPAL SINGH		L
2	88231222522003	DALJIT SINGH		I
3	88231222522004	GURMAAN SINGH		
4	88231222522005	GURSEWAK SINGH		
5	88231222522006	GURSEWAK SINGH		
6	88231222522008	GURWINDER SINGH		
7	88231222522009	HARMAN SINGH		I
8	88231222522011	HARSIMRANJIT SINGH		
9	88231222522013	LOVEPREET SINGH		
10	88231222522014	LOVEPREET SINGH		
11	88231222522015	PARGAT SINGH		
12	88231222522017	SUKHMANPREET SINGH		
13	88231222522018	TAJINDER SINGH.		
14	88231222522019	JVINAY		
15	88231222522020	VISHALDEEP 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: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN
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

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

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

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

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

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	88231222522002	AMRITPAL SINGH		<u> </u>
2	88231222522003	DALJIT SINGH		
3	88231222522004	GURMAAN SINGH		
4	88231222522005	GURSEWAK SINGH		
5	88231222522006	GURSEWAK SINGH		
6	88231222522008	GURWINDER SINGH		l
7	88231222522009	HARMAN SINGH		
8	88231222522011	HARSIMRANJIT SINGH		l
9	88231222522013	LOVEPREET SINGH		L
10	88231222522014	LOVEPREET SINGH	- 	L
11	88231222522015	PARGAT SINGH	- 	L
12	88231222522017	SUKHMANPREET SINGH	 	L
13	88231222522018	TAJINDER SINGH.	 	L
14	88231222522019	, VINAY	·	L
15 _I	88231222522020	·VISHALDEEP SINGH	l	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: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN
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

Undertaking

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

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	88175197822007	MANDEEP KAUR	1	
2	88175197822010	MANPREET KAUR	<u> </u>	L
3	88175197822012	RAJWINDER KAUR	<u> </u>	L
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (Na above have herek	ame) e examination as Invi appeared under my su by undertake that if	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	pereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	rure of the Invigilator
l ha∖ fill∈	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gnat	ure of the Superintendent
l ha∖ fill∈	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	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	on and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

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

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

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	88242122521010	JGURJAIDEEP SINGH	<u> </u>	
2	88242122523021	JAMNOLPREET SINGH	<u> </u>	L
3	88242122523025	GURWINDER SINGH	<u> </u>	<u>L</u>
4	88242122523029	JATINDER SINGH	<u> </u>	<u>L</u>
5	88242122523030	JUJHAR SINGH	<u> </u>	<u> </u>
6	88242122523031	KAWALJIT KAUR	<u> </u>	<u> </u>
7	88242122523033	KIRANDEEP KAUR	<u> </u>	<u> </u>
8	88242122523034	KOMALPREET KAUR	<u> </u>	<u> </u>
9	88242122523035	LOVEPREET SINGH	<u> </u>	<u>L</u>
10	88242122523037	MANPREET SINGH		L
11	88242122523038	MANROOP KAUR		L
12	88242122523040	RAWALDEEP KAUR		
13	88242122523041	RUKMANDEEP KAUR		
14	88242122523042	RUPINDER 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 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 222 / COMP. OP. PROGRAM. ASSISTANT 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: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

PAGE: 1

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

Subject: 44434 / EMPLOYBILITY SKILL

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88242122521010	GURJAIDEEP SINGH	<u> </u>	<u></u>
88242122523021	AMNOLPREET SINGH	<u></u>	L
88242122523025	GURWINDER SINGH	<u> </u>	L
88242122523029	JATINDER SINGH	<u> </u>	L
88242122523030	JUJHAR SINGH	<u> </u>	L
88242122523031	KAWALJIT KAUR	<u></u>	<u> </u>
88242122523033	KIRANDEEP KAUR	1	L
88242122523034	KOMALPREET KAUR	<u> </u>	L
88242122523035	LOVEPREET SINGH	<u> </u>	L
88242122523037	MANPREET SINGH	<u> </u>	L
88242122523038	MANROOP KAUR	<u> </u>	L
88242122523040	RAWALDEEP KAUR	<u> </u>	<u> </u>
88242122523041	RUKMANDEEP KAUR	<u> </u>	
88242122523042	RUPINDER SINGH	<u> </u>	
	88242122523025 88242122523025 88242122523029 88242122523030 88242122523031 88242122523034 88242122523035 88242122523037 88242122523038 88242122523040 88242122523041	Regd. No. Name Of the Student 88242122521010 GURJAIDEEP SINGH 88242122523021 AMNOLPREET SINGH 88242122523025 GURWINDER SINGH 88242122523029 JATINDER SINGH 88242122523030 JUJHAR SINGH 88242122523031 KAWALJIT KAUR 88242122523033 KIRANDEEP KAUR 88242122523034 KOMALPREET KAUR 88242122523035 LOVEPREET SINGH 88242122523037 MANPREET SINGH 88242122523038 MANROOP KAUR 88242122523040 RAWALDEEP KAUR 88242122523041 RUKMANDEEP KAUR 88242122523041 RUKMANDEEP KAUR	88242122523021 AMNOLPREET SINGH 88242122523025 GURWINDER SINGH 88242122523029 JATINDER SINGH 88242122523030 JUJHAR SINGH 88242122523031 KAWALJIT KAUR 88242122523033 KIRANDEEP KAUR 88242122523034 KOMALPREET KAUR 88242122523035 LOVEPREET SINGH 88242122523037 MANPREET SINGH 88242122523038 MANROOP KAUR 88242122523040 RAWALDEEP 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: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN
Course: Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

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

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

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242122523021	AMNOLPREET SINGH		
2	88242122523025	GURWINDER SINGH		
3	88242122523029	JATINDER SINGH		
4	88242122523030	JUJHAR SINGH		
5	88242122523031	KAWALJIT KAUR		
6	88242122523033	KIRANDEEP KAUR		
7	88242122523034	KOMALPREET KAUR		
8	88242122523035	LOVEPREET SINGH		
9	88242122523037	MANPREET SINGH		
10	88242122523038	MANROOP KAUR		<u> </u>
11	88242122523040	RAWALDEEP KAUR		
12 _I	88242122523041		I	

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

88242122523042 | RUPINDER SINGH

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN 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

L have conducted 10% random of

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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

3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 660 / WELDER Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212122521026	ARUN	<u> </u>	<u> </u>
2	88212122522056	KANWARDEEP SINGH	<u> </u>	L
3	88212122523045	ARSHDEEP SINGH	<u> </u>	L
4	88212122523046	ARSHPREET SINGH	L	L
5 	88212122523047	GAGANDEEP SINGH	<u> </u>	L
6	88212122523048	GURANSHBIR SINGH	<u> </u>	L
7	88212122523050	GURNIVAZ SINGH	<u></u>	L
8	88212122523051	GURPREET SINGH	L	L
9	88212122523052	GURWINDER SINGH	<u> </u>	L
10	88212122523053	JAGDEEP SINGH	<u> </u>	L
11	88212122523059	JUGRAJ SINGH	<u> </u>	L
12	88212122523060	KIRATBIR SINGH	L	L
13	88212122523062	JMANPREET SINGH	<u></u>	L
14	88212122523063	JMEHAKPREET SINGH	<u></u>	L
15	88212122523064	_J NISHAN SINGH	L	L
16 	88212122523065	PALWINDER SINGH	<u> </u>	L
17 	88212122523067	PRINCEPAL SINGH	<u> </u>	L
18	88212122523070	RAVINDER SINGH	<u> </u>	L
19	88212122523072	SANJEEV KUMAR	L	<u></u>
20	88212122523073	JSHIVRAJ SINGH	L	<u></u>
21	88212122523074	SHUBHDEEP SINGH	<u> </u>	

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

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

Course: 660 / WELDER Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88212122523075 | VANSHPARVESHDEEP SIN 88212122523076 VARINDER SINGH 23 88212122523077 WATANDEEP 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 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

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

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212122523045	ARSHDEEP SINGH	<u> </u>	<u> </u>
2	88212122523046	ARSHPREET SINGH	<u> </u>	L
3	88212122523047	GAGANDEEP SINGH	<u> </u>	L
4	88212122523048	GURANSHBIR SINGH	<u> </u>	L
5 	88212122523050	JGURNIVAZ SINGH	<u> </u>	L
6	88212122523051	GURPREET SINGH	<u> </u>	L
7	88212122523052	GURWINDER SINGH	<u> </u>	L
8	88212122523053	JAGDEEP SINGH	<u> </u>	L
9	88212122523059	JUGRAJ SINGH	<u> </u>	L
10	88212122523060	KIRATBIR SINGH	<u> </u>	L
11	88212122523062	JMANPREET SINGH	<u> </u>	L
12	88212122523063	MEHAKPREET SINGH	<u> </u>	L
13	88212122523064	NISHAN SINGH	<u></u>	L
14	88212122523065	PALWINDER SINGH	<u></u>	L
15	88212122523067	PRINCEPAL SINGH	<u></u>	L
16	88212122523070	RAVINDER SINGH	<u> </u>	L
17 	88212122523072	SANJEEV KUMAR	<u></u>	L
18 	88212122523073	SHIVRAJ SINGH	<u> </u>	L
19	88212122523074	SHUBHDEEP SINGH	<u> </u>	
20	88212122523075	VANSHPARVESHDEEP SIN	L	<u></u>
21	88212122523076	VARINDER SINGH	<u> </u>	<u> </u>
				

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course : 660 / WELDER Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Answer Sheet No. Student's Sign. Regd. No. 88212122523077 | WATANDEEP SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

Course: 660 / WELDER Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212122523045	ARSHDEEP SINGH	<u> </u>	
2	88212122523046	ARSHPREET SINGH	<u> </u>	
3	88212122523047	GAGANDEEP SINGH	<u> </u>	
4	88212122523048	GURANSHBIR SINGH	<u> </u>	
5 	88212122523050	JGURNIVAZ SINGH		
6	88212122523051	GURPREET SINGH		
7	88212122523052	GURWINDER SINGH		L
8	88212122523053	JAGDEEP SINGH		L
9	88212122523059	JUGRAJ SINGH		L
10	88212122523060	KIRATBIR SINGH		L
11	88212122523062	JMANPREET SINGH		L
12	88212122523063	MEHAKPREET SINGH		
13	88212122523064	NISHAN SINGH		
14	88212122523065	PALWINDER SINGH		
15 	88212122523067	PRINCEPAL SINGH		L
16	88212122523070	RAVINDER SINGH		
17 	88212122523072	SANJEEV KUMAR		L
18	88212122523073	SHIVRAJ SINGH		
19	88212122523074	SHUBHDEEP SINGH		
20	88212122523075	VANSHPARVESHDEEP SIN		
21	88212122523076	JVARINDER SINGH	<u>[</u>	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course : 660 / WELDER Class: First 44435 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212122523077 | WATANDEEP SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

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

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218222523079	AKASHDEEP SINGH	<u> </u>	
2	88218222523082	GURJAIDEEP SINGH		<u> </u>
3	88218222523086	HIMATPAL SINGH		<u> </u>
4	88218222523087	JAIDEEP SINGH		
5 	88218222523088	JODHA SINGH		
6	88218222523089	JORAWAR SINGH		
7	88218222523090	MANDEEP SINGH		
8	88218222523091	MANJINDER SINGH		L
9	88218222523092	MANPREET SINGH		
10 <u> </u>	88218222523093	PRABHDEEP SINGH		L
11	88218222523094	PRABHJOT SINGH		
12	88218222523095	SUKHPAL SINGH		
13	88218222523096	SUKHRAJ SINGH		
14	88218222523097	YUVRAJ SINGH		
,'-				

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

Total No. Of Answer Sheets Packed >

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

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

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218222523079	JAKASHDEEP SINGH	<u> </u>	
2	88218222523082	GURJAIDEEP SINGH	<u> </u>	<u> </u>
3	88218222523086	HIMATPAL SINGH	<u> </u>	L
4	88218222523087	JAIDEEP SINGH	<u> </u>	<u></u>
5	88218222523088	JODHA SINGH	<u> </u>	<u></u>
6	88218222523089	JORAWAR SINGH	<u> </u>	<u></u>
7	88218222523090	MANDEEP SINGH	<u> </u>	L
8	88218222523091	MANJINDER SINGH	<u> </u>	<u></u>
9	88218222523092	MANPREET SINGH	<u> </u>	L
10	88218222523093	PRABHDEEP SINGH		L
11	88218222523094	PRABHJOT SINGH		L
12	88218222523095	SUKHPAL SINGH		
13	88218222523096	SUKHRAJ SINGH		
14	88218222523097	YUVRAJ SINGH		

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

Total No. Of Answer Sheets Packed >

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

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

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Name Of the Student

Subject: 44435 / PRACTICAL

Regd. No.

S.No

3.110			Aliswei Sheet No. 1	
1	88218222523079	AKASHDEEP SINGH		<u></u>
2	88218222523082	GURJAIDEEP SINGH		L
3	88218222523086	HIMATPAL SINGH		L
4	88218222523087	JAIDEEP SINGH		L
5	88218222523088	JODHA SINGH		L
6	88218222523089	JORAWAR SINGH		L
7	88218222523090	MANDEEP SINGH		L
8	88218222523091	MANJINDER SINGH		L
9	88218222523092	MANPREET SINGH		L
10	88218222523093	PRABHDEEP SINGH		L
11	88218222523094	PRABHJOT SINGH		L
12	88218222523095	SUKHPAL SINGH		L
13	88218222523096	SUKHRAJ SINGH		
14	88218222523097	YUVRAJ SINGH		
·		·		

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

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

Course: 664 / PUNJABI STENOGRAPHY Class: First

17411 / TRADE THEORY Subject:

PAGE: 1

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

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

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17414 / SOCIAL STUDIES

PAGE: 1

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

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

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17415 / PRACTICAL

PAGE: 1

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

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

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17416 / COGNATE

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88174192222002	BIKRAMJIT SINGH	<u> </u>	<u> </u>
2		88174192222015	POOJA KAUR	<u> </u>	<u> </u>
3		88174192223001	ARSHDEEP KAUR		L
4		88174192223002	BALRAJ SINGH		L
5		88174192223005	JASBIR KAUR		L
6		88174192223007	MANPREET KAUR		L
7		88174192223009	RANI		L
8		88174192223011	RUPINDER KAUR		1
Т	otal	No. Of Students in No. Of Answer She and Signature Of		ent:	
				Undertaki ng	
ab ha	ve ar	examination as Invi opeared under my su	(Designation) gilator. I have personally checl pervision in today's exam, have any mistakes are found, I will n	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
				Si gnat	ure of the Invigilator
		conducted 20% rand correctly as per i		the said examinatio	n and found that particulars have been
Na	me of	f the Superintenden	t	Si gnat	ure of the Superintendent
l fi	have I I ed	conducted 10% rand correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Na	me of	f the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l fi	have Iled	e conducted 5% rand correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Na	me of	the Controller		Si gnat	ure of the Controller

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

PAGE: 1 of

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

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

17055 / CRAFT(T) Subject:

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17070 / PRINCIPLES OF EDUCATION Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370297822020 | PRABHNOOR 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: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17073 / GEOMETRICAL DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370297822016 | 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.

Name of the Controller

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

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

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70051 / PAINTING

S.No		Regd. No.	1	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88370297820035	JASPF	EET KAUR		
2		88370297822016	JASHA			
3		88370297822018	JMAND	EEP KAUR		
4		88370297822019	NAVNI	EET KAUR		
5		88370297822020	PRABI	INOOR SINGH		
Т	otal	No. Of Students in No. Of Answer She and Signature Of	eets Pad	cked >	bsent:	
					Undertaki ng	
ab ha	(Name ove e ve ap reby	examination as Inv	i gi l ator upervi si	Designation) I have personally ch on in today's exam, ha takes are found, I wil		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 fi	have I I ed	conducted 20% ran correctly as per	dom chec instruct	king of the OMR sheet ons.	of the said examination	on and found that particulars have been
Nai	ne o	f the Superintende	nt		Si gna	ture of the Superintendent
l fi	have I I ed	conducted 10% rancorrectly as per	dom chec instruct	king of the OMR sheet ons.	of the said examination	on and found that particulars have been
Naı	me o	f the Deputy Contr	oller		Si gna	ture of the Deputy Controller
l fi	have I I ed	e conducted 5% ran correctly as per	dom chec instruct	king of the OMR sheet ons.	of the said examination	on and found that particulars have been
Nai	me o	f the Controller			Si gna	ture of the Controller

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

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

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

Subject: 70055 / CRAFT(T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370297820035	JASPREET KAUR		
2	88370297822016			
3	88370297822018	MANDEEP KAUR		
4	88370297822019	NAVALEET KALIE		
5	88370297822020	PRABHNOOR SINGH		
I (N	me and Signature Of	(Designation) igilator. I have personally ch	Undertaking	hereby certify that I have conducted the
I (N abov	Name) Ve examination as Inv	(Designation)_ igilator. I have personally ch	necked and ensured that	nt particulars of all the students who
have	e appeared under my s eby undertake that if	upervision in today's exam, ha any mistakes are found, I wil	nve been filled and sh I not be entitled for	naded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ave conducted 20% ran ed 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 Superintende	nt	Si gna	ture of the Superintendent
l ha fill	ave conducted 10% ran ed 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	ture of the Deputy Controller
l h fill	nave conducted 5% ran ed 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 Controller		Si gna	ture of the Controller

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

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

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	88370297820035	JASPREET KAUR		
2	88370297822016			
3	88370297822018	MANDEEP KAUR		
4	88370297822019	NAVALEET KALIE		
5	88370297822020	PRABHNOOR SINGH		
I (N	me and Signature Of	(Designation) igilator. I have personally ch	Undertaking	hereby certify that I have conducted the
I (N abov	Name) Ve examination as Inv	(Designation)_ igilator. I have personally ch	necked and ensured that	nt particulars of all the students who
have	e appeared under my s eby undertake that if	upervision in today's exam, ha any mistakes are found, I wil	nve been filled and sh I not be entitled for	naded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ave conducted 20% ran ed 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 Superintende	nt	Si gna	ture of the Superintendent
l ha fill	ave conducted 10% ran ed 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	ture of the Deputy Controller
l h fill	nave conducted 5% ran ed 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 Controller		Si gna	ture of the Controller

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

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

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	88370297820035	JASPREET KAUR				
2	88370297822016	JASHANDEEP KAUR				
3	88370297822018	JMANDEEP KAUR				
4	88370297822019	NAVALEET KALIB				
5	88370297822020	PRABHNOOR SINGH				
To	otal No. Of Students in otal No. Of Answer Sho name and Signature Of	eets Packed >	bsent:			
			Undertaki ng			
abo 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 gna	ture of the Invigilator		
l h fil	ave conducted 20% rand led correctly as per i	dom checking of the OMR sheet instructions.	of the said examinati	on and found that particulars have been		
Nam	e of the Superintender	nt	Si gna	ture of the Superintendent		
l h fil	ave conducted 10% rand Led correctly as per i	dom checking of the OMR sheet instructions.	of the said examinati	on and found that particulars have been		
Nam	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet instructions.	of the said examinati	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

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

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	88370297820035	JASPREET KAUR					
2	88370297821032	SANDEEP KAUR					
3	88370297822016	JASHANDEEP KAUR					
4	88370297822018	MANDEEP KAUR					
5	88370297822019	NAVNEET KAUR					
6	88370297822020	PRABHNOOR SINGH		1			
	Name and Signature Of Incharge Undertaking I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for 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	om checking of the OMR sheet c nstructions.	9	ture of the Invigilator on and found that particulars have been			
Name	of the Superintenden	t	Si gna	ture of the Superintendent			
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
Name	of the Deputy Contro	ller	Si gna	ture of the Deputy Controller			
l h fill	ave conducted 5% rand ed correctly as per i	om checking of the OMR sheet c nstructions.	f 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: 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN

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

Subject: 70072 / COMMERCIAL ART

PAGE: 1

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

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

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	88370297820035	JASPREET KAUR				
2	88370297822016	JASHANDEEP KAUR	L			
3	88370297822018	MANDEEP KAUR	<u> </u>			
4	88370297822019			L		
5	88370297822020					
Na I (Nabov	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	any remuneration.		
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	9	ure of the Invigilator n and found that particulars have been		
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent		
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	e of the Controller		Si gnat	ure of the Controller		

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

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

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

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

PAGE: 1

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

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

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

Subject: 70075 / PROJECT

PAGE: 1

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

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

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

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

PAGE: 1

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

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

Course: 675 / SOLAR TECHNICIAN (ELECTRICAL)

Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88288122523098	JAJAYPAL SINGH		
88288122523101	JAMRITPAL SINGH		
88288122523102	GURDEV SINGH		
88288122523104	GURSAAB SINGH		
88288122523106	JASKARAN SINGH		
88288122523108	KHUSHPREET SINGH		
88288122523109	KULWINDER SINGH		
88288122523110	LOVEPREET SINGH		
88288122523111	LOVEPREET SINGH		
88288122523114	PAWANPREET SINGH		
88288122523115	PRINCEPAL SINGH	<u>[</u>	
88288122523116	TANVEER SINGH		
	88288122523101 88288122523102 88288122523104 88288122523106 88288122523108 88288122523109 88288122523110 88288122523111 88288122523111 88288122523111	Regd. No. Name Of the Student 88288122523109 AJAYPAL SINGH 88288122523101 AMRITPAL SINGH 88288122523102 GURDEV SINGH 88288122523104 GURSAAB SINGH 88288122523106 JASKARAN SINGH 88288122523109 KULWINDER SINGH 88288122523110 LOVEPREET SINGH 88288122523111 LOVEPREET SINGH 88288122523114 PAWANPREET SINGH 88288122523115 PRINCEPAL SINGH 88288122523116 TANVEER SINGH	88288122523101 AMRITPAL SINGH 88288122523102 GURDEV SINGH 88288122523104 GURSAAB SINGH 88288122523106 JASKARAN SINGH 88288122523108 KHUSHPREET SINGH 88288122523109 KULWINDER SINGH 88288122523110 LOVEPREET SINGH 88288122523111 LOVEPREET SINGH 88288122523111 PAWANPREET SINGH 88288122523114 PAWANPREET 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 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: 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. Signature of the Invigilator I have conducted 20% random checking of the OMR 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 Signature of the Deputy Controller

filled correctly as per instructions.

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

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

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

675 / SOLAR TECHNICIAN (ELECTRICAL) Course:

Class: First

44434 / EMPLOYBILITY SKILL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88288122523098	_] AJAYPAL SINGH		
2	88288122523101	AMRITPAL SINGH		L
3	88288122523102	GURDEV SINGH		L
4	88288122523104	GURSAAB SINGH		L
5	88288122523106	JASKARAN SINGH		L
6	88288122523108	KHUSHPREET SINGH		<u> </u>
7	88288122523109	KULWINDER SINGH	<u> </u>	<u> </u>
8	88288122523110	LOVEPREET SINGH	<u> </u>	<u>L</u>
9	88288122523111	LOVEPREET SINGH	<u> </u>	<u> </u>
10	88288122523114	PAWANPREET SINGH	<u> </u>	<u> </u>
11	88288122523115	PRINCEPAL SINGH	<u> </u>	<u> </u>
12	88288122523116	TANVEER 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 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: 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

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

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

675 / SOLAR TECHNICIAN (ELECTRICAL) Course:

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88288122523098	JAJAYPAL SINGH	<u> </u>	<u> </u>
2	88288122523101	AMRITPAL SINGH		L
3	88288122523102	GURDEV SINGH		I
4	88288122523104	GURSAAB SINGH		I
5	88288122523106	JASKARAN SINGH		I
6	88288122523108	KHUSHPREET SINGH		
7	88288122523109	KULWINDER SINGH		L
8	88288122523110	LOVEPREET SINGH		L
9	88288122523111	LOVEPREET SINGH		L
10	88288122523114	PAWANPREET SINGH		L
11	88288122523115	PRINCEPAL SINGH		L
12	88288122523116	TANVEER 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 3133 / INDISTRIAL TRAINING INSTITUTE, (W) TARAN TARAN Center Name: 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

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

Name of the Controller

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

Center Name: 3135 / INDUSTRIAL TRAINING INSTITUTE (W) , RAYYA

Course: 115 / MECHANIC (TRACTOR) Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88202190623001	JANSHPREET SINGH	<u> </u>	<u> </u>
2	88202190623002	JARASHDEEP SINGH	L	<u></u>
3	88202190623003	JEKMANPREET SINGH	L	L
4	88202190623004	GURPREET SINGH	L	L
5	88202190623005	GURSEWAK SINGH	L	L
6	88202190623006	_J HARMAN SINGH	L	L
7	88202190623007	HARPREET SINGH	L	L
8	88202190623008	HARPREET SINGH	<u> </u>	L
9	88202190623009	JASKARAN SINGH	L	L
10	88202190623010	JASKARANPREET SINGH	L	L
11 	88202190623011	JMANJINDER SINGH	L	L
12	88202190623012	_J MANJOT SINGH	L	L
13	88202190623013	PALWINDER SINGH	<u> </u>	L
14	88202190623014	PARAS SUDAN	<u> </u>	L
15 	88202190623015	RANDEEP SINGH	<u> </u>	L
16	88202190623016	RANJIT SINGH	<u> </u>	L
17	88202190623017	SANDEEP SINGH	L	L
18	88202190623019	SUKHWINDER 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: 3135 / INDUSTRIAL TRAINING INSTITUTE (W) , RAYYA Course: 115 / MECHANIC (TRACTOR) Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR 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: 3135 / INDUSTRIAL TRAINING INSTITUTE (W) , RAYYA

Course: 115 / MECHANIC (TRACTOR) Class: First

44434 / EMPLOYBILITY SKILL

Subject: S No I Read No. Name Of the Student | Student's Sign

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88202190623001	ANSHPREET SINGH	<u> </u>	
2	88202190623002	ARASHDEEP SINGH	<u> </u>	L
3	88202190623003	EKMANPREET SINGH	<u> </u>	L
4	88202190623004	GURPREET SINGH	<u> </u>	L
5	88202190623005	GURSEWAK SINGH	<u> </u>	L
6	88202190623006	HARMAN SINGH	<u> </u>	L
7	88202190623007	HARPREET SINGH	<u> </u>	L
8	88202190623008	HARPREET SINGH	<u> </u>	L
9	88202190623009	JASKARAN SINGH	<u> </u>	L
10	88202190623010	JASKARANPREET SINGH	<u> </u>	L
11	88202190623011	MANJINDER SINGH	<u> </u>	L
12	88202190623012	MANJOT SINGH	<u> </u>	L
13	88202190623013	PALWINDER SINGH	<u> </u>	L
14	88202190623014	PARAS SUDAN	<u> </u>	L
15 	88202190623015	RANDEEP SINGH	<u> </u>	L
16	88202190623016	RANJIT SINGH	<u> </u>	L
17	88202190623017	SANDEEP SINGH	<u> </u>	
18	88202190623019	SUKHWINDER 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: 3135 / INDUSTRIAL TRAINING INSTITUTE (W) , RAYYA Course: 115 / MECHANIC (TRACTOR) Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR 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: 3135 / INDUSTRIAL TRAINING INSTITUTE (W) , RAYYA

Course: 115 / MECHANIC (TRACTOR)

Class: First

44435 / PRACTICAL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88202190623001	JANSHPREET SINGH	<u> </u>	<u> </u>
2	88202190623002	ARASHDEEP SINGH	<u> </u>	L
3	88202190623003	JEKMANPREET SINGH	<u></u>	L
4	88202190623004	GURPREET SINGH	<u></u>	L
5	88202190623005	GURSEWAK SINGH	<u></u>	L
6	88202190623006	HARMAN SINGH	<u> </u>	<u> </u>
7	88202190623007	HARPREET SINGH	<u> </u>	<u> </u>
8	88202190623008	HARPREET SINGH	<u> </u>	<u> </u>
9	88202190623009	JASKARAN SINGH	<u> </u>	<u> </u>
10	88202190623010	JASKARANPREET SINGH		<u> </u>
11	88202190623011	MANJINDER SINGH	<u> </u>	<u> </u>
12	88202190623012	MANJOT SINGH		<u> </u>
13	88202190623013	PALWINDER SINGH	<u> </u>	<u> </u>
14	88202190623014	PARAS SUDAN	<u> </u>	<u> </u>
15	88202190623015	RANDEEP SINGH		<u> </u>
16	88202190623016	RANJIT SINGH		<u> </u>
17	88202190623017	SANDEEP SINGH	<u></u>	<u></u>
18	88202190623019	SUKHWINDER 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: 3135 / INDUSTRIAL TRAINING INSTITUTE (W) , RAYYA Course: 115 / MECHANIC (TRACTOR) Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3135 / INDUSTRIAL TRAINING INSTITUTE (W) , RAYYA

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	88212190623021	JANMOL SINGH	<u> </u>	<u></u>
2	88212190623023	JANSHUL KUMAR	L	L
3	88212190623024	DAVINDERDEEP SINGH	L	L
4	88212190623026	GURPREET SINGH	L	L
5 	88212190623027	GURSHANBIR SINGH	L	L
6	88212190623029	HARPREET SINGH	<u> </u>	L
7 	88212190623031	JASHANPREET SINGH	<u> </u>	L
8	88212190623032	JASKARANDEEP SINGH	<u> </u>	L
9	88212190623033	JATINDER SINGH	<u> </u>	L
10	88212190623034	JOBANPREET SINGH	<u> </u>	L
11	88212190623035	KHUSHMANPREET SINGH	<u> </u>	L
12	88212190623036	LOVENEET SINGH	<u> </u>	L
13	88212190623039	SEHAJPAL SINGH	<u> </u>	L
14	88212190623040	SURAJ	<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 3135 / INDUSTRIAL TRAINING INSTITUTE (W), RAYYA 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: 3135 / INDUSTRIAL TRAINING INSTITUTE (W) , RAYYA

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	88212190623021	JANMOL SINGH	<u> </u>	
2	88212190623023	JANSHUL KUMAR	<u> </u>	
3	88212190623024	DAVINDERDEEP SINGH	<u> </u>	
4	88212190623026	GURPREET SINGH	<u> </u>	
5	88212190623027	GURSHANBIR SINGH	<u> </u>	
6	88212190623029	HARPREET SINGH	<u> </u>	
7 l	88212190623031	JASHANPREET SINGH	<u> </u>	
8	88212190623032	JASKARANDEEP SINGH	<u> </u>	
9	88212190623033	JATINDER SINGH	<u> </u>	
10	88212190623034	JOBANPREET SINGH	<u> </u>	
11	88212190623035	KHUSHMANPREET SINGH	<u> </u>	
12	88212190623036	LOVENEET SINGH		
13	88212190623039	SEHAJPAL SINGH	<u> </u>	
14	88212190623040	SURAJ	<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 3135 / INDUSTRIAL TRAINING INSTITUTE (W), RAYYA 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 I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

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

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller Signature of the Deputy Controller

I have conducted 5% random 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

Center Name: 3135 / INDUSTRIAL TRAINING INSTITUTE (W) , RAYYA

Course: Class: First 660 / WELDER

Name Of the Student

Regd. No.

PAGE: 1

S.No

44435 / PRACTICAL Subject:

Answer Sheet No.

Student's Sign.

		' '		
1	88212190623021	ANMOL SINGH	<u> </u>	<u> </u>
2	88212190623023	ANSHUL KUMAR	L	L
3	88212190623024	DAVINDERDEEP SINGH	<u> </u>	L
4	88212190623026	GURPREET SINGH	<u> </u>	L
5 	88212190623027	GURSHANBIR SINGH	L	L
6	88212190623029	HARPREET SINGH	<u> </u>	L
7	88212190623031	JASHANPREET SINGH	<u> </u>	L
8	88212190623032	JASKARANDEEP SINGH	L	L
9	88212190623033	JATINDER SINGH	L	L
10	88212190623034	JOBANPREET SINGH	L	L
11	88212190623035	KHUSHMANPREET SINGH		
12	88212190623036	LOVENEET SINGH		
13	88212190623039	SEHAJPAL SINGH		
14	88212190623040	SURAJ	<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 3135 / INDUSTRIAL TRAINING INSTITUTE (W) , RAYYA Center Name: Course: 660 / WELDER 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

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

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

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

PAGE: 1 of Center Name:

3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course:

251 / BAKER AND CONFECTIONER

Class: First

ubiect :	44431 / TRADE THEORY	
IDIECI :	44431 / TRADE THEORY	

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88251194222008 | HARMANDEEP SINGH 88251194222015 IOM RISHI 3 88251194223002 | AKASHDEEP KAUR 88251194223004 _| ANMOL 5 88251194223005 | ANMOL SINGH 88251194223012 _I KOMAL 88251194223018 | NAVJOT SINGH 88251194223019 | SALAS 88251194223021 | TANVIR 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.

Name of the Controller

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

PAGE: 1 of 1 Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 251 / BAKER AND CONFECTIONER

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88251194222006	GALIBNOOR SINGH		
2	88251194223002	AKASHDEEP KAUR		
3	88251194223004	ANMOL		
4	88251194223005	ANMOL SINGH		
5	88251194223012	_] KOMAL		
6	88251194223018	NAVJOT SINGH		
7	88251194223019	SALAS		
8	88251194223021	TANVIR SINGH		
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	osent:	
			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 cha upervision in today's exam, hav any mistakes are found, I wil	ecked and ensured that we been filled and sh not be entitled for	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also any remuneration.
				ature of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ature of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gna	ature of the Deputy Controller
	ave conducted 5% rand ed correctly as per i		of the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	ature of the Controller

Class: First

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

PAGE: 1 Center Name:

3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course:

251 / BAKER AND CONFECTIONER

44435 / PRACTICAL Subject:

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88251194223002 _| AKASHDEEP KAUR 2 88251194223004 _I ANMOL 3 88251194223005 | ANMOL SINGH 88251194223012 _I KOMAL 5 88251194223018 | NAVJOT SINGH 88251194223019_|SALAS 88251194223021 | TANVIR 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 have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random 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: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 681 / FIRE TECHNOLOGY AND INDUSTRIAL SAFETY MANAGEMENT

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88285194222045	BHARATVEER SINGH		<u> </u>
2	88285194222047	DIKSHITJIT SINGH		L
3	88285194222052	GURPREET SINGH		
4	88285194222056	KARANVEER		
5	88285194222058	_] моніт		L
6	88285194222060	RAJBIR SINGH		
7	88285194222066	TARLOCHAN SINGH		
8	88285194223025	AMANDEEP SINGH		L
9	88285194223026	ANSHDEEP SINGH		
10	88285194223027	JARMAN SINGH		
11	88285194223028	BALWINDER SINGH		<u> </u>
12	88285194223029	GURPREET SINGH		<u></u>
13	88285194223030	HARMANPREET SINGH		<u></u>
14	88285194223032	JASBIR KUMAR		<u></u>
15	88285194223033	JASHAN SINGH		L
16	88285194223034	JASHANPREET SINGH		L
17	88285194223035	JATIN		L
18	88285194223036	KARANDEEP SINGH		
19	88285194223039	MANPREET SINGH		
20	88285194223040	MUHAMMAD KAIF		
21	88285194223042	PRINCE MEHRA		

Class: First

Signature of the Invigilator

Signature of the Superintendent

Signature of the Deputy Controller

Signature of the Controller

Answer Sheet No.

Absent:

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

I have conducted 10% random checking of the OMR sheet of the said examination 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

Undertaki ng

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

Name Of the Student

PAGE: 2 of 2 Center Name:

Regd. No.

Subject:

S.No

23

25

3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 681 / FIRE TECHNOLOGY AND INDUSTRIAL SAFETY MANAGEMENT

44431 / TRADE THEORY

88285194223045 _| SHIVAM

88285194223046 | SUMIT

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

filled correctly as per instructions.

filled correctly as per instructions.

filled correctly as per instructions.

Name of the Superintendent

Name of the Deputy Controller

Name of the Controller

88285194223044 | SANAMDEEP SINGH

88285194223047 | TEJPAL SINGH GILL

Total No. Of Students in this Subject > Present :

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

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

3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

Course: 681 / FIRE TECHNOLOGY AND INDUSTRIAL SAFETY MANAGEMENT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88285194222045	BHARATVEER SINGH	<u> </u>	L
2	88285194223025	JAMANDEEP SINGH	<u> </u>	L
3	88285194223026	ANSHDEEP SINGH	<u> </u>	<u>L</u>
4	88285194223027	JARMAN SINGH	<u> </u>	<u>L</u>
5	88285194223028	BALWINDER SINGH	<u> </u>	<u>L</u>
6	88285194223029	GURPREET SINGH	<u> </u>	<u>L</u>
7	88285194223030	HARMANPREET SINGH	L	<u>L</u>
8	88285194223032	JASBIR KUMAR	<u> </u>	<u>L</u>
9	88285194223033	JASHAN SINGH	<u> </u>	<u> </u>
10	88285194223034	JASHANPREET SINGH	L	L
11	88285194223035	JATIN	<u> </u>	<u> </u>
12	88285194223036	KARANDEEP SINGH	<u> </u>	<u> </u>
13	88285194223039	JMANPREET SINGH	L	<u>L</u>
14	88285194223040	JMUHAMMAD KAIF	L	<u>L</u>
15 	88285194223042	PRINCE MEHRA	<u> </u>	<u>L</u>
16	88285194223044	SANAMDEEP SINGH	<u> </u>	<u>L</u>
17 	88285194223045	SHIVAM	<u> </u>	<u>L</u>
18	88285194223046	SUMIT	<u> </u>	<u>L</u>
19	88285194223047	TEJPAL SINGH GILL		<u> </u>
· 				

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR Center Name: Course: 681 / FIRE TECHNOLOGY AND INDUSTRIAL SAFETY MANAGEMENT Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR

681 / FIRE TECHNOLOGY AND INDUSTRIAL SAFETY MANAGEMENT Course:

44435 / PRACTICAL Subject:

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88285194223025	JAMANDEEP SINGH	<u> </u>	<u></u>
2	88285194223026	ANSHDEEP SINGH	<u> </u>	<u> </u>
3	88285194223027	ARMAN SINGH	<u> </u>	<u> </u>
4	88285194223028	BALWINDER SINGH	<u> </u>	L
5 	88285194223029	GURPREET SINGH	<u> </u>	<u> </u>
6 <u> </u>	88285194223030	HARMANPREET SINGH	<u> </u>	<u> </u>
7	88285194223032	JASBIR KUMAR	<u> </u>	L
8 <u> </u>	88285194223033	JASHAN SINGH	<u> </u>	L
9	88285194223034	JASHANPREET SINGH	<u> </u>	L
10	88285194223035	JATIN	<u> </u>	L
11	88285194223036	KARANDEEP SINGH	<u> </u>	L
12	88285194223039	MANPREET SINGH	<u> </u>	L
13	88285194223040	JMUHAMMAD KAIF	<u> </u>	L
14	88285194223042	PRINCE MEHRA		L
15	88285194223044	SANAMDEEP SINGH	<u> </u>	L
16	88285194223045	SHIVAM	<u> </u>	L
17	88285194223046	SUMIT	<u> </u>	<u> </u>
18	88285194223047	TEJPAL SINGH GILL	<u> </u>	
_			·	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3189 / GOVT ITI RANJIT AVENUE, AMRITSAR Center Name: Course: 681 / FIRE TECHNOLOGY AND INDUSTRIAL SAFETY MANAGEMENT Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209184523001	AJAYBIR SINGH	 	
2	88209184523002	AKASHDEEP SINGH	L	
3	88209184523003	ANMOLDEEP SINGH	L	
4	88209184523005	BALJIT SINGH	L	
5	88209184523008	GURSEWAK SINGH	L	
6	88209184523009	GURSIMRANJIT SINGH	<u> </u>	
7	88209184523010	HARMOHITPREET SINGH	<u> </u>	
8	88209184523011	JASHANPREET SINGH	<u> </u>	
9	88209184523012	JOBANPREET SINGH	<u> </u>	
10 	88209184523015	LOVEROSEPAL SINGH	<u> </u>	
11 	88209184523018	MANPREET SINGH	<u> </u>	
12	88209184523020	PRABHDEEP SINGH	<u> </u>	
13	88209184523022	SAHILPREET SINGH	<u> </u>	
14	88209184523024	SUKHDEEP SINGH	<u> </u>	
15 	88209184523025	TARANPREET SINGH	<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

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name:

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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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

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8820918452300	¹ JAJAYBIR SINGH		
2	8820918452300	² JAKASHDEEP SINGH		<u> </u>
3	8820918452300	³ ANMOLDEEP SINGH		<u></u>
4	8820918452300	⁵ BALJIT SINGH		<u> </u>
5	8820918452300	⁸ GURSEWAK SINGH		<u> </u>
6	8820918452300	9 GURSIMRANJIT SINGH		<u> </u>
7	8820918452301	O _J HARMOHITPREET SINGH		<u> </u>
8	8820918452301	¹ JASHANPREET SINGH		<u> </u>
9	8820918452301	² JOBANPREET SINGH		<u> </u>
10	8820918452301	⁵ LOVEROSEPAL SINGH		<u></u>
11	8820918452301	8 _J MANPREET SINGH		<u></u>
12	8820918452302	O _J PRABHDEEP SINGH		<u> </u>
13	8820918452302	² SAHILPREET SINGH		<u></u>
14	8820918452302	⁴ SUKHDEEP SINGH		<u> </u>
15	8820918452302	⁵ TARANPREET 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: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

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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

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209184523001	AJAYBIR SINGH	<u> </u>	L
2	88209184523002	AKASHDEEP SINGH	<u> </u>	
3	88209184523003	ANMOLDEEP SINGH	<u> </u>	<u> </u>
4	88209184523005	BALJIT SINGH	<u> </u>	
5 	88209184523008	GURSEWAK SINGH	<u> </u>	
6	88209184523009	GURSIMRANJIT SINGH		
7	88209184523010	HARMOHITPREET SINGH		
8	88209184523011	JASHANPREET SINGH	<u> </u>	
9	88209184523012	JOBANPREET SINGH		L
10	88209184523015	LOVEROSEPAL SINGH	<u> </u>	
11	88209184523018	MANPREET SINGH		
12	88209184523020	PRABHDEEP SINGH		
13	88209184523022	SAHILPREET SINGH		
14	88209184523024	SUKHDEEP SINGH		
15	88209184523025	TARANPREET 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: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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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 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name: Course : 370 / ART & CRAFTS Class: First 17055 / CRAFT(T) Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88370182919015 | KIRTI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Course : 370 / ART & CRAFTS Class: Second 70070 / EDUCATIONAL PSYCHOLOGY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370182919027 | SUKHRAJ SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

PAGE: 1 of 1 Center Name:

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

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	88246184522001	AMOLAKPREET KAUR	 		
2	88246184522003	HARMANPREET KAUR	L	<u> </u>	
3	88246184522004	JASHANDEEP KAUR	<u> </u>		
4	88246184522005	JASHANPREET KAUR	<u> </u>		
5	88246184522008	KAWALPREET KAUR	L	<u> </u>	
6	88246184522016	SANDEEP KAUR	<u> </u>	<u> </u>	
7	88246184522020	SIMRANJIT KAUR		<u> </u>	
Tot	tal No. Of Answer She me and Signature Of				
			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	been filled and sha	nereby certify that I have conducted the particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.	
			Signature of the Invigilator		
I ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Name	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	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	

Class: First

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

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name:

Course: 652 / FASHION DESIGN TECHNOLOGY

44434 / EMPLOYBILITY SKILL Subject:

PAGE: 1

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88246184522001 AMOLAKPREET KAUR 88246184522003 | HARMANPREET KAUR 2 3 88246184522008 | KAWALPREET KAUR 5 88246184522016 | SANDEEP KAUR 6 88246184522020 _| SIMRANJIT 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

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

PAGE: 1 of 2 ATTENDA Center Name: 3212 / INDUSTR

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 660 / WELDER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212184523028	BALRAJ SINGH		L
2	88212184523030	GURBIR SINGH		<u> </u>
3	88212184523031	JINDERJIT SINGH		<u> </u>
4	88212184523032	JASHANJOT SINGH		<u>L</u>
5	88212184523033	JASKARANPREET SINGH		<u> </u>
6	88212184523034	JASKIRAT SINGH		<u> </u>
7	88212184523035	JOBANPREET SINGH		<u> </u>
8	88212184523036	LOVEJEET SINGH		<u> </u>
9	88212184523037	MANDEEP SINGH		<u> </u>
10	88212184523038	MANPREET SINGH		<u> </u>
11	88212184523040	PAHULDEEP SINGH		<u> </u>
12	88212184523041	JPALWINDER SINGH		<u></u>
13	88212184523045	UDAYPAL 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 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA 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

I have conducted 10% random checking of the OMR sheet of 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

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

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	88212184523028	JBALRAJ SINGH	<u> </u>	L
2	88212184523030	GURBIR SINGH	<u> </u>	L
3	88212184523031	INDERJIT SINGH	<u> </u>	L
4	88212184523032	JASHANJOT SINGH	<u> </u>	L
5	88212184523033	JASKARANPREET SINGH	<u> </u>	L
6	88212184523034	JASKIRAT SINGH	<u> </u>	L
7	88212184523035	JOBANPREET SINGH	L	L
8	88212184523036	LOVEJEET SINGH	L	L
9	88212184523037	MANDEEP SINGH	L	L
10	88212184523038	JMANPREET SINGH	L	L
11	88212184523040	PAHULDEEP SINGH	L	L
12	88212184523041	PALWINDER SINGH	L	
13	88212184523045	JUDAYPAL SINGH	L	L

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

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

No.Of Students On This Page >> Present>> Absent >> Name Of Invigilator Signature Of Invigilator PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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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

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

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name:

Course: 660 / WELDER Class: First

44435 / PRACTICAL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212184523028	BALRAJ SINGH	<u> </u>	<u> </u>
2	88212184523030	GURBIR SINGH		L
3	88212184523031	INDERJIT SINGH	<u> </u>	<u> </u>
4	88212184523032	JASHANJOT SINGH	<u> </u>	<u> </u>
5	88212184523033	JASKARANPREET SINGH	<u> </u>	<u> </u>
6	88212184523034	JASKIRAT SINGH	<u> </u>	<u> </u>
7	88212184523035	JOBANPREET SINGH	<u> </u>	<u> </u>
8	88212184523036	LOVEJEET SINGH	<u> </u>	<u> </u>
9	88212184523037	MANDEEP SINGH	<u> </u>	<u> </u>
10	88212184523038	MANPREET SINGH	<u> </u>	<u> </u>
11	88212184523040	PAHULDEEP SINGH		L
12	88212184523041	PALWINDER SINGH	<u></u>	<u> </u>
13	88212184523045	JUDAYPAL SINGH	<u></u>	

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

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

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

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

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

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 664 / PUNJABI STENOGRAPHY Class: First

Name Of the Student

Subject: 17411 / TRADE THEORY

Regd. No.

S.No

	1119111111	'	The vol. of look 110.	5
1	88174180822002	AMARJOT KAUR		
2	88174180822003	GURDIT SINGH	<u> </u>	<u></u>
3	88174180823003	DILPREET SINGH		L
4	88174180823004	GURSEWAK SINGH		L
5	88174180823005	HARMANDEEP KAUR		L
6	88174180823008	JASPREET KAUR		L
7	88174180823010	JOBANPREET KAUR		L
8	88174180823013	RAMANDEEP KAUR		L
9	88174180823014	RONIT KUMAR		L
10	88174180823015	SHAHINAJ	L	L
11	88174180823016	SIMRANJEET KAUR		L

Answer Sheet No.

Student's Sign.

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

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

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

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

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

PAGE: 1 of 1 Center Name:

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

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	88174180823003	DILPREET SINGH	<u> </u>	
2	88174180823004	GURSEWAK SINGH	<u> </u>	<u> </u>
3	88174180823005	HARMANDEEP KAUR	<u> </u>	
4	88174180823008	JASPREET KAUR	<u> </u>	
5	88174180823010	JOBANPREET KAUR	<u> </u>	
6	88174180823013	RAMANDEEP KAUR	<u> </u>	<u> </u>
7	88174180823014	RONIT KUMAR	<u> </u>	<u> </u>
8	88174180823015	SHAHINAJ	<u> </u>	
9	88174180823016	SIMRANJEET KAUR	1	1
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abov	ame)_ e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that	nereby certify that I have conducted the particulars of all the students who added correctly in the OMR sheets. I also any remuneration.
			Si gnat	cure of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Superintenden	t	Si gnat	cure of the Superintendent
	ve conducted 10% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	cure of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

664 / PUNJABI STENOGRAPHY

Course: Class: First

Subject: 17415 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174180823003	DILPREET SINGH	<u> </u>	
2	88174180823004	GURSEWAK SINGH	<u> </u>	
3	88174180823005	HARMANDEEP KAUR	1	<u> </u>
4	88174180823008	JASPREET KAUR	1	<u> </u>
5	88174180823010	JOBANPREET KAUR		
6	88174180823013	RAMANDEEP KAUR		
7	88174180823014	RONIT KUMAR	<u> </u>	
8	88174180823015	SHAHINAJ	<u> </u>	
9	88174180823016	SIMRANJEET KAUR	1	I
To	tal No. Of Students in tal No. Of Answer She ime and Signature Of	eets Packed >	sent:	
	-		Undertaki ng	
abo have	Name)_ ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	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 fil	ave conducted 20% rand Led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nam	e of the Superintender	nt	Si gnat	cure of the Superintendent
	ave conducted 10% rand Led correctly as per i		the said examination	on and found that particulars have been
Nam	e of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller
 fi	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nam	e of the Controller		Si gnat	cure of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

664 / PUNJABI STENOGRAPHY

Course: Class: First

Subject: 17416 / COGNATE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174180823003	DILPREET SINGH		
2	88174180823004	GURSEWAK SINGH		
3	88174180823005	HARMANDEEP KAUR	<u></u>	<u> </u>
4	88174180823008	JASPREET KAUR	<u></u>	<u> </u>
5	88174180823010	JOBANPREET KAUR	<u></u>	<u> </u>
6	88174180823013	RAMANDEEP KAUR		<u> </u>
7	88174180823014	RONIT KUMAR		<u> </u>
8	88174180823015	SHAHINAJ	<u> </u>	<u> </u>
9	88174180823016	SIMRANJEET KAUR	1	I
To	tal No. Of Students in tal No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	e appeared under mv su	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	e been filled and sha	nereby certify that I have conducted the particulars of all the students who uded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
	ave conducted 20% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	e of the Superintender	t	Si gnat	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 examination	on and found that particulars have been
Name	e of the Deputy Contro	ller	Si gnat	ture of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Controller		Si gnat	cure of the Controller

Class: First

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

PAGE: 1 of 1 ATTENDANCE CUM CHA

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 17055 / CRAFT(T)

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282920024 | MEHAKDEEP KAUR 2 88370282921024 _IDILRAJPREET SINGH 3 88370282922019 | AKSHAY KUMAR 88370282922025 _| KIRANDEEP KAUR 5 6 88370282922028 _I PRITPAL 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

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

Subject: 17070 / PRINCIPLES OF EDUCATION

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17073 / GEOMETRICAL DRAWING

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370282920024	JMEHAKDEEP KAUR			
2					
To	otal No. Of Students ir otal No. Of Answer Sh ame and Signature Of	eets Packed >	osent:		
			Undertaki ng		
ha١	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and 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	
	nave conducted 20% ran led correctly as per		of the said examinati	on and found that particulars have been	
Nan	ne of the Superintende	nt	Si gna	ture of the Superintendent	
l h fil	nave conducted 10% ran led correctly as per	dom checking of the OMR sheet of instructions.	of the said examinati	on and found that particulars have been	
Nan	ne of the Deputy Contr	oller	Si gna	ture of the Deputy Controller	
	have conducted 5% ran led correctly as per		of the said examinati	on and found that particulars have been	

Class: Second

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

PAGE: 1 of 1 ATTEND

Center Name: 3212 / INDUST

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70051 / PAINTING

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88370282922019 AKSHAY KUMAR 88370282922022 | DUNI CHAND 3 88370282922023 | INDER SINGH 88370282922025 _| KIRANDEEP KAUR 5 88370282922028 _I PRITPAL SINGH 88370282922029 | SUNEEL KUMAR 88370282922030 _IVANDANA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

Class: Second

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

PAGE: 1 of 1 Center Name:

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70055 / CRAFT(T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370282922019	AKSHAY KUMAR		<u> </u>
2	88370282922022	DUNI CHAND	<u> </u>	<u>L</u>
3	88370282922023	INDER SINGH	L	<u>L</u>
4	88370282922025	KIRANDEEP KAUR	<u> </u>	<u>L</u>
5 	88370282922027	MANJINDER KAUR	L	<u>L</u>
6	88370282922028	PRITPAL SINGH	<u> </u>	L
7	88370282922029	SUNEEL KUMAR	<u> </u>	<u>L</u>
8 1	88370282922030	_I VANDANA	I	I
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	ent:	
			Undertaki ng	
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			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 Superintender	t	Si gnat	ure of the Superintendent
l hav fille	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l ha	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

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

Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

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	88370282922019	_J AKSHAY KUMAR		
2	88370282922022	JDUNI CHAND	<u> </u>	
3	88370282922023	JINDER SINGH	<u> </u>	
4	88370282922025	KIRANDEEP KAUR	<u> </u>	
5	88370282922027	MANJINDER KAUR	<u> </u>	
6	88370282922028	PRITPAL SINGH	<u> </u>	
7	88370282922029	SUNEEL KUMAR	<u> </u>	
8	88370282922030	VANDANA		
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	e examination as Invi appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sh	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha∖ fill∈	ve conducted 20% rand ed correctly as per i	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% 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

Class: Second

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

PAGE: 1 of 1 Center Name:

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 665 / ART & CRA

665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370282921024	DILRAJPREET SINGH	<u> </u>	
2	88370282922019	JAKSHAY KUMAR	<u> </u>	
3	88370282922022	J DUNI CHAND	<u> </u>	
4	88370282922023	INDER SINGH	<u> </u>	
5	88370282922025	KIRANDEEP KAUR	<u> </u>	
6	88370282922027	MANJINDER KAUR	<u> </u>	
7	88370282922028	PRITPAL SINGH	<u> </u>	
8	88370282922029	SUNEEL KUMAR	<u> </u>	
9	88370282922030	VANDANA		
То	tal No. Of Students in tal No. Of Answer Sho ime and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (I abov have here	Name) ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured tha been filled and sh not be entitled for	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l h	ave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Nam	e of the Superintender	nt	Si gna	ture of the Superintendent
l h	ave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	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 l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	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:

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

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	88370282922019	AKSHAY KUMAR		
2	88370282922022	DUNI CHAND		<u> </u>
3	88370282922023	INDER SINGH	<u> </u>	<u> </u>
4	88370282922025	KIRANDEEP KAUR	<u> </u>	<u> </u>
5	88370282922027	MANJINDER KAUR	<u> </u>	L
6	88370282922028	PRITPAL SINGH	<u> </u>	L
7	88370282922029	SUNEEL KUMAR	<u> </u>	L
8	88370282922030	VANDANA		1
Tota	al No. Of Answer She ne and Signature Of		orit.	
			Undertaki ng	
have	e examination as Invi appeared under my su	(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	pereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha∖ fill∈	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	on 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	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l ha fill∈	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	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

PAGE: 1 of 1 Center Name:

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370282922019	AKSHAY KUMAR		
2	88370282922022	DUNI CHAND		
3	88370282922023	INDER SINGH		1
4	88370282922025	KIRANDEEP KAUR	<u> </u>	1
5	88370282922027	MANJINDER KAUR	<u> </u>	1
6	88370282922028	PRITPAL SINGH	<u> </u>	1
7	88370282922029	SUNEEL KUMAR		1
8	88370282922030	VANDANA		I
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
above have	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally checupervision in today's exam, have any mistakes are found, I will	cked and ensured that e been filled and sha	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si 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 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.	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 fill∈	ave conducted 5% ranced correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examinatio	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

PAGE: 1 of 1 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name:

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	88370282920024	MEHAKDEEP KAUR		
2	88370282922019	AKSHAY KUMAR		<u> </u>
3	88370282922022	DUNI CHAND	<u> </u>	L
4	88370282922023	INDER SINGH	<u> </u>	L
5	88370282922025	KIRANDEEP KAUR		<u> </u>
6	88370282922027	MANJINDER KAUR		L
7	88370282922028	PRITPAL SINGH	<u> </u>	L
8	88370282922029	SUNEEL KUMAR		L
9	88370282922030	VANDANA		<u> </u>
To	otal No. Of Students in otal No. Of Answer She nme and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abo	Name) ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that	pereby certify that I have conducted the particulars of all the students who uded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l h fil	ave conducted 20% rand led correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nam	e of the Superintenden	t	Si gnat	ure of the Superintendent
l h fil	ave conducted 10% rand led correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nam	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l fil	have conducted 5% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nam	e of the Controller		Si gnat	ture of the Controller

Class: Second

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

PAGE: 1 of 1 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA Center Name:

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.
1	88370282922019	JAKSHAY KUMAR	<u> </u>	<u> </u>
2	88370282922022	DUNI CHAND	<u> </u>	
3	88370282922023	INDER SINGH	<u> </u>	L
4	88370282922025	KIRANDEEP KAUR	<u> </u>	L
5	88370282922027	MANJINDER KAUR	<u> </u>	<u> </u>
6	88370282922028	PRITPAL SINGH	<u> </u>	<u> </u>
7	88370282922029	SUNEEL KUMAR	<u> </u>	<u> </u>
8	88370282922030	VANDANA		I
То	tal No. Of Students in tal No. Of Answer She ime and Signature Of	eets Packed >	sent:	
			Undertaki ng	
hav	e appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
l ha	ave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Superintender	nt	Si gnat	ture of the Superintendent
l h	ave conducted 10% rand Led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Deputy Contro	ller	Si gnat	ture of the Deputy Controller
 fi	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
Name	e of the Controller		Si gnat	ture of the Controller

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

PAGE: 1 of 1 Center Name: 3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

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	88370282922019	JAKSHAY KUMAR		
2	88370282922022	J		
3	88370282922023	JINDER SINGH		
4	88370282922025	JKIRANDEEP KAUR		
5	88370282922027	_J MANJINDER KAUR		
6	88370282922028	PRITPAL SINGH		
7	88370282922029	SUNEEL KUMAR		
8	88370282922030	_J VANDANA		
То	tal No. Of Students in tal No. Of Answer Sho nme and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abo hav	e appeared under my si	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	cked and ensured tha e been filled and sh	hereby certify that I have conducted the 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		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 of nstructions.	f the said examinati	on and found that particulars have been
Nam	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l fi l	have conducted 5% rand Led correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examinati	on and found that particulars have been
Nam	e of the Controller		Si gna	ture of the Controller

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

PAGE: 1 of 1 Center Name:

3212 / INDUSTRIAL TRAINING INSTITUTE, BATALA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370282922019	JAKSHAY KUMAR	<u> </u>	<u> </u>
2	88370282922022	DUNI CHAND	<u> </u>	
3	88370282922023	INDER SINGH	<u> </u>	L
4	88370282922025	KIRANDEEP KAUR	<u> </u>	L
5	88370282922027	MANJINDER KAUR	<u> </u>	<u> </u>
6	88370282922028	PRITPAL SINGH	<u> </u>	<u> </u>
7	88370282922029	SUNEEL KUMAR	<u> </u>	<u> </u>
8	88370282922030	VANDANA		I
То	tal No. Of Students in tal No. Of Answer She ime and Signature Of	eets Packed >	sent:	
			Undertaki ng	
hav	e appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
l ha	ave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Superintender	nt	Si gnat	ture of the Superintendent
l h	ave conducted 10% rand Led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Deputy Contro	ller	Si gnat	ture of the Deputy Controller
 fi	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
Name	e of the Controller		Si gnat	ture of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209184722014	RAHUL KUMAR	<u> </u>	L
2	88209184723001	ABHISHEK KHOKHAR	<u> </u>	L
3	88209184723002	AMARDEEP	<u> </u>	L
4	88209184723006	ARUN KUMAR	<u> </u>	L
5	88209184723007	DHRUV MEHRA	<u> </u>	L
6	88209184723010	JATAN DIGPAL	<u> </u>	L
7	88209184723012	MARKAS	<u> </u>	L
8	88209184723014	MOHIT KUMAR	<u> </u>	L
9	88209184723016	RAHUL	<u> </u>	L
10	88209184723021	SAHIL KUMAR	<u> </u>	L
11	88209184723022	SHAIFI KUMAR	<u> </u>	L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 114 / PLUMBER Class: First

44434 / EMPLOYBILITY SKILL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209184722014	RAHUL KUMAR	<u> </u>	<u> </u>
2	88209184723001	ABHISHEK KHOKHAR	L	<u>L</u>
3	88209184723002	_] AMARDEEP	<u> </u>	<u>L</u>
4	88209184723006	JARUN KUMAR	<u> </u>	<u>L</u>
5	88209184723007	J DHRUV MEHRA	<u> </u>	<u>L</u>
6	88209184723010	JATAN DIGPAL	<u> </u>	<u>L</u>
7	88209184723012	_] MARKAS	<u> </u>	L
8	88209184723014	JMOHIT KUMAR	<u></u>	<u>L</u>
9	88209184723016	_] RAHUL	<u></u>	<u>L</u>
10	88209184723021	JSAHIL KUMAR	L	L
11	88209184723022	SHAIFI 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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209184723001	ABHISHEK KHOKHAR	<u> </u>	
2	88209184723002	JAMARDEEP	<u> </u>	
3	88209184723006	JARUN KUMAR	<u> </u>	<u> </u>
4	88209184723007	DHRUV MEHRA	<u> </u>	<u> </u>
5	88209184723010	JATAN DIGPAL	<u> </u>	<u> </u>
6	88209184723012	MARKAS	<u> </u>	<u> </u>
7	88209184723014	MOHIT KUMAR	<u> </u>	<u> </u>
8	88209184723016	_] RAHUL	<u> </u>	<u>L</u>
9	88209184723021	SAHIL KUMAR	<u> </u>	<u> </u>
10	88209184723022	SHAIFI 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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

000,000		20		
S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231284723026	JABHISHEK CHANDLE	L	
2	88231284723027	JAMANDEEP	L	L
3	88231284723028	JAMRIT SHARMA	L	L
4	88231284723029	JDANESH KUMAR	L	L
5	88231284723030	HARJOT SINGH	<u> </u>	L
6	88231284723031	HARMAN SINGH	<u> </u>	<u></u>
7	88231284723032	HARPREET	<u> </u>	L
8	88231284723034	PARVESH SINGH	<u> </u>	L
9	88231284723035	PRATHAM SINGH	L	L
10	88231284723036	PRATHAM SINGH	L	L
11	88231284723037	PRINCE	L	L
12	88231284723038	RAM CHAND	<u> </u>	L
13	88231284723039	SHUBHAM SHARMA	<u> </u>	L
14	88231284723040	SOURAV SINGH	<u> </u>	<u></u>
15	88231284723042	JVANSH	<u> </u>	<u></u>
16	88231284723043	JVANSH MEHRA	<u> </u>	<u> </u>
17	88231284723044	VISHAL KUMAR	<u></u>	
·				

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

88231284723045 | YUVRAJ SINGH

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 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course: 132 / ELECTRICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231284723026	ABHISHEK CHANDLE	<u> </u>	
2	88231284723027	AMANDEEP	<u> </u>	
3	88231284723028	AMRIT SHARMA	<u> </u>	
4	88231284723029	DANESH KUMAR		
5	88231284723030	HARJOT SINGH	<u> </u>	
6	88231284723031	HARMAN SINGH	<u> </u>	
7	88231284723032	HARPREET	<u> </u>	
8	88231284723034	PARVESH SINGH	<u> </u>	
9	88231284723035	PRATHAM SINGH	<u> </u>	
10	88231284723036	PRATHAM SINGH	<u> </u>	
11	88231284723037	PRINCE	<u> </u>	
12	88231284723038	RAM CHAND	<u> </u>	
13	88231284723039	SHUBHAM SHARMA	<u> </u>	
14	88231284723040	SOURAV SINGH	<u> </u>	
15	88231284723042	VANSH	<u> </u>	
16	88231284723043	VANSH MEHRA	<u> </u>	
17	88231284723044	VISHAL KUMAR		
18	88231284723045	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: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR
Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231284723026	ABHISHEK CHANDLE	<u> </u>	<u> </u>
2	88231284723027	JAMANDEEP		<u> </u>
3	88231284723028	JAMRIT SHARMA		L
4	88231284723029	DANESH KUMAR		L
5	88231284723030	HARJOT SINGH		<u> </u>
6	88231284723031	HARMAN SINGH		L
7	88231284723032	HARPREET		L
8	88231284723034	PARVESH SINGH		L
9	88231284723035	PRATHAM SINGH		<u> </u>
10	88231284723036	PRATHAM SINGH		L
11	88231284723037	PRINCE		L
12	88231284723038	RAM CHAND		
13	88231284723039	SHUBHAM SHARMA		
14	88231284723040	SOURAV SINGH		
15	88231284723042	VANSH		
16	88231284723043	VANSH MEHRA		
17	88231284723044	VISHAL KUMAR		
18	88231284723045	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 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Class: First

Course: 132 / ELECTRICIAN

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 144 / SURVEYOR Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88207284723048 $_{\rm |}$ GURSEWAK 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 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 144 / SURVEYOR Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88207284723048 $_{\rm |}$ GURSEWAK 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 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 144 / SURVEYOR Class: First 44435 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88207284723048 $_{\rm |}$ GURSEWAK SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

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	88175180422003	ANCHAL				
2	88175180422004	DAL UT KUNAA DI				
3	88175180422005	CHETNA				
4	88175180422007	DIKSHA DEVI	<u> </u>			
5	88175180422008	JGLORY				
6	88175180422018	MAGANJOT KAUR		1		
Na	me and Signature Of	Incharge	Undertaki ng			
	me and Signature Of	Incharge (Designation)	Undertaki ng	hereby certify that I have conducted the		
have	e appeared under my su	gilator. I have personally checupervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	t particulars of all the students who aded correctly in the OMR sheets. I also		
			Si gna	ture of the Invigilator		
I ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been		
Name	Name of the Superintendent Signature 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		

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR 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. 88175180422013 _|KAJAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 370 / ART & CRAFTS Class: Second 70070 / EDUCATIONAL PSYCHOLOGY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370183719007 | PANKAJ 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

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course : 370 / ART & CRAFTS Class: Second 70073 / SCALE & PERSPECTIVE DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370183718010 JASMEEN KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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Name of the Superintendent

Signature of the Superintendent

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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: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 651 / COSMETOLOGY Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239184723052	DIMPLE KUMARI	<u> </u>	L
2	88239184723053	GURPREET	<u> </u>	L
3	88239184723054	JINDU BALA	<u> </u>	L
4	88239184723055	KAMANI DEVI	<u> </u>	L
5	88239184723056	KANCHAN BALA	<u> </u>	L
6	88239184723057	MANEK MANGOTRA	<u> </u>	L
7	88239184723058	MANISH KUMAR KATHHA	<u> </u>	L
8	88239184723059	MOHIT GOTER	<u> </u>	L
9	88239184723060	NEHA	<u> </u>	L
10	88239184723061	PREETI	<u> </u>	L
11 	88239184723062	PRIYANSHU	<u> </u>	L
12	88239184723063	RAJAN KUMAR	<u> </u>	L
13	88239184723065	ROHIT KUMAR	<u> </u>	L
14	88239184723066	SAHIL	<u> </u>	L
15 	88239184723067	SAMIKA DEVI	<u> </u>	L
16	88239184723068	SONIA DEVI	<u> </u>	<u></u>
17 	88239184723070	_J TANU	<u> </u>	L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name:

Course: 651 / COSMETOLOGY Class: First

Subject: 44431 / TRADE THEORY

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

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

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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: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 651 / COSMETOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239184723052	DIMPLE KUMARI	<u> </u>	<u></u>
2	88239184723053	GURPREET	L	L
3	88239184723054	JINDU BALA	<u> </u>	L
4	88239184723055	KAMANI DEVI	<u> </u>	L
5	88239184723056	JKANCHAN BALA	<u> </u>	L
6	88239184723057	JMANEK MANGOTRA	<u> </u>	L
7	88239184723058	MANISH KUMAR KATHHA	<u> </u>	L
8	88239184723059	_J MOHIT GOTER	<u> </u>	L
9	88239184723060	_J NEHA	<u> </u>	L
10	88239184723061	_J PREETI	<u> </u>	L
11	88239184723062	_J PRIYANSHU	<u> </u>	L
12	88239184723063	RAJAN KUMAR	<u> </u>	L
13	88239184723065	ROHIT KUMAR	<u> </u>	L
14	88239184723066	SAHIL		L
15 	88239184723067	SAMIKA DEVI	<u> </u>	L
16	88239184723068	SONIA DEVI	<u></u>	L
17	88239184723070	TANU		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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name:

Course: 651 / COSMETOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 651 / COSMETOLOGY

Class: First

44435 / PRACTICAL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239184723052	DIMPLE KUMARI	<u> </u>	<u> </u>
2	88239184723053	GURPREET	<u> </u>	L
3	88239184723054	JINDU BALA		L
4	88239184723055	KAMANI DEVI		L
5	88239184723056	KANCHAN BALA		L
6	88239184723057	MANEK MANGOTRA		L
7	88239184723058	MANISH KUMAR KATHHA		L
8	88239184723059	MOHIT GOTER		L
9	88239184723060	NEHA		L
10	88239184723061	PREETI		<u> </u>
11	88239184723062	PRIYANSHU		L
12	88239184723063	RAJAN KUMAR		<u> </u>
13	88239184723065	ROHIT KUMAR		L
14	88239184723066	SAHIL		<u> </u>
15	88239184723067	SAMIKA DEVI		
16	88239184723068	SONIA DEVI		
17	88239184723070	 TANU		

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: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 651 / COSMETOLOGY 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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

S.No

0.110		, , , , , , , , , , , , , , , , , , , ,	Allower officet No.	
1	88218284723073	DALJIT.		<u></u>
2	88218284723074	ESHAN	L	L
3	88218284723076	KARANDEEP	<u> </u>	L
4	88218284723077	KARANPREET SINGH	<u> </u>	L
5	88218284723078	KHUSHAL MAJOTRA	<u> </u>	L
6	88218284723079	KRISHAN KUMAR	<u> </u>	L
7	88218284723080	LAKHBIR	<u> </u>	L
8	88218284723082	MANPREET	<u> </u>	L
9	88218284723084	RAJESH KUMAR	<u> </u>	L
10	88218284723088	SANGRAM SINGH	<u> </u>	L
11	88218284723092	SURJIT KUMAR	L	<u></u>
12	88218284723093	VANAV SAINI	<u> </u>	L
13	88218284723094	VINOD KUMAR	<u> </u>	L

Answer Sheet No.

Student's Sign.

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name: Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218284723073	DALJIT.	<u> </u>	<u> </u>
2	88218284723074	ESHAN	<u> </u>	<u> </u>
3	88218284723076	KARANDEEP	L	L
4	88218284723077	KARANPREET SINGH	L	L
5	88218284723078	KHUSHAL MAJOTRA	<u> </u>	L
6	88218284723079	KRISHAN KUMAR	<u> </u>	L
7	88218284723080	LAKHBIR	<u> </u>	L
8	88218284723082	MANPREET	<u> </u>	L
9	88218284723084	RAJESH KUMAR	<u> </u>	L
10	88218284723088	SANGRAM SINGH	<u> </u>	L
11	88218284723092	SURJIT KUMAR	<u> </u>	L
12	88218284723093	JVANAV SAINI	<u> </u>	L
13	88218284723094	VINOD KUMAR	<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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Course:

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218284723073	DALJIT.		L
2	88218284723074	ESHAN		L
3	88218284723076	KARANDEEP	L	L
4	88218284723077	KARANPREET SINGH	L	L
5 	88218284723078	KHUSHAL MAJOTRA	L	L
6	88218284723079	KRISHAN KUMAR	L	L
7	88218284723080	LAKHBIR	<u> </u>	L
8	88218284723082	MANPREET	L	L
9	88218284723084	RAJESH KUMAR	L	L
10	88218284723088	SANGRAM SINGH	<u> </u>	L
11	88218284723092	SURJIT KUMAR	<u> </u>	L
12	88218284723093	VANAV SAINI		L
13	88218284723094	VINOD 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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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Name of the Controller

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17411 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174180421047	Komal Deep	<u> </u>	L
2	88174180422053	NITIKA KUMARI	<u> </u>	L
3	88174180423001	JANU	<u> </u>	L
4	88174180423003	MANDEEP KAUR	<u> </u>	L
5	88174180423004	_J MANISHA CHOCHTRA	<u> </u>	L
6	88174180423005	MANPREET KAUR	<u> </u>	L
7	88174180423006	MANSI CHHOCHTRA	<u> </u>	L
8	88174180423008	_] MONIKA		L
9	88174180423009	NISHA	<u> </u>	L
10	88174180423010	JPARSHANTA DEVI		L
11	88174180423011	_] POOJA		L
12	88174180423012	_] RAJNI		L
13	88174180423013	REKHA RANI	<u> </u>	L
14	88174180423014	RENU DEVI	<u> </u>	L
15	88174180423015	_] ROJI		L
16	88174180423016	SAMLI DEVI		L
17	88174180423017	SHIVANI KUMARI		L
18	88174180423018	SIMRANJEET		
19	88174180423019	SONIA		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Class: First

Course: 664 / PUNJABI STENOGRAPHY

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

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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: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

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	88174180423001	JANU	<u> </u>	
2	88174180423003	MANDEEP KAUR	<u> </u>	L
3	88174180423004	MANISHA CHOCHTRA		L
4	88174180423005	MANPREET KAUR	<u> </u>	L
5 	88174180423006	MANSI CHHOCHTRA	<u> </u>	L
6	88174180423008	MONIKA	<u> </u>	<u> </u>
7	88174180423009	NISHA	<u> </u>	<u> </u>
8	88174180423010	PARSHANTA DEVI	<u> </u>	<u> </u>
9	88174180423011	POOJA	<u> </u>	<u> </u>
10	88174180423012	RAJNI	<u> </u>	<u> </u>
11	88174180423013	REKHA RANI	L	<u> </u>
12	88174180423014	RENU DEVI	L	
13	88174180423015	ROJI	<u> </u>	
14	88174180423016	SAMLI DEVI	<u> </u>	
15	88174180423017	SHIVANI KUMARI	L	
16	88174180423018	SIMRANJEET	 L	<u> </u>
17 	88174180423019	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: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17414 / SOCIAL STUDIES

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17415 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174180423001	JANU	<u> </u>	
2	88174180423003	MANDEEP KAUR	<u> </u>	<u> </u>
3	88174180423004	MANISHA CHOCHTRA	<u> </u>	<u> </u>
4	88174180423005	MANPREET KAUR	<u> </u>	<u> </u>
5	88174180423006	MANSI CHHOCHTRA	<u> </u>	<u> </u>
6	88174180423008	_J MONIKA	<u> </u>	<u> </u>
7	88174180423009	NISHA	<u> </u>	<u> </u>
8	88174180423010	PARSHANTA DEVI	<u> </u>	<u> </u>
9	88174180423011	POOJA	<u> </u>	<u> </u>
10	88174180423012	RAJNI	<u> </u>	<u> </u>
11	88174180423013	REKHA RANI	<u> </u>	<u> </u>
12	88174180423014	RENU DEVI	<u> </u>	<u> </u>
13	88174180423015	_J ROJI	<u> </u>	L
14	88174180423016	SAMLI DEVI	<u> </u>	<u> </u>
15 	88174180423017	SHIVANI KUMARI	<u> </u>	<u> </u>
16	88174180423018	SIMRANJEET	L	L
17 	88174180423019	SONIA	<u> </u>	<u> </u>

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

Name and Signature Of Incharge

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17415 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

664 / PUNJABI STENOGRAPHY

Course: Class: First

Subject: 17416 / COGNATE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174180423001	_J ANU	 	
2	88174180423003	JMANDEEP KAUR	<u> </u>	L
3	88174180423004	_J MANISHA CHOCHTRA	<u> </u>	<u> </u>
4	88174180423005	JMANPREET KAUR	<u> </u>	<u> </u>
5	88174180423006	_J MANSI CHHOCHTRA	<u> </u>	<u> </u>
6	88174180423008	_J MONIKA	<u> </u>	<u> </u>
7	88174180423009	NISHA	<u> </u>	<u> </u>
8	88174180423010	JPARSHANTA DEVI	<u> </u>	<u> </u>
9	88174180423011	POOJA	<u> </u>	<u> </u>
10	88174180423012	_] RAJNI	<u> </u>	L
11	88174180423013	REKHA RANI	<u> </u>	L
12	88174180423014	RENU DEVI		<u> </u>
13	88174180423015	ROJI		
14	88174180423016	SAMLI DEVI		I
15	88174180423017	SHIVANI KUMARI		I
16	88174180423018	SIMRANJEET	<u> </u>	
17	88174180423019	SONIA		
<u> </u>				

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

Name and Signature Of Incharge

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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

Subject: 17051 / PAINTING

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88370282522034	RAKESH CHAND					
To	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	I have 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 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.	f the said examinati	on and found that particulars have been			

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

17055 / CRAFT(T) Subject:

PAGE: 1

Class: First

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88370282520018 | RAKESH KUMAR 88370282520020 _| SHAMSHER SINGH 3 88370282522004 | AJAY KUMAR 88370282522005 | AKANSHA 5 88370282522007 | ANIL KUMAR 88370282522009 _| ASHWANI LOHIA 88370282522010 | BALBIR SINGH 88370282522016 | INDER SINGH 88370282522020 _| KASHISH 88370282522029 _| NIKITA DEVI 88370282522030 _I POOJA RANA 12 88370282522032 | PRAVEEN KUMAR 13 88370282522034 | RAKESH CHAND 14 88370282522038 | SANDEEP KUMAR 15 88370282522041 | SONIA 16 88370283722005 | SALONI 18 88370283723002 | LAKHBIR CHANDAL

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: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First Subject: 17055 / CRAFT(T) Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

Class: First

Signature of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

665 / ART & CRAFT TEACHER TRAINING COURSE Course :

17059 / DESIGN Subject:

Name of the Controller

PAGE: 1 of

Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88370282522034 | RAKESH CHAND 88370283723002 | LAKHBIR CHANDAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I 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: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17060 / STILL LIFE

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88370282522034	RAKESH CHAND					
2	88370283723002	LAKUDID OLIANDAL					
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 also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
			Si gna	ture of the Invigilator			
	ave conducted 20% ran Led correctly as per		f 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.	f 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 fil	have conducted 5% ran led correctly as per	dom checking of the OMR sheet of instructions.	f the said examination	on and found that particulars have been			

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17065 / CRAFT(P) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370283723002 $_{
m \mid}$ LAKHBIR CHANDAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name:

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	88370282520018	RAKESH KUMAR				
2	88370282522004	JAJAY KUMAR				
3	88370282522034	RAKESH CHAND				
4						
5						
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
1 (1	Name and Signature Of Incharge Undertaking					
have	e appeared under mv si	gilator. I have personally cho upervision in today's exam, hav any mistakes are found, I wil	ve been filled and sh	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	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	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 l fil	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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

Subject: 17071 / HISTORY & APPRECIATION OF ART

S.	.No Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370282522004	AJAY KUMAR				
2		DAKECH CHAND				
3	88370282522041	CONIA				
4	88370283723002					
	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.					
	L bassa and sate of 20% and	dam ahaalikuu ee tha OND ahaat ee	G	ure of the Invigilator		
	filled correctly as per i	dom checking of the UMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Superintender	nt	Si gnati	ure of the Superintendent		
	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
	Name of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller		
	I have conducted 5% rand filled correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Controller		Si gnati	ure of the Controller		

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

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

S	.No Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370282522004	AJAY KUMAR		L		
2		DAKECH CHAND				
3	88370282522041					
4		LAWURD CHANDAI				
	Total No. Of Students in Total No. Of Answer Sho Name and Signature Of		ent:			
			Undertaki ng			
	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnati	ure of the Invigilator		
	I have conducted 20% rand filled correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
	Name of the Superintender	nt	Si gnati	ure of the Superintendent		
	I have conducted 10% rand filled correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
	Name of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller		
	I have conducted 5% rand filled correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
	Name of the Controller		Si anati	ure of the Controller		

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17073 / GEOMETRICAL DRAWING

5	.No Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.				
1	88370282522004	JAJAY KUMAR		L				
2		DAKECH OHAND						
3	88370282522041			L				
4								
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge							
			Undertaki ng					
	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and 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% randfilled correctly as per	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been				
	Name of the Superintende	nt	Si gnat	ure of the Superintendent				
	I have conducted 10% rand filled correctly as per	dom checking of the OMR sheet of instructions.	the said examinatio	n and found that particulars have been				
	Name of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller				
	I have conducted 5% rangeliled correctly as per	dom checking of the OMR sheet of instructions.	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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

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

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282522034 | RAKESH CHAND 88370283723002 | LAKHBIR CHANDAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70051 / PAINTING

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370282522001	JAJAY KUMAR	<u> </u>	
2	88370282522004	JAJAY KUMAR	<u> </u>	<u> </u>
3	88370282522005	_J AKANSHA		<u> </u>
4	88370282522007	JANIL KUMAR	<u> </u>	<u> </u>
5	88370282522009	JASHWANI LOHIA	<u> </u>	<u> </u>
6	88370282522010	BALBIR SINGH	<u> </u>	<u> </u>
7	88370282522012	GURINDER JEET VAID	<u> </u>	L
8	88370282522014	GURMIT KAUR	<u> </u>	<u> </u>
9	88370282522016	INDER SINGH	<u> </u>	<u> </u>
10	88370282522020	KASHISH	<u> </u>	<u> </u>
11	88370282522021	_J KAVITA SHARMA	<u> </u>	L
12	88370282522023	MANDEEP ATTRI	<u> </u>	<u> </u>
13	88370282522024	JMANDEEP KAUR	<u> </u>	L
14	88370282522026	NARAIN SINGH	<u> </u>	L
15	88370282522027	NARESH KUMAR	<u> </u>	L
16	88370282522028	NASEEB KUMAR	<u> </u>	<u> </u>
17	88370282522029	_J NIKITA DEVI	<u> </u>	<u> </u>
18	88370282522030	_J POOJA RANA	<u> </u>	<u> </u>
19	88370282522031	_] PRACHI	<u> </u>	
20	88370282522032	JPRAVEEN KUMAR	<u></u>	<u></u>
21	88370282522033	RAJINDER KAUR	<u></u>	
	a a -			

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

665 / ART & CRAFT TEACHER TRAINING COURSE Course:

Class: Second

Subject: 70051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22 	88370282522034	RAKESH CHAND	<u> </u>	<u> </u>
23	88370282522037	REENA DEVI	L	L
24	88370282522038	SANDEEP KUMAR	<u> </u>	L
25 	88370282522039	SANJEEV KUMAR	<u> </u>	L
26	88370282522041	SONIA	<u> </u>	L
27	88370282522043	SUNIL	<u> </u>	L
28	88370282522044	SUNIL KAMAL	<u> </u>	L
29	88370282522048	JVIJAY KUMAR	<u> </u>	L
30	88370282522049	JVIJAY KUMAR	<u> </u>	L
31 	88370282522050	JVINOD KUMAR	L	L
32 	88370283722001	BHAWANA PATHANIA	L	L
33	88370283722003	PALVI POONI	<u> </u>	L
34	88370283722005	SALONI	<u> </u>	L
35 	88370283722006	JTINNY	<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: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Class: Second

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

70051 / PAINTING Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

PAGE: 1 of

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second Subject: 70055 / CRAFT(T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370282520018	RAKESH KUMAR	<u> </u>	
2	88370282522001	JAJAY KUMAR	<u> </u>	<u></u>
3	88370282522004	JAJAY KUMAR	<u> </u>	<u></u>
4	88370282522005	AKANSHA	<u> </u>	L
5	88370282522007	JANIL KUMAR	<u> </u>	L
6	88370282522009	JASHWANI LOHIA	<u> </u>	<u></u>
7	88370282522010	BALBIR SINGH	<u> </u>	L
8	88370282522012	GURINDER JEET VAID	L	L
9	88370282522014	JGURMIT KAUR	<u> </u>	L
10	88370282522016	JINDER SINGH	L	L
11	88370282522020	_] KASHISH	<u></u>	L
12	88370282522021	KAVITA SHARMA	<u></u>	L
13	88370282522023	JMANDEEP ATTRI	<u></u>	L
14	88370282522024	MANDEEP KAUR	<u></u>	L
15	88370282522026	NARAIN SINGH	<u> </u>	L
16	88370282522027	NARESH KUMAR	<u></u>	L
17	88370282522028	NASEEB KUMAR	<u></u>	L
18	88370282522029	_J NIKITA DEVI	<u> </u>	<u></u>
19	88370282522030	POOJA RANA	L	
20	88370282522031	JPRACHI	<u></u>	
21	88370282522032	PRAVEEN KUMAR	<u> </u>	L

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70055 / CRAFT(T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22 	88370282522033	RAJINDER KAUR	<u> </u>	L
23	88370282522034	RAKESH CHAND	<u> </u>	L
24	88370282522037	REENA DEVI	<u> </u>	L
25 	88370282522038	SANDEEP KUMAR	<u> </u>	L
26 	88370282522039	SANJEEV KUMAR	<u> </u>	L
27 	88370282522041	SONIA	<u> </u>	L
28	88370282522043	SUNIL	<u> </u>	L
29 	88370282522044	SUNIL KAMAL		L
30	88370282522048	JVIJAY KUMAR		L
31	88370282522049	JVIJAY KUMAR		L
32 	88370282522050	JVINOD KUMAR		L
33	88370283722001	BHAWANA PATHANIA		L
34	88370283722003	PALVI POONI		L
35	88370283722005	SALONI	<u></u>	L
36	88370283722006			

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: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

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

Subject: 70055 / CRAFT(T)

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Undertaking

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

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: Second

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70056 / CRAFT(P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370282520017	_J RAJAN SINGH	<u> </u>	L
2	88370282520020	SHAMSHER SINGH	<u> </u>	L
3	88370282522001	JAJAY KUMAR	<u> </u>	L
4	88370282522004	JAJAY KUMAR	<u> </u>	L
5	88370282522005	AKANSHA	<u> </u>	L
6	88370282522007	JANIL KUMAR	<u> </u>	L
7	88370282522009	ASHWANI LOHIA		L
8	88370282522010	BALBIR SINGH	<u> </u>	L
9	88370282522012	GURINDER JEET VAID	<u> </u>	L
10	88370282522014	GURMIT KAUR	<u> </u>	L
11	88370282522016	INDER SINGH	<u> </u>	L
12	88370282522020	KASHISH	<u> </u>	L
13	88370282522021	_J KAVITA SHARMA	<u> </u>	L
14	88370282522023	JMANDEEP ATTRI	<u> </u>	L
15	88370282522024	JMANDEEP KAUR	<u> </u>	L
16	88370282522026	_J NARAIN SINGH	<u> </u>	L
17	88370282522027	NARESH KUMAR	<u> </u>	L
18	88370282522028	NASEEB KUMAR	<u> </u>	L
19	88370282522029	_J NIKITA DEVI		L
20	88370282522030	_J POOJA RANA		
21	88370282522031	PRACHI		L
	·			·

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

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.
22 	88370282522032	JPRAVEEN KUMAR	<u> </u>	<u> </u>
23	88370282522033	RAJINDER KAUR	L	L
24	88370282522034	RAKESH CHAND	<u> </u>	<u> </u>
25 	88370282522037	REENA DEVI	<u> </u>	<u> </u>
26 	88370282522038	SANDEEP KUMAR	<u> </u>	<u> </u>
27 	88370282522039	SANJEEV KUMAR	<u> </u>	<u> </u>
28 	88370282522041	SONIA	<u> </u>	<u> </u>
29	88370282522043	SUNIL	L	<u> </u>
30 <u> </u>	88370282522044	SUNIL KAMAL	L	<u> </u>
31	88370282522048	JVIJAY KUMAR	<u> </u>	L
32 	88370282522049	JVIJAY KUMAR	L	L
33	88370282522050	JVINOD KUMAR	L	L
34	88370283722001	BHAWANA PATHANIA	<u> </u>	L
35	88370283722003	PALVI POONI	<u> </u>	L
36	88370283722005	SALONI		L
37	88370283722006	TINNY		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: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second Subject: 70056 / CRAFT(P) Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller Signature of the Deputy Controller

I have conducted 5% random 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

filled correctly as per instructions.

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370282520009	HARPREET KAUR	<u> </u>	<u> </u>
2	88370282520016	NITIN CHEEMA		
3	88370282520017	_J RAJAN SINGH		<u> </u>
4	88370282520018	RAKESH KUMAR	<u> </u>	<u> </u>
5 	88370282520020	SHAMSHER SINGH		<u> </u>
6	88370282521004	JASWANT SINGH		<u> </u>
7	88370282521005	JATIN KUMAR	<u> </u>	<u> </u>
8	88370282522001	JAJAY KUMAR		<u> </u>
9	88370282522004	JAJAY KUMAR		L
10	88370282522005	_] AKANSHA		L
11	88370282522007	JANIL KUMAR		L
12	88370282522009	_J ASHWANI LOHIA		L
13	88370282522010	BALBIR SINGH	<u> </u>	<u> </u>
14	88370282522012	GURINDER JEET VAID	<u> </u>	<u> </u>
15	88370282522014	GURMIT KAUR	<u> </u>	<u> </u>
16	88370282522016	INDER SINGH	<u> </u>	<u> </u>
17	88370282522020	KASHISH		<u> </u>
18	88370282522021	_J KAVITA SHARMA		<u> </u>
19	88370282522023	MANDEEP ATTRI		
20	88370282522024	MANDEEP KAUR		
21	88370282522026	NARAIN SINGH		

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

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	88370282522027	NARESH KUMAR	<u> </u>	<u></u>
23	88370282522028	NASEEB KUMAR	<u> </u>	L
24	88370282522029	NIKITA DEVI	<u> </u>	L
25	88370282522030	JPOOJA RANA	<u> </u>	L
26 	88370282522031	_J PRACHI	<u></u>	L
27	88370282522032	PRAVEEN KUMAR	<u> </u>	L
28	88370282522033	RAJINDER KAUR	<u></u>	L
29	88370282522034	RAKESH CHAND	<u></u>	L
30 	88370282522037	REENA DEVI	<u> </u>	L
31 	88370282522038	SANDEEP KUMAR	<u> </u>	L
32 	88370282522039	SANJEEV KUMAR	<u> </u>	L
33	88370282522041	SONIA	<u> </u>	L
34	88370282522043	SUNIL	<u></u>	L
35 	88370282522044	SUNIL KAMAL	<u></u>	L
36 	88370282522048	JVIJAY KUMAR	<u> </u>	L
37 	88370282522049	JVIJAY KUMAR	<u> </u>	L
38	88370282522050	JVINOD KUMAR	<u> </u>	L
39 	88370283720002	AMARJIT SINGH	<u> </u>	L
40	88370283722001	BHAWANA PATHANIA		L
41	88370283722003	PALVI POONI		
42	88370283722005	SALONI	<u></u>	

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

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.

43 | 88370283722006 | TINNY | |

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

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

665 / ART & CRAFT TEACHER TRAINING COURSE

Course:

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370282521002	JANJALI.	<u> </u>	<u> </u>
2	88370282521004	JASWANT SINGH	<u> </u>	<u>L</u>
3	88370282521005	JATIN KUMAR	<u> </u>	<u>L</u>
4	88370282522001	JAJAY KUMAR	<u> </u>	<u>L</u>
5	88370282522004	JAJAY KUMAR	<u> </u>	<u>L</u>
6	88370282522005	_] AKANSHA	<u> </u>	<u> </u>
7	88370282522007	ANIL KUMAR	<u> </u>	<u>L</u>
8	88370282522009	JASHWANI LOHIA	<u> </u>	<u>L</u>
9	88370282522010	BALBIR SINGH	<u> </u>	<u> </u>
10	88370282522012	GURINDER JEET VAID	<u> </u>	L
11	88370282522014	GURMIT KAUR	<u> </u>	<u> </u>
12	88370282522016	INDER SINGH	<u> </u>	<u> </u>
13	88370282522020	_] KASHISH	<u> </u>	L
14	88370282522021	_J KAVITA SHARMA	<u> </u>	L
15 	88370282522023	JMANDEEP ATTRI	<u> </u>	L
16	88370282522024	JMANDEEP KAUR	<u> </u>	L
17 	88370282522026	_J NARAIN SINGH	<u> </u>	L
18	88370282522027	NARESH KUMAR	<u> </u>	L
19	88370282522028	NASEEB KUMAR	L	<u></u>
20	88370282522029	J	<u> </u>	<u></u>
21	88370282522030	POOJA RANA		<u> </u>
				

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR 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.
22	88370282522031	_] PRACHI	<u> </u>	<u>L</u>
23	88370282522032	PRAVEEN KUMAR	<u> </u>	<u>L</u>
24	88370282522033	RAJINDER KAUR		<u>L</u>
25 	88370282522034	RAKESH CHAND		<u>L</u>
26 	88370282522037	JREENA DEVI		<u>L</u>
27	88370282522038	SANDEEP KUMAR		<u>L</u>
28	88370282522039	SANJEEV KUMAR		<u>L</u>
29	88370282522041	SONIA		<u>L</u>
30	88370282522043	SUNIL		<u>L</u>
31	88370282522044	SUNIL KAMAL		L
32 	88370282522048	JVIJAY KUMAR	<u> </u>	<u>L</u>
33	88370282522049	JVIJAY KUMAR		L
34	88370282522050	JVINOD KUMAR	<u> </u>	<u>L</u>
35 	88370283521006	SHIKHA CHAUDHARY	1	L
36 <u> </u>	88370283722001	JBHAWANA PATHANIA		L
37	88370283722003	PALVI POONI	1	L
38	88370283722005	SALONI	<u> </u>	
39	88370283722006	 TINNY		

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Class: Second

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

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

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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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370282520017	RAJAN SINGH	<u> </u>	<u> </u>
2	88370282520020	SHAMSHER SINGH	<u> </u>	<u>L</u>
3	88370282522001	JAJAY KUMAR	<u> </u>	L
4	88370282522004	JAJAY KUMAR	<u> </u>	L
5	88370282522005	_J AKANSHA	L	<u> </u>
6	88370282522007	JANIL KUMAR	<u> </u>	<u> </u>
7	88370282522009	ASHWANI LOHIA	<u> </u>	L
8	88370282522010	BALBIR SINGH	<u> </u>	L
9	88370282522012	GURINDER JEET VAID	<u> </u>	L
10	88370282522014	GURMIT KAUR	<u> </u>	L
11	88370282522016	INDER SINGH	<u> </u>	<u>L</u>
12	88370282522020	KASHISH	<u> </u>	<u> </u>
13	88370282522021	_J KAVITA SHARMA	L	<u> </u>
14	88370282522023	JMANDEEP ATTRI	L	<u> </u>
15 	88370282522024	JMANDEEP KAUR	<u> </u>	L
16	88370282522026	NARAIN SINGH	<u> </u>	L
17	88370282522027	NARESH KUMAR	<u> </u>	<u>L</u>
18	88370282522028	NASEEB KUMAR	<u> </u>	<u> </u>
19	88370282522029	NIKITA DEVI	<u> </u>	
20	88370282522030	POOJA RANA	<u> </u>	<u></u>
21	88370282522031	PRACHI	<u></u>	<u> </u>
				

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370282522032	PRAVEEN KUMAR	<u> </u>	
23	88370282522033	RAJINDER KAUR	<u> </u>	
24	88370282522034	RAKESH CHAND	<u> </u>	
25	88370282522037	REENA DEVI	<u> </u>	
26	88370282522038	SANDEEP KUMAR	<u> </u>	
27	88370282522039	SANJEEV KUMAR	<u> </u>	
28	88370282522041	SONIA	<u> </u>	
29	88370282522043	SUNIL	<u> </u>	
30 <u> </u>	88370282522044	SUNIL KAMAL	<u> </u>	
31	88370282522048	VIJAY KUMAR	<u> </u>	
32	88370282522049	VIJAY KUMAR	<u> </u>	
33	88370282522050	VINOD KUMAR	<u> </u>	
34	88370283722001	BHAWANA PATHANIA	<u> </u>	
35 	88370283722003	PALVI POONI	<u> </u>	
36 	88370283722005	SALONI		
37	88370283722006	JTINNY		
·		·		·

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR
Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second

Subject: 70072 / COMMERCIAL ART

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

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	88370282520021	SHANTI KUMAR	<u> </u>	L
2	88370282522001	JAJAY KUMAR	<u> </u>	L
3	88370282522004	JAJAY KUMAR	<u></u>	L
4	88370282522005	_J AKANSHA	<u> </u>	L
5	88370282522007	JANIL KUMAR	<u></u>	L
6	88370282522009	JASHWANI LOHIA	<u> </u>	L
7	88370282522010	BALBIR SINGH	<u></u>	L
8	88370282522012	GURINDER JEET VAID	<u></u>	L
9	88370282522014	GURMIT KAUR	<u> </u>	L
10	88370282522016	INDER SINGH	<u> </u>	L
11	88370282522020	KASHISH	<u> </u>	L
12	88370282522021	KAVITA SHARMA	<u> </u>	L
13	88370282522023	MANDEEP ATTRI	<u></u>	L
14	88370282522024	MANDEEP KAUR	<u></u>	L
15	88370282522026	NARAIN SINGH	<u> </u>	L
16	88370282522027	NARESH KUMAR	<u> </u>	L
17 	88370282522028	NASEEB KUMAR	<u> </u>	L
18	88370282522029	_J NIKITA DEVI	<u> </u>	L
19	88370282522030	POOJA RANA	<u></u>	
20	88370282522031	_J PRACHI	<u></u>	
21	88370282522032	PRAVEEN KUMAR	<u> </u>	
	a a 			

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

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	88370282522033	RAJINDER KAUR	<u> </u>	
23	88370282522034	RAKESH CHAND	L	
24	88370282522037	JREENA DEVI	L	
25	88370282522038	SANDEEP KUMAR	<u> </u>	
26	88370282522039	SANJEEV KUMAR	L	
27	88370282522041	SONIA	<u> </u>	
28	88370282522043	SUNIL	<u> </u>	
29	88370282522044	SUNIL KAMAL	<u> </u>	
30	88370282522048	JVIJAY KUMAR	<u> </u>	
31	88370282522049	JVIJAY KUMAR	<u> </u>	
32	88370282522050	JVINOD KUMAR	<u> </u>	
33	88370283721001	JASPREET SINGH	<u> </u>	
34	88370283722001	BHAWANA PATHANIA	<u> </u>	
35	88370283722003	PALVI POONI		
36	88370283722005	SALONI		
37	88370283722006	TINNY		

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

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

70073 / SCALE & PERSPECTIVE DRAWING Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: Second

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Center Name:

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

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370282520017 | RAJAN SINGH 88370282520020 | SHAMSHER SINGH 3 88370282522001 | AJAY KUMAR 88370282522004 $_{\mid}$ AJAY KUMAR 5 88370282522005 | AKANSHA 88370282522007 | ANIL KUMAR 88370282522009 | ASHWANI LOHIA 88370282522010 | BALBIR SINGH 88370282522012 | GURINDER JEET VAID 88370282522014 _| GURMIT KAUR 10 88370282522016 | INDER SINGH 12 88370282522020 | KASHISH 13 88370282522021 | KAVITA SHARMA 14 88370282522023 | MANDEEP ATTRI 88370282522024 | MANDEEP KAUR 15 16 88370282522026 | NARAIN SINGH 17 88370282522027 | NARESH KUMAR 18 88370282522028 | NASEEB KUMAR 88370282522029 | NIKITA DEVI 20 88370282522030 _| POOJA RANA 88370282522031 _{| PRACHI}

Class: Second

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR Center Name:

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	88370282522032	PRAVEEN KUMAR	<u> </u>	<u> </u>
23	88370282522033	RAJINDER KAUR	L	L
24	88370282522034	RAKESH CHAND	<u> </u>	L
25	88370282522037	JREENA DEVI	<u> </u>	L
26	88370282522038	SANDEEP KUMAR	<u> </u>	L
27	88370282522039	SANJEEV KUMAR	<u> </u>	L
28	88370282522041	SONIA	<u> </u>	L
29	88370282522043	SUNIL	<u> </u>	L
30 <u> </u>	88370282522044	JSUNIL KAMAL	<u> </u>	L
31	88370282522048	JVIJAY KUMAR	<u> </u>	L
32	88370282522049	JVIJAY KUMAR	<u> </u>	L
33	88370282522050	JVINOD KUMAR	<u> </u>	L
34	88370283722001	BHAWANA PATHANIA		L
35	88370283722003	PALVI POONI		L
36	88370283722005	SALONI		<u> </u>
37	88370283722006	TINNY		

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: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

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

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

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

Undertaki ng

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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

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

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	88370282520017	RAJAN SINGH	<u> </u>	L
2	88370282520020	SHAMSHER SINGH	<u> </u>	L
3	88370282522001	JAJAY KUMAR		L
4	88370282522004	JAJAY KUMAR	<u> </u>	L
5 	88370282522005	AKANSHA	<u> </u>	L
6	88370282522007	JANIL KUMAR		L
7	88370282522009	ASHWANI LOHIA	<u> </u>	L
8	88370282522010	BALBIR SINGH	<u> </u>	L
9	88370282522012	GURINDER JEET VAID	<u> </u>	L
10	88370282522014	GURMIT KAUR	<u> </u>	L
11	88370282522016	INDER SINGH	<u> </u>	L
12	88370282522020	KASHISH	<u> </u>	L
13	88370282522021	KAVITA SHARMA	<u> </u>	L
14	88370282522023	MANDEEP ATTRI	<u> </u>	L
15	88370282522024	MANDEEP KAUR	<u> </u>	L
16	88370282522026	NARAIN SINGH	<u> </u>	L
17 	88370282522027	NARESH KUMAR	<u> </u>	L
18	88370282522028	NASEEB KUMAR	<u> </u>	L
19	88370282522029	NIKITA DEVI	<u> </u>	L
20	88370282522030	POOJA RANA	<u></u>	<u></u>
21	88370282522031	PRACHI	<u> </u>	L

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70075 / PROJECT

Class: Second

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370282522032	PRAVEEN KUMAR		
23	88370282522033	RAJINDER KAUR	[
24	88370282522034	RAKESH CHAND		
25 	88370282522037	REENA DEVI		
26	88370282522038	SANDEEP KUMAR		
27	88370282522039	SANJEEV KUMAR		
28	88370282522041	SONIA		
29	88370282522043	SUNIL		
30	88370282522044	SUNIL KAMAL		
31	88370282522048	JVIJAY KUMAR		
32 	88370282522049	JVIJAY KUMAR		
33	88370282522050	VINOD KUMAR		
34	88370283722001	BHAWANA PATHANIA		
35 	88370283722003	PALVI POONI		
36	88370283722005	SALONI	[
37	88370283722006	TINNY		

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

Total No. Of Answer Sheets Packed >

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR
Course: 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second

Subject: 70075 / PROJECT

abject. 7007371 NOSECT

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

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

3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

665 / ART & CRAFT TEACHER TRAINING COURSE

Center Name:

Course: Class: Second Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370282522001	JAJAY KUMAR	<u> </u>	<u> </u>
2	88370282522004	JAJAY KUMAR	<u> </u>	<u> </u>
3	88370282522005	_] AKANSHA	<u> </u>	L
4	88370282522007	JANIL KUMAR	<u> </u>	<u> </u>
5	88370282522009	_J ASHWANI LOHIA	<u> </u>	<u>L</u>
6	88370282522010	BALBIR SINGH	<u> </u>	<u> </u>
7	88370282522012	GURINDER JEET VAID	<u> </u>	<u> </u>
8	88370282522014	GURMIT KAUR	<u> </u>	<u> </u>
9	88370282522016	INDER SINGH	<u> </u>	<u> </u>
10	88370282522020	KASHISH	<u> </u>	<u> </u>
11	88370282522021	KAVITA SHARMA	<u> </u>	<u> </u>
12	88370282522023	MANDEEP ATTRI	<u> </u>	<u> </u>
13	88370282522024	MANDEEP KAUR	<u> </u>	L
14	88370282522026	NARAIN SINGH	<u> </u>	L
15 	88370282522027	NARESH KUMAR	<u> </u>	<u> </u>
16	88370282522028	NASEEB KUMAR	<u> </u>	<u> </u>
17	88370282522029	_J NIKITA DEVI	<u> </u>	<u> </u>
18	88370282522030	_J POOJA RANA	<u> </u>	<u> </u>
19	88370282522031	_J PRACHI	<u> </u>	<u> </u>
20	88370282522032	JPRAVEEN KUMAR	 	
21	88370282522033	RAJINDER KAUR		
				·

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

Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370282522034	RAKESH CHAND		
23	88370282522037	REENA DEVI	<u> </u>	
24	88370282522038	SANDEEP KUMAR	<u> </u>	
25 	88370282522039	SANJEEV KUMAR	<u> </u>	
26	88370282522041	SONIA		
27	88370282522043	SUNIL		
28	88370282522044	SUNIL KAMAL		
29	88370282522048	JVIJAY KUMAR		
30	88370282522049	JVIJAY KUMAR	<u> </u>	
31	88370282522050	JVINOD KUMAR	<u> </u>	
32	88370283722001	BHAWANA PATHANIA		
33	88370283722003	PALVI POONI		
34	88370283722005	SALONI	<u> </u>	
35	88370283722006	TINNY		

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

Total No. Of Answer Sheets Packed >

PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3214 / INDUSTRIAL TRAINING INSTITUTE, GURDASPUR 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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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: 3215 / INDUSTRIAL TRAINING INSTITUTE, KALANAUR

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Name Of the Student

Subject: 17411 / TRADE THEORY

Regd. No.

S.No

0.110			Answer Sheet No.	
1	88174181023001	JARSHDEEP KAUR		
2	88174181023003	HARPREET KAUR	<u> </u>	<u> </u>
3	88174181023004	JASPREET KAUR	<u> </u>	<u></u>
4	88174181023005	JATINDER KAUR	<u> </u>	<u> </u>
5 	88174181023007	KHUSHI CHOUHAN	<u> </u>	<u> </u>
6	88174181023008	KIRANPREET KAUR	<u> </u>	<u> </u>
7	88174181023009	NAVPREET KAUR	<u> </u>	<u> </u>
8	88174181023010	PRABHJOT KAUR	<u> </u>	<u> </u>
9	88174181023011	PRABHJOT KAUR	<u> </u>	<u> </u>
10	88174181023012	RAJNI BALA	<u> </u>	<u> </u>
11	88174181023016	SANDEEP KAUR	<u> </u>	<u> </u>
12	88174181023017	SONIA	<u> </u>	<u> </u>
ı				

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: 3215 / INDUSTRIAL TRAINING INSTITUTE, KALANAUR

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

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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

3215 / INDUSTRIAL TRAINING INSTITUTE, KALANAUR Center Name:

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17414 / SOCIAL STUDIES

PAGE: 1

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88174181023001	ARSHDEEP KAUR		
88174181023003	HARPREET KAUR		
88174181023004	JASPREET KAUR		
88174181023005	JATINDER KAUR		
88174181023007	KHUSHI CHOUHAN		
88174181023008	KIRANPREET KAUR		
88174181023009	NAVPREET KAUR		
88174181023010	PRABHJOT KAUR		
88174181023011	PRABHJOT KAUR		
88174181023012	RAJNI BALA	<u>[</u>	
88174181023016	SANDEEP KAUR	<u>[</u>	
88174181023017	SONIA		
	88174181023001 88174181023003 88174181023004 88174181023005 88174181023007 88174181023009 88174181023010 88174181023011 88174181023012	Regd. No. Name Of the Student 88174181023001 ARSHDEEP KAUR 88174181023003 HARPREET KAUR 88174181023004 JASPREET KAUR 88174181023005 JATINDER KAUR 88174181023007 KHUSHI CHOUHAN 88174181023009 NAVPREET KAUR 88174181023010 PRABHJOT KAUR 88174181023011 PRABHJOT KAUR 88174181023012 RAJNI BALA 88174181023016 SANDEEP KAUR 88174181023017 SONIA	88174181023001 ARSHDEEP KAUR 88174181023003 HARPREET KAUR 88174181023004 JASPREET KAUR 88174181023005 JATINDER KAUR 88174181023007 KHUSHI CHOUHAN 88174181023008 KIRANPREET KAUR 88174181023009 NAVPREET KAUR 88174181023010 PRABHJOT KAUR 88174181023011 PRABHJOT KAUR 88174181023012 RAJNI BALA 88174181023016 SANDEEP 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: 3215 / INDUSTRIAL TRAINING INSTITUTE, KALANAUR

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17414 / SOCIAL STUDIES

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3215 / INDUSTRIAL TRAINING INSTITUTE, KALANAUR

Course: 664 / PUNJABI STENOGRAPHY

Class: First

Subject: 17415 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88174181023001	ARSHDEEP KAUR		
2	88174181023003	HARPREET KAUR		
3	88174181023004	JASPREET KAUR		
4	88174181023005	JATINDER KAUR		
5	88174181023007	/ KHUSHI CHOUHAN		
6	88174181023008	KIRANPREET KAUR		
7	88174181023009	NAVPREET KAUR		
8	88174181023010	PRABHJOT KAUR		
9	8817418102301	PRABHJOT KAUR		
10	88174181023012	2 RAJNI BALA		
11	88174181023016	SANDEEP KAUR		
12	88174181023017	SONIA		<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: 3215 / INDUSTRIAL TRAINING INSTITUTE, KALANAUR

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17415 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3215 / INDUSTRIAL TRAINING INSTITUTE, KALANAUR

Course: 664 / PUNJABI STENOGRAPHY

Subject: 17416 / COGNATE

Class: First

Name Of the Student

Regd. No.

S.No

		<u>'</u>
1	88174181023001 ARSHDEEP KAUR	
2	88174181023003 HARPREET KAUR	<u> </u>
3	88174181023004 JASPREET KAUR	<u> </u>
4	88174181023005 JATINDER KAUR	<u> </u>
5	88174181023007 KHUSHI CHOUHAN	<u> </u>
6	88174181023008 KIRANPREET KAUR	<u> </u>
7	88174181023009 NAVPREET KAUR	<u> </u>
8	88174181023010 PRABHJOT KAUR	<u> </u>
9	88174181023011 PRABHJOT KAUR	<u> </u>
10	88174181023012 _] RAJNI BALA	
11	88174181023016 SANDEEP KAUR	
12	88174181023017 SONIA	<u> </u>

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: 3215 / INDUSTRIAL TRAINING INSTITUTE, KALANAUR

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

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

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	88231236723002	JANURAG SHARMA		L
2	88231236723003	JASHISH THAKUR	L	L
3	88231236723004	_] AVINASH	L	L
4	88231236723005	BHANU PRATAP CHOUDHA	L	L
5	88231236723006	_J HARSH KUMAR	L	L
6	88231236723007	KARANDEEP SINGH	<u> </u>	L
7	88231236723008	MANJEET SINGH	<u> </u>	L
8	88231236723009	NARINDER KUMAR	L	L
9	88231236723010	NEERAJ KUMAR	L	L
10	88231236723011	_J PRAVEEN	L	L
11	88231236723014	SOURAV	L	L
12	88231236723015	SUKHVIR SINGH	L	L
13	88231236723016	SURAJ PARTAP SINGH		L
14	88231236723017	JSURAJ THAPA	 	
15	88231236723018	_J TARUN KUMAR		
16	88231236723019	THAPO RAM		
· 				

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

Total No. Of Answer Sheets Packed >

 $88231236723020_{\,|\,} \text{VIKAS KUMAR}$

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

3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name:

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231236723002	JANURAG SHARMA	<u> </u>	<u> </u>
2	88231236723003	ASHISH THAKUR	<u> </u>	<u> </u>
3	88231236723004	JAVINASH	<u> </u>	<u> </u>
4	88231236723005	BHANU PRATAP CHOUDHA	<u> </u>	<u> </u>
5	88231236723006	HARSH KUMAR	<u> </u>	<u> </u>
6	88231236723007	KARANDEEP SINGH	<u> </u>	<u> </u>
7	88231236723008	MANJEET SINGH	<u> </u>	<u> </u>
8	88231236723009	NARINDER KUMAR	<u> </u>	<u> </u>
9	88231236723010	NEERAJ KUMAR	<u> </u>	<u> </u>
10	88231236723011	PRAVEEN	<u> </u>	<u> </u>
11	88231236723014	SOURAV	<u> </u>	<u> </u>
12	88231236723015	SUKHVIR SINGH	<u> </u>	L
13 	88231236723016	SURAJ PARTAP SINGH	<u> </u>	<u> </u>
14	88231236723017	JSURAJ THAPA	<u></u>	<u></u>
15 	88231236723018	_J TARUN KUMAR	<u> </u>	<u></u>
16	88231236723019	THAPO RAM		<u></u>

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

 $88231236723020_{\,|\,} \text{VIKAS KUMAR}$

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: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

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	88231236723002	JANURAG SHARMA		
2	88231236723003	ASHISH THAKUR	<u> </u>	
3	88231236723004	AVINASH		
4	88231236723005	BHANU PRATAP CHOUDHA		
5	88231236723006	HARSH KUMAR		
6	88231236723007	KARANDEEP SINGH		
7	88231236723008	MANJEET SINGH		
8	88231236723009	NARINDER KUMAR	<u> </u>	
9	88231236723010	NEERAJ KUMAR		
10	88231236723011	PRAVEEN		
11	88231236723014	SOURAV		
12	88231236723015	SUKHVIR SINGH		
13	88231236723016	SURAJ PARTAP SINGH		
14	88231236723017	SURAJ THAPA		<u> </u>
15 	88231236723018	TARUN KUMAR		
16	88231236723019	THAPO RAM	[
17	88231236723020	VIKAS 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: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Center Name: Course : 370 / ART & CRAFTS Class: Second 70070 / EDUCATIONAL PSYCHOLOGY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370183918004 | PRIYA SHARMA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT
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.

88370283920001 $_{\mid}$ AVTAR SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been

filled correctly as per instructions.

Name of the Controller Signature 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: 3218 / INDUSTRIAL TRAINING INSTITUTE, PATHANKOT Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: Second 70071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370283921002 $_{\mid}$ ARUN KUMAR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

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

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231270623001	JAMARJIT SINGH		
2	88231270623003	GURPREET SINGH		<u> </u>
3	88231270623006	SUKHDEV SINGH		<u> </u>
Tot	tal No. Of Students in tal No. Of Answer Sho me and Signature Of	eets Packed >	sent: Undertaki ng	
abòv	lame)	(Designation) gilator. I have personally chec 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 add correctly in the OMR sheets. I also any remuneration.
			Si gnat	cure of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Superintender	nt	Si gnat	cure 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

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

Course: 132 / ELECTRICIAN

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

5.No) Regd. No. 	Name Of the Student	Answer Sheet No.	Student's Sign.	
l 	88231270623001	JAMARJIT SINGH	<u> </u>		
<u> </u>	88231270623003	GURPREET SINGH	L		
3	88231270623006	SUKHDEV SINGH	<u> </u>		
Т	otal No. Of Students in otal No. Of Answer Sh lame and Signature Of		sent:		
			Undertaki ng		
I ab ha he	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.				
			Si gnati	ure of the Invigilator	
l fi	have conducted 20% ran lled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been	
Na	me of the Superintende	nt	Si gnati	ure of the Superintendent	
l fi	have conducted 10% ran lled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been	
Na	me of the Deputy Contr	oller	Si gnati	ure of the Deputy Controller	
l fi	have conducted 5% ran lled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been	
Na	me of the Controller		Si gnati	ure of the Controller	

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

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

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88231270623001	_J AMARJIT SINGH		<u></u>
2			CUDDEET CINCU		L
3		88231270623006	SUKHDEV SINGH		1
Т	ota	al No. Of Students in al No. Of Answer Sho ne and Signature Of	eets Packed >	sent:	
				Undertaki ng	
I ab ha he	(Na ove ve reb	me)eexamination as Invi appeared under my su y undertake that if	(Designation) gilator. I have personally che upervision in today's exam, hav 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 add correctly in the OMR sheets. I also any remuneration.
				Si gnat	rure of the Invigilator
l fi	hav H l e	re conducted 20% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinatio	on and found that particulars have been
Na	me	of the Superintender	nt	Si gnat	cure of the Superintendent
l fi	hav H l e	re conducted 10% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinatio	on and found that particulars have been
Na	me	of the Deputy Contro	ol I er	Si gnat	ture of the Deputy Controller
l fi	ha H F	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
Na	me	of the Controller		Si gnat	ture of the Controller

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

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

Course: 268 / WELDER (GMAW AND GTAW)

Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

S.No

3.NO			Allswei Sileet No. 1	
1	88268170623008	ASHISH KUMAR	<u> </u>	
2	88268170623009	BALWINDER SINGH	<u> </u>	
3	88268170623010	GURDEV SINGH	<u> </u>	<u> </u>
4	88268170623012	GURJIT SINGH	<u> </u>	<u> </u>
5 	88268170623013	GURPREET SINGH	<u>[</u>	<u> </u>
6	88268170623014	GURWINDER SINGH	<u> </u>	<u></u>
7	88268170623015	GURWINDERJIT SINGH	<u> </u>	<u> </u>
8	88268170623019	JASWINDER KAUR	<u> </u>	<u> </u>
9	88268170623020	LOVEPREET SINGH	<u> </u>	<u> </u>
10	88268170623021	MANISH KUMAR	<u>[</u>	L
11	88268170623022	PRINCEPAL SINGH		
12	88268170623023	SAHIBJIT SINGH		
13	88268170623024	SAHILPREET SINGH		
14	88268170623025	SAMEER	<u> </u>	<u> </u>

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3315 / GOVT. I.T.I, KAPURTHALA 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 Deputy Controller

filled correctly as per instructions.

Name of the Superintendent

Signature of the Deputy Controller

Signature of the Superintendent

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

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

Name of the Controller

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

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

Regd. No.

PAGE: 1

S.No

Course: 268 / WELDER (GMAW AND GTAW)

Class: First

Name Of the Student

Subject: 44434 / EMPLOYBILITY SKILL

	-	`
1	88268170623008 ASHISH KUMAR	
2	88268170623009 BALWINDER SINGH	
3	88268170623010 GURDEV SINGH	
4	88268170623012 GURJIT SINGH	
5	88268170623013 GURPREET SINGH	
6	88268170623014 GURWINDER SINGH	
7	88268170623015 GURWINDERJIT SINGH	
8	88268170623019 JASWINDER KAUR	
9	88268170623020 LOVEPREET SINGH	
10	88268170623021 MANISH KUMAR	
11	88268170623022 PRINCEPAL SINGH	
12	88268170623023 SAHIBJIT SINGH	
13	88268170623024 SAHILPREET SINGH	
14	88268170623025 SAMEER	

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: 3315 / GOVT. I.T.I, KAPURTHALA Course: 268 / WELDER (GMAW AND GTAW) 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

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

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

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

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

Subject: 44435 / PRACTICAL

PAGE: 1

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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: 3315 / GOVT. I.T.I, KAPURTHALA Course: 268 / WELDER (GMAW AND GTAW) 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

PAGE: 1 of 1 Center Name :

3315 / GOVT. I.T.I, KAPURTHALA

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	88201172122003	ANMOLDEEP SINGH	<u> </u>	<u> </u>
2	88201172123001	AKASHDEEP SINGH	<u> </u>	<u> </u>
3	88201172123004	GURBEER SINGH	L	L
4	88201172123005	GURKARANPREET SINGH	L	L
5	88201172123011	KHUSHMANPREET GHALY,	<u> </u>	<u> </u>
6	88201172123013	LOVEPREET SINGH	<u> </u>	<u> </u>
7	88201172123018	RISHI KUMAR	<u> </u>	<u> </u>
8	88201172123021	SLAMAT	L	<u> </u>
9	88201172123022	SUKHMANPREET SINGH	<u> </u>	L
Tot	tal No. Of Students in tal No. Of Answer Sho me and Signature Of		ent:	
			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	hed and ensured that been filled and sha not be entitled for a	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent
I ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been

Signature of the Controller

Name of the Controller

PAGE: 1 Center Name:

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

3315 / GOVT. I.T.I, KAPURTHALA

Course: 617 / MECHANIC DIESEL ENGINE

Class: First 44434 / EMPLOYBILITY SKILL Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88201172122003 | ANMOLDEEP SINGH 88201172123001 | AKASHDEEP SINGH 3 88201172123004 | GURBEER SINGH 88201172123005 | GURKARANPREET SINGH 5 88201172123011 KHUSHMANPREET GHALY 88201172123018 | RISHI KUMAR 88201172123021 | SLAMAT 88201172123022 | SUKHMANPREET 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:

3315 / GOVT. I.T.I, KAPURTHALA

Course: 617 / MECHANIC DIESEL ENGINE

44435 / PRACTICAL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88201172123001	_J AKASHDEEP SINGH	<u> </u>	
2	88201172123004	GURBEER SINGH	<u> </u>	
3	88201172123005	GURKARANPREET SINGH	<u> </u>	
4	88201172123011	KHUSHMANPREET GHALY,	<u> </u>	
5	88201172123013	LOVEPREET SINGH	<u> </u>	
6	88201172123018	RISHI KUMAR	<u> </u>	
7	88201172123021	SLAMAT	<u> </u>	
8	88201172123022	SUKHMANPREET SINGH		
Tota	al No. Of Students in al No. Of Answer Sho ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	been filled and sha	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l hav	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	-	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l hav fille	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
	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: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 658 / SEWING TECHNOLOGY Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247170623028	JASMEEN KAUR	<u> </u>	<u> </u>
2	88247170623029	JASMEET KAUR	<u> </u>	<u> </u>
3	88247170623030	JASVIR KAUR	<u> </u>	<u> </u>
4	88247170623033	KOMALPREET KAUR	1	L
5 _L	88247170623034	KOMALPREET KAUR	1	L
6	88247170623035	MANPREET KAUR		
7	88247170623038	NAVJOT KAUR		L
8	88247170623040	RAJPREET KAUR	1	L
9	88247170623041	RAMANPREET KAUR		I
10	88247170623043	SIMRAN KAPOOR		I
11	88247170623044	SUKHVIR KAUR		L
12 _I	88247170623045	 SURPREET KAUR	1	I

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3315 / GOVT. I.T.I, KAPURTHALA 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

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 3315 / GOVT. I.T.I, KAPURTHALA

PAGE: 1

Course: 658 / SEWING TECHNOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247170623028	JASMEEN KAUR	<u> </u>	<u> </u>
2	88247170623029	JASMEET KAUR		L
3	88247170623030	JASVIR KAUR		L
4	88247170623033	KOMALPREET KAUR		<u> </u>
5	88247170623034	KOMALPREET KAUR		
6	88247170623035	MANPREET KAUR		
7	88247170623038	NAVJOT KAUR		
8	88247170623040	RAJPREET KAUR		
9	88247170623041	RAMANPREET KAUR		
10	88247170623043	SIMRAN KAPOOR		I
11	88247170623044	SUKHVIR KAUR	 	I
12	88247170623045	SURPREET KAUR	 	I
			·	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 3315 / GOVT. I.T.I, KAPURTHALA
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

(Name)_____ (Designation)_____ hereby certify

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 3315 / GOVT. I.T.I, KAPURTHALA

Course: 658 / SEWING TECHNOLOGY

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247170623028	JASMEEN KAUR		
2	88247170623029	JASMEET KAUR		L
3	88247170623030	JASVIR KAUR		L
4	88247170623033	KOMALPREET KAUR		L
5	88247170623034	KOMALPREET KAUR		L
6	88247170623035	MANPREET KAUR		L
7	88247170623038	NAVJOT KAUR	<u> </u>	L
8	88247170623040	RAJPREET KAUR	<u> </u>	L
9	88247170623041	RAMANPREET KAUR	<u> </u>	L
10	88247170623043	SIMRAN KAPOOR	<u> </u>	L
11	88247170623044	SUKHVIR KAUR	<u></u>	<u></u>
12	88247170623045	SURPREET KAUR	<u></u>	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 3315 / GOVT. I.T.I, KAPURTHALA
Course: 658 / SEWING TECHNOLOGY 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

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

Course: 660 / WELDER

Subject: 44431 / TRADE THEORY

Class: First

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212170622033	LOVEPREET SINGH		
2				
Tot		this Subject > Present : Ab	osent:	
			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	oller	Si gna	ture of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet on nstructions.	of the said examinati	on and found that particulars have been

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

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

PAGE: 1 of

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212170622033 | LOVEPREET SINGH 88212170622038 | SONU 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 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

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

652 / FASHION DESIGN TECHNOLOGY

Course: Class: First

Subject: 44431 / TRADE THEORY

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88246172623001	JANJU	<u> </u>	<u> </u>
88246172623002	GUJALA	L	L
88246172623003	HARVEER GHUMAN	L	L
88246172623005	KAMALJIT KAUR	<u> </u>	L
88246172623006	KANCHAN	<u> </u>	L
88246172623008	LASHMI KUMARI	<u> </u>	L
88246172623010	MONIKA KUMARI	<u> </u>	L
88246172623011	NEELU	<u> </u>	L
88246172623012	_J PRIYA	<u> </u>	L
88246172623013	PRIYANKA	<u> </u>	L
88246172623014	RITIKA RANI	<u> </u>	L
88246172623015	SANJANA	L	L
88246172623016	SHIVANI	<u> </u>	L
88246172623017	SITA	<u> </u>	L
88246172623018	TARANPREET KAUR	L	L
	88246172623001 88246172623002 88246172623003 88246172623006 88246172623010 88246172623011 88246172623012 88246172623014 88246172623015 88246172623016 88246172623017	Regd. No. Name Of the Student 88246172623001 ANJU 88246172623002 GUJALA 88246172623003 HARVEER GHUMAN 88246172623005 KAMALJIT KAUR 88246172623008 LASHMI KUMARI 88246172623010 MONIKA KUMARI 88246172623011 NEELU 88246172623012 PRIYA 88246172623014 RITIKA RANI 88246172623015 SANJANA 88246172623016 SHIVANI 88246172623017 SITA 88246172623018 TARANPREET KAUR	88246172623001 ANJU 88246172623002 GUJALA 88246172623003 HARVEER GHUMAN 88246172623006 KAMALJIT KAUR 88246172623008 LASHMI KUMARI 88246172623010 MONIKA KUMARI 88246172623011 NEELU 88246172623012 PRIYA 88246172623014 RITIKA RANI 88246172623015 SANJANA 88246172623016 SHIVANI 88246172623017 SITA

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: 3333 / INDUSTRIAL TRAINING INSTITUTE (W) , PHAGWARA Course: 652 / FASHION DESIGN 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

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

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

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.
1	8824617262300	1 /	ANJU		L
2	8824617262300	2 0	GUJALA		<u> </u>
3	8824617262300	³ ^F	HARVEER GHUMAN		L
4	8824617262300	⁵	(AMALJIT KAUR		L
5	8824617262300	6 K	CANCHAN		L
6	8824617262300	8 L	ASHMI KUMARI		L
7	8824617262301	0 1	MONIKA KUMARI		L
8	8824617262301	1 N	NEELU		L
9	8824617262301	2 _] F	PRIYA		L
10 	8824617262301	3 F	PRIYANKA		<u> </u>
11 	8824617262301	4 _] F	RITIKA RANI		<u> </u>
12	8824617262301	5 _] S	ANJANA		<u> </u>
13	8824617262301	6 _] S	SHIVANI		<u> </u>
14	8824617262301	7 5	SITA		<u> </u>
15 	8824617262301	8 _] T	ARANPREET KAUR		<u></u>

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE(W) , PHAGWARA
Course: 652 / FASHION DESIGN 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) (Designation) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

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

Name of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

I have conducted 5% random 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

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

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88246172623001	ULNA	<u> </u>	L
2	88246172623002	_] GUJALA	<u> </u>	L
3	88246172623003	HARVEER GHUMAN	<u> </u>	L
4	88246172623005	KAMALJIT KAUR	<u> </u>	L
5	88246172623006	_] KANCHAN	<u> </u>	L
6	88246172623008	LASHMI KUMARI	<u> </u>	L
7	88246172623010	MONIKA KUMARI	<u> </u>	L
8	88246172623011	_] NEELU	<u> </u>	L
9	88246172623012	_] PRIYA	<u> </u>	L
10	88246172623013	_] PRIYANKA	<u> </u>	L
11	88246172623014	RITIKA RANI	<u> </u>	L
12	88246172623015	SANJANA	<u> </u>	L
13	88246172623016	SHIVANI		L
14	88246172623017	SITA	<u> </u>	
15	88246172623018	TARANPREET KAUR	<u> </u>	

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE (W) , PHAGWARA Course: 652 / FASHION DESIGN 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

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

3333 / INDUSTRIAL TRAINING INSTITUTE(W), PHAGWARA 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	88222272523001	JAKASH KUMAR	<u> </u>	<u> </u>
2	88222272523003	JAMAN KUMAR	<u> </u>	L
3	88222272523006	DHEERAJ KUMAR		<u> </u>
4	88222272523007	GURPREET		<u> </u>
5	88222272523008	LAKHWINDER SINGH		
6	88222272523009			
7	88222272523010	RAJ KUMAR		
8	88222272523011	 SANJAY KUMAR		
9	88222272523014	/ SOM NATH		1
Tot	tal No. Of Students in tal No. Of Answer Sho me and Signature Of	eets Packed >	ent:	
			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	h ked and ensured that been filled and sha not be entitled for	pereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	on and found that particulars have been
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	on and found that particulars have been
Name	e of the Deputy Contro	ol I er	Si gnat	ure of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	on and found that particulars have been

Signature of the Controller

Name of the Controller

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

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

Course: 654 / MACHINIST Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88222272522016	JVANSH KUMAR	<u> </u>	
2	88222272523001	JAKASH KUMAR	<u> </u>	L
3	88222272523003	JAMAN KUMAR		L
4	88222272523006	DHEERAJ KUMAR		
5	88222272523007	GURPREET		
6	88222272523008	LAKHWINDER SINGH		
7	88222272523009	MATTHEW		
8	88222272523010	RAJ KUMAR		
9	88222272523011	SANJAY KUMAR		
10	88222272523014	 -SOM NATH		

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: 3333 / INDUSTRIAL TRAINING INSTITUTE (W) , PHAGWARA

Course: 654 / MACHINIST 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.

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

Name of the Superintendent

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.

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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 3333 / INDUSTRIAL TRAINING INSTITUTE (W) , PHAGWARA Center Name:

Subject: 44435 / PRACTICAL

Course: 654 / MACHINIST Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88222272523001	JAKASH KUMAR	<u> </u>	<u> </u>
2	88222272523003	AMAN KUMAR	L	L
3	88222272523006	DHEERAJ KUMAR	<u> </u>	L
4	88222272523007	GURPREET	<u> </u>	<u>L</u>
5 	88222272523008	LAKHWINDER SINGH	<u> </u>	<u></u>
6	88222272523009	MATTHEW	L	1
7	88222272523010	RAJ KUMAR		<u> </u>
8	88222272523011	SANJAY KUMAR		<u> </u>
9	88222272523014	SOM NATH		I
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of		ent:	
			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	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	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 ha	ave conducted 5% ranc ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been

Signature of the Controller

Name of the Controller

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

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

Course: 654 / MACHINIST Class: Second

Subject: 44441 / TRADE THEORY

5.100	Rega. No.	Name Of the Student	Answer Sneet No.	
1	88222272522001	ASHISH		I
2	88222272522004	HARSH DADWAL		L
3	88222272522006	JASPREET SINGH	<u> </u>	<u> </u>
4	88222272522012	RAHUL	L	L
5 	88222272522014	SONU KUMAR	L	L
6	88222272522015	THAKUR LOVE KUMAR	L	L
7	88222272522016	VANSH KUMAR		
Tota	al No. Of Answer She ne and Signature Of			
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally check 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 Superintender	nt	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

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

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

Course: 654 / MACHINIST Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

S.No Name Of the Student Regd. No. Student's Sign. Answer Sheet No. 88222272522001 _I ASHISH 88222272522004 | HARSH DADWAL 2 3 88222272522006 | JASPREET SINGH 88222272522012 | RAHUL 5 88222272522014 ISONU KUMAR 882222/2522016 | VANSH 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 have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random 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

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

Course: 654 / MACHINIST Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88222272522001	ASHISH			
2	88222272522004	. ԱΛΟςμ ΠΛΟΙΛΙΛΙ	<u> </u>		
3	88222272522006	JASPREET SINGH	<u> </u>		
4	88222272522012	_] RAHUL	<u> </u>		
5	88222272522014	CONTILIZIONAND			
6	88222272522015	THAKUD LOVE KUMAD			
7	88222272522016	VANCLI KUMA D			
Tot	tal No. Of Answer She me and Signature Of				
			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	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	
I 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	I have 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 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	

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

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

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Course: Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049272523017	BRIJESH SONI		
2	88049272523019	GIRIK TOKHI	<u> </u>	<u> </u>
3	88049272523020	GURJEET SINGH	<u></u>	L
4	88049272523022	INDERJIT	<u></u>	L
5	88049272523024	JASPAL SHARMA	<u> </u>	L
6	88049272523026	MANJOT SINGH	<u> </u>	<u> </u>
7	88049272523028	ROSHAN KUMAR RAI	<u> </u>	<u> </u>
8	88049272523029	SACHIN	<u> </u>	<u> </u>
9	88049272523031	SUMIT	<u> </u>	<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	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
	ve conducted 20% rand ed correctly as per i		the said examination	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 examination	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

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:

Course:

3333 / INDUSTRIAL TRAINING INSTITUTE(W), PHAGWARA

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Subject:

44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88049272523017	BRIJESH SONI		<u> </u>		
2	88049272523019	GIRIK TOKHI	<u> </u>	<u> </u>		
3	88049272523020	GURJEET SINGH	<u> </u>	<u> </u>		
4	88049272523022	INDERJIT	<u> </u>	<u> </u>		
5 	88049272523024	JASPAL SHARMA	<u> </u>	<u> </u>		
6 	88049272523026	MANJOT SINGH	<u> </u>	<u> </u>		
7	88049272523028	ROSHAN KUMAR RAI	<u> </u>	<u> </u>		
8	88049272523029	SACHIN	<u> </u>	<u> </u>		
9	88049272523031	SUMIT	<u> </u>	<u> </u>		
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:			
			Undertaki ng			
abov have	e appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who uded 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	e of the Deputy Contro	oller	Si gnat	rure of the Deputy Controller		
l h fill	I have conducted 5% random 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

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

Course:

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

44435 / PRACTICAL Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88049272523017 | BRIJESH SONI 88049272523019 _| GIRIK TOKHI 3 88049272523020 | GURJEET SINGH 88049272523022 | INDERJIT 5 88049272523024 | JASPAL SHARMA 88049272523026 | MANJOT SINGH 88049272523028 | ROSHAN KUMAR RAI 88049272523029 | SACHIN 88049272523031 | SUMIT Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

filled correctly as per instructions.

Name of the Controller

Class: Second

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

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

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Course:

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049272522018	AJAIB SINGH	<u> </u>	<u> </u>
2	88049272522019	JAMIT MALL	<u> </u>	<u> </u>
3	88049272522020	AVINASH RAHUL	<u> </u>	<u> </u>
4	88049272522021	BALJEET SINGH	<u> </u>	L
5	88049272522023	DILPREET JASSAL	<u> </u>	<u> </u>
6	88049272522024	GAGANDEEP SINGH	<u> </u>	<u></u>
7	88049272522025	GOURAV JASSAL	<u> </u>	<u> </u>
8	88049272522027	LAKSHAY	<u> </u>	<u> </u>
9	88049272522029	MANDEEP	L	<u> </u>
10	88049272522031	_] MUKESH	L	<u> </u>
11	88049272522033	NITISH KUMAR	<u> </u>	
12	88049272522034	PRINCE	<u> </u>	
13	88049272522035	RANJIT SINGH		
14	88049272522039	SHIVAM		

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

Total No. Of Answer Sheets Packed >

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE (W) , PHAGWARA Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Class: Second Subject: 44441 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

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

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: Second

44444 / EMPLOYBILITY SKILL Subject:

PAGE: 1

14

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88049272522018 | AJAIB SINGH 88049272522019 | AMIT MALL 3 88049272522020 | AVINASH RAHUL 88049272522021 | BALJEET SINGH 5 88049272522023 | DILPREET JASSAL 88049272522025 | GOURAV JASSAL 88049272522027 | LAKSHAY 88049272522031 _I MUKESH 10 88049272522033 | NITISH KUMAR 12 88049272522034 | PRINCE 13 88049272522035 | RANJIT SINGH

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

Total No. Of Answer Sheets Packed >

88049272522039 | SHIVAM

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE (W) , PHAGWARA Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Class: Second Subject: 44444 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

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

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

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049272522018	_J AJAIB SINGH	<u> </u>	<u> </u>
2	88049272522019	JAMIT MALL	L	
3	88049272522020	JAVINASH RAHUL	L	L
4	88049272522021	JBALJEET SINGH	L	L
5	88049272522023	J DILPREET JASSAL	L	L
6	88049272522024	JGAGANDEEP SINGH	L	L
7 l	88049272522025	JGOURAV JASSAL	L	L
8	88049272522027	_J LAKSHAY	L	L
9	88049272522029	JMANDEEP	L	L
10 	88049272522031	_] MUKESH	L	L
11	88049272522033	_J NITISH KUMAR	<u> </u>	L
12	88049272522034	PRINCE	<u> </u>	L
13	88049272522035	RANJIT SINGH	<u> </u>	L
14	88049272522039	SHIVAM	<u> </u>	L
·				

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

Total No. Of Answer Sheets Packed >

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 3333 / INDUSTRIAL TRAINING INSTITUTE (W) , PHAGWARA Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Class: Second Subject: 44445 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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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

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

Course: 660 / WELDER Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

S.No

	3	'	,	9	
1	88212172523033	BALKAR SINGH			
2	88212172523035	DEEPAK KUMAR	<u> </u>	 	
3	88212172523036	GAURAV	<u> </u>	 	
4	88212172523039	HARMAN	<u> </u>	 	
5	88212172523041	HARMAN VIRDI	<u> </u>	 	
6	88212172523042	HARRY KAILEY		 	
7	88212172523043	INDERPAL SINGH		 	
8	88212172523044	INDERPREET SINGH	<u> </u>	 	
9	88212172523045	IRFAN SHEIKH	<u> </u>	 	
10	88212172523047	MANTOSH	<u> </u>	 	
11 	88212172523050	SAHIBPREET SINGH	<u> </u>	 	
4					

Answer Sheet No.

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

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

Student's Sign.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3333 / INDUSTRIAL TRAINING INSTITUTE (W), PHAGWARA 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

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Name of the Controller

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

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

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	88212172523033	BALKAR SINGH	<u> </u>	
2	88212172523035	DEEPAK KUMAR	L	L
3	88212172523036	GAURAV	<u> </u>	<u> </u>
4	88212172523039	HARMAN	<u> </u>	L
5	88212172523041	HARMAN VIRDI	<u> </u>	<u></u>
6	88212172523042	HARRY KAILEY	<u> </u>	<u></u>
7	88212172523043	INDERPAL SINGH	<u> </u>	<u> </u>
8	88212172523044	INDERPREET SINGH	<u> </u>	<u> </u>
9	88212172523045	IRFAN SHEIKH	<u> </u>	<u> </u>
10 	88212172523047	MANTOSH	<u> </u>	L
11	88212172523050	SAHIBPREET SINGH	<u> </u>	

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 3333 / INDUSTRIAL TRAINING INSTITUTE (W), PHAGWARA Center Name: Course: 660 / WELDER Class: First 44434 / EMPLOYBILITY SKILL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

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

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

Course: Class: First 660 / WELDER

Subject: 44435 / PRACTICAL

Regd. No.

S.No

Name Of the Student

'	3	'		ŭ
1	88212172523033	BALKAR SINGH		
2	88212172523035	DEEPAK KUMAR	<u> </u>	<u></u>
3	88212172523036	GAURAV	<u></u>	L
4	88212172523039	HARMAN	<u></u>	L
5	88212172523041	HARMAN VIRDI	<u> </u>	L
6	88212172523042	HARRY KAILEY	<u> </u>	L
7	88212172523043	INDERPAL SINGH	<u> </u>	L
8	88212172523044	INDERPREET SINGH	<u> </u>	L
9	88212172523045	IRFAN SHEIKH	<u> </u>	L
10 	88212172523047	MANTOSH	<u> </u>	L
11 	88212172523050	SAHIBPREET SINGH	<u> </u>	<u></u>
4				

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 3333 / INDUSTRIAL TRAINING INSTITUTE (W), PHAGWARA Center Name: Course: 660 / WELDER 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

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Signature of the Deputy Controller

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Name of the Controller