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

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course : 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

17511 / PRINCIPLE OF EDUCATION Subject:

S.No Name Of the Student | Answer Sheet No. Student's Sign. Regd. No. 88175154322003 | GURPREET KAUR 88175154322006 JASVIR KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

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

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

filled correctly as per instructions.

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 664 / PUNJABI STENOGRAPHY Class: First 17411 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88174150221007 JASHANPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 664 / PUNJABI STENOGRAPHY Class: First

Subject: 17416 / COGNATE

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88174150221007 | JASHANPREET KAUR 88174150221040 TANIYA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17051 / PAINTING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370252822001 | SHAGANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17055 / CRAFT( T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370252822001 | SHAGANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

Name of the Deputy Controller

filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA 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. 88370252822001 | SHAGANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Consolint and ant

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Course : 665 / ART & CRAFT TEACHER TRAINING COURSE Class: First 17071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370252822001 | SHAGANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller Signature of the Deputy Controller

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

Name of the Controller Signature of the Controller

Class: First

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

Center Name : 4111 / INDUS

PAGE: 1

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 17073 / GEOMETRICAL DRAWING

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88370252222017 <sub>I</sub> RIMMI 2 3 88370252821001 | GAGANDEEP KAUR 88370252822001 | SHAGANDEEP KAUR 5 88370254322025 | RAMANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng (Designation)\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

PAGE: 1 of 1 ATTENDANCE CUM CHALLAN Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

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

Subject: 70051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252222013	NARINDER KAUR	<u> </u>	
2	88370252222017	<sub>]</sub> RIMMI	<u> </u>	
3	88370252822001	SHAGANDEEP KAUR	<u> </u>	
4	88370254322021	MANDEEP KAUR	<u> </u>	
5	88370254322022	MEHIKDEEP KAUR	<u> </u>	<u> </u>
6	88370254322023	NARINDER KAUR	<u> </u>	
7	88370254322025	RAMANDEEP KAUR		I
Tot	al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abòv have	appeared under my su	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	nereby certify that I have conducted the t particulars of all the students who added correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
	ve conducted 10% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
	ave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

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

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

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	88370252222013	<sub> </sub> NARINDER KAUR		
2	88370252222017	<sub>]</sub> RIMMI	L	L
3	88370252822001	SHAGANDEEP KAUR	L	L
4	88370254322021	MANDEEP KAUR	L	L
5	88370254322022	MEHIKDEEP KAUR	<u> </u>	L
6	88370254322023	NARINDER KAUR	<u> </u>	L
7	88370254322025	RAMANDEEP KAUR		
	tal No. Of Answer She me and Signature Of			
			Undertaki ng	
I (N abov have here	Name)_ ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h ked and ensured that	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Superintender	nt	Si gnat	ure 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	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	ure of the Controller

Class: Second

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

PAGE: 1 Center Name:

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

70056 / CRAFT(P) Subject:

S.No Name Of the Student | Student's Sign. Regd. No. Answer Sheet No. 88370252222013 | NARINDER KAUR 88370252222017 <sub>I</sub> RIMMI 2 3 88370252822001 | SHAGANDEEP KAUR 88370254322021 | MANDEEP KAUR 5 88370254322022 | MEHIKDEEP KAUR 88370254322023 | NARINDER KAUR 88370254322025 | RAMANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng (Designation)\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

PAGE: 1 of 1 Center Name:

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252222013	NARINDER KAUR		
2	88370252222017	RIMMI	<u> </u>	<u> </u>
3	88370252822001	SHAGANDEEP KAUR	<u></u>	L
4	88370254322021	MANDEEP KAUR	<u></u>	L
5	88370254322022	MEHIKDEEP KAUR	<u></u>	L
6	88370254322023	NARINDER KAUR	<u> </u>	<u> </u>
7	88370254322025	RAMANDEEP KAUR		L
To	tal No. Of Answer She me and Signature Of		OH.	
			Undertaki ng	
I (Name) hereby certify that I have conducted above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I a hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.				
			Si gnat	ure of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent
I have conducted 10% random checking of the OMR sheet of filled correctly as per instructions.			the said examinatio	n and found that particulars have been
Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
	nave conducted 5% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	e of the Controller		Si gnat	ure of the Controller

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

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Name Of the Student

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.No

Regd. No.

0.110		, , , , , , , , , , , , , , , , , , , ,		
1	88370252221004	BEANT KAUR		
2	88370252221018	JASPREET KAUR	L	L
3	88370252222013	NARINDER KAUR	L	L
4	88370252222017	RIMMI	<u> </u>	L
5	88370252821001	GAGANDEEP KAUR	<u> </u>	L
6	88370252822001	SHAGANDEEP KAUR	<u> </u>	L
7	88370253721045	JAGJIT KAUR	<u> </u>	L
8	88370254322021	MANDEEP KAUR	L	L
9	88370254322022	MEHIKDEEP KAUR	L	L
10	88370254322023	NARINDER KAUR	L	L
11 	88370254322025	RAMANDEEP KAUR	L	<u></u>

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

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

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

Subject: 70071 / HISTORY & APPRECIATION OF ART

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: Second

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

PAGE: 1 of 1 Center Name:

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252222013	NARINDER KAUR	<u> </u>	<u> </u>
2	88370252222017	RIMMI	<u> </u>	<u> </u>
3	88370252822001	SHAGANDEEP KAUR	<u> </u>	L
4	88370254322021	MANDEEP KAUR	<u> </u>	L
5	88370254322022	MEHIKDEEP KAUR	<u></u>	L
6	88370254322023	NARINDER KAUR	<u> </u>	<u> </u>
7	88370254322025	RAMANDEEP KAUR		1
	al No. Of Answer She me and Signature Of		Undertaki ng	
abòv have	e appeared under my su	(Designation) gilator. I have personally checl upervision in today's exam, have any mistakes are found, I will u	h ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintender	nt	Si gnat	ure of the Superintendent
I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
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

Class: Second

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

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name:

665 / ART & CRAFT TEACHER TRAINING COURSE

Course:

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252221018	JASPREET KAUR		L
2	88370252222013	NARINDER KAUR		L
3	88370252222017	<sub> </sub> RIMMI		L
4	88370252821001	GAGANDEEP KAUR		
5	88370252822001	SHAGANDEEP KAUR		
6	88370253720071	SAXENA SUMANDEEP		
7	88370253721037	HAPINDER KUMAR		 
8	88370253721045	JAGJIT KAUR		
9	88370253721062	MANPREET KAUR		
10	88370253721080	SARBJEET KAUR		
11	88370254322021	<sub> </sub> MANDEEP KAUR		 
12	88370254322022	<sub> </sub> MEHIKDEEP KAUR		
13	88370254322023	NARINDER KAUR		
14	88370254322025	<sub> </sub> RAMANDEEP KAUR		

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

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

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

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

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

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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:

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject :	70074 / TEACHING OF ART & CRAFT(P)	
Jubject.	700747 TEACHING OF ART & CRAFT( F)	

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252222013	<sub> </sub> NARINDER KAUR		
2	88370252222017	<sub>]</sub> RIMMI		
3	88370252822001	SHAGANDEEP KAUR	<u> </u>	
4	88370254322021	MANDEEP KAUR	<u> </u>	
5	88370254322022	MEHIKDEEP KAUR	<u> </u>	
6	88370254322023	NARINDER KAUR		
7	88370254322025	RAMANDEEP KAUR		
To	tal No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (1 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 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
I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have filled correctly as per instructions.			on and found that particulars have been	
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
	nave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

Class: Second

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

Center Name: 4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70075 / PROJECT

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252222013	NARINDER KAUR	<u> </u>	<u> </u>
2	88370252222017	RIMMI	<u> </u>	<u> </u>
3	88370252822001	SHAGANDEEP KAUR	<u> </u>	<u> </u>
4	88370254322021	MANDEEP KAUR	<u> </u>	<u> </u>
5	88370254322022	MEHIKDEEP KAUR	<u> </u>	<u> </u>
6	88370254322023	NARINDER KAUR	<u> </u>	
7	88370254322025	RAMANDEEP KAUR		
	tal No. Of Answer She me and Signature Of			
			Undertaki ng	
I (N abov have here	Name) Ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	nereby certify that I have conducted the particulars of all the students who add correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	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
	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	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	cure of the Controller

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

4111 / INDUSTRIAL TRAINING INSTITUTE, BATHINDA Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370252222013	NARINDER KAUR		
2	88370252222017	<sub>]</sub> RIMMI	<u> </u>	
3	88370252822001	SHAGANDEEP KAUR	<u> </u>	
4	88370254322021	MANDEEP KAUR	<u></u>	
5	88370254322022	JMEHIKDEEP KAUR	<u> </u>	
6	88370254322023	NARINDER KAUR	<u></u>	
7	88370254322025	RAMANDEEP KAUR		
Tot	tal No. Of Students in tal No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
nave	e appeared under my st	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	been iiiied and sn	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Name	e of the Superintender	nt	Si gna	ture of the Superintendent
	ave conducted 10% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
	nave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

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

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

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231254623001	ARSH KUMAR	<u> </u>	L
2	88231254623002	DALJEET SINGH KHERA	<u> </u>	L
3	88231254623003	GAGANDEEP SINGH	L	L
4	88231254623004	GURPYAR SINGH	<u> </u>	L
5	88231254623005	HANISH SHARMA	<u> </u>	L
6	88231254623006	HARPREET SINGH	L	L
7	88231254623008	HARPREET SINGH	<u> </u>	L
8	88231254623010	INDERJEET SINGH	<u> </u>	L
9	88231254623011	JASWINDER SINGH	<u> </u>	L
10	88231254623012	KARANDEEP SINGH	<u> </u>	L
11	88231254623013	KULTAR SINGH	<u> </u>	L
12	88231254623014	<sub> </sub> MOHIT TRIPATHI	L	L
13	88231254623015	NAVDEEP SINGH	<u> </u>	L
14	88231254623016	PARGAT SINGH	<u> </u>	L
15 <sub> </sub>	88231254623017	RASHPAL SINGH	L	L
16	88231254623018	RASPREET SINGH		L
17	88231254623019	SATPAL SINGH		
18	88231254623020	VARINDER KUMAR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Center Name: Course: 132 / ELECTRICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

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

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231254623001	JARSH KUMAR	<u></u>	1
2	88231254623002	DALJEET SINGH KHERA	<u> </u>	<u> </u>
3	88231254623003	JGAGANDEEP SINGH	<u> </u>	<u> </u>
4	88231254623004	JGURPYAR SINGH	<u></u>	<u> </u>
5	88231254623005	<sub>J</sub> HANISH SHARMA	<u></u>	<u> </u>
6	88231254623006	HARPREET SINGH	<u> </u>	<u> </u>
7	88231254623008	HARPREET SINGH	<u> </u>	<u> </u>
8	88231254623010	INDERJEET SINGH	<u> </u>	<u> </u>
9	88231254623011	JASWINDER SINGH	<u> </u>	<u> </u>
10	88231254623012	KARANDEEP SINGH	<u> </u>	<u> </u>
11	88231254623013	KULTAR SINGH	<u> </u>	<u> </u>
12	88231254623014	<sub>J</sub> MOHIT TRIPATHI	<u> </u>	<u> </u>
13	88231254623015	NAVDEEP SINGH	<u> </u>	<u> </u>
14	88231254623016	JPARGAT SINGH	<u> </u>	<u></u>
15	88231254623017	RASHPAL SINGH		<u></u>
16	88231254623018	RASPREET SINGH		
17	88231254623019	SATPAL SINGH		

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

88231254623020 | VARINDER KUMAR

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 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Center Name: Course: 132 / ELECTRICIAN Class: First 44434 / EMPLOYBILITY SKILL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Course: 132 / ELECTRICIAN Class: First

PAGE: 1

Subject: 44435 / PRACTICAL S.No Read. No. Name Of the Student Student's Sign.

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231254623001	ARSH KUMAR	<u> </u>	L
2	88231254623002	DALJEET SINGH KHERA	<u> </u>	L
3	88231254623003	GAGANDEEP SINGH	L	L
4	88231254623004	GURPYAR SINGH	<u> </u>	L
5	88231254623005	HANISH SHARMA	<u> </u>	L
6	88231254623006	HARPREET SINGH	L	L
7	88231254623008	HARPREET SINGH	<u> </u>	L
8	88231254623010	INDERJEET SINGH	<u> </u>	L
9	88231254623011	JASWINDER SINGH	<u> </u>	L
10	88231254623012	KARANDEEP SINGH	<u> </u>	L
11	88231254623013	KULTAR SINGH	<u> </u>	L
12	88231254623014	<sub> </sub> MOHIT TRIPATHI	L	L
13	88231254623015	NAVDEEP SINGH	<u> </u>	L
14	88231254623016	PARGAT SINGH	<u> </u>	L
15 _	88231254623017	RASHPAL SINGH	L	L
16	88231254623018	RASPREET SINGH		L
17	88231254623019	SATPAL SINGH		
18	88231254623020	VARINDER KUMAR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Center Name: Course: 132 / ELECTRICIAN Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

I 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

4132 / INDUSTRIAL TRAINING INSTITUTE(W), RAMPURA PHUL

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

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		  GAGANDEEP KAUR	: 	 I
2		J  GURDEEP KAUR	L 	L
3	88242154623024	GURDEEP KAUR		
4	88242154623025	GURMEET KAUR		L
5 <sub> </sub>	88242154623026	GURPREET KAUR		
6	88242154623027	HARMANDEEP KAUR		<u> </u>
7	88242154623028	HARNEET KAUR	<u> </u>	<u> </u>
8	88242154623029	JAGSIR KAUR		<u> </u>
9	88242154623031	KHUSHPREET KAUR		<u> </u>
10	88242154623032	<sub>]</sub> LACHHMI		L
11	88242154623034	MANPREET KAUR		L
12	88242154623035	MANPREET KAUR		
13	88242154623036	MEHAKDEEP KAUR		<u> </u>
14	88242154623037	PARABJOT KAUR		L
15 <sub> </sub>	88242154623038	RAMANDEEP KAUR		L
16	88242154623039	RAMANDEEP KAUR		L
17	88242154623040	SANDEEP KAUR		<u> </u>
18	88242154623041	JSONA KAUR	<u></u>	
19 <sub> </sub>	88242154623043	SUKHMANPREET KAUR	I	I

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL 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

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

I 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

4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242154623022	GAGANDEEP KAUR	<u> </u>	<u> </u>
2	88242154623023	GURDEEP KAUR	<u> </u>	<u>L</u>
3	88242154623024	GURDEEP KAUR	<u> </u>	<u>L</u>
4	88242154623025	GURMEET KAUR	<u> </u>	<u>L</u>
5 	88242154623026	GURPREET KAUR	<u> </u>	<u>L</u>
6	88242154623027	HARMANDEEP KAUR	<u> </u>	<u> </u>
7	88242154623028	HARNEET KAUR	<u> </u>	<u> </u>
8	88242154623029	JAGSIR KAUR	<u> </u>	<u> </u>
9	88242154623031	KHUSHPREET KAUR		<u> </u>
10	88242154623032	<sub>]</sub> LACHHMI		<u> </u>
11	88242154623034	MANPREET KAUR		<u> </u>
12	88242154623035	MANPREET KAUR	<u> </u>	<u> </u>
13	88242154623036	JMEHAKDEEP KAUR	<u> </u>	<u> </u>
14	88242154623037	PARABJOT KAUR	<u> </u>	<u> </u>
15 	88242154623038	RAMANDEEP KAUR		<u> </u>
16	88242154623039	RAMANDEEP KAUR		<u> </u>
17 	88242154623040	SANDEEP KAUR		<u> </u>
18	88242154623041	JSONA KAUR	<u></u>	
19	88242154623043	SUKHMANPREET KAUR		
<b></b> _				

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL 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

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

I 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

4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242154623022	GAGANDEEP KAUR	<u> </u>	<u></u>
2	88242154623023	GURDEEP KAUR	L	L
3	88242154623024	GURDEEP KAUR	L	L
4	88242154623025	GURMEET KAUR	L	L
5	88242154623026	GURPREET KAUR	L	L
6	88242154623027	HARMANDEEP KAUR	L	L
7	88242154623028	HARNEET KAUR	L	L
8	88242154623029	JAGSIR KAUR	L	L
9	88242154623031	KHUSHPREET KAUR	L	L
10	88242154623032	LACHHMI	L	L
11	88242154623034	MANPREET KAUR	L	L
12	88242154623035	MANPREET KAUR	L	L
13	88242154623036	MEHAKDEEP KAUR	L	L
14	88242154623037	PARABJOT KAUR	L	L
15	88242154623038	RAMANDEEP KAUR	L	L
16	88242154623039	RAMANDEEP KAUR	L	
17	88242154623040	SANDEEP KAUR	L	
18	88242154623041	SONA KAUR	L	
19	88242154623043	SUKHMANPREET KAUR	<u> </u>	L
İ				

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First 44435 / PRACTICAL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Signature of the Deputy Controller

I have conducted 5% random 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

4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Course: 671 / SURFACE ORNAMENTATION TECHNIQUES( ( EMBRIODERY)

Class: First

44431 / TRADE THEORY Subject:

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88249150323003	JARSHDEEP KAUR	<u> </u>	<u></u>
2	88249150323004	BHUPINDER KAUR	L	L
3	88249150323005	GURJEET KAUR	<u> </u>	L
4	88249150323007	JASLEEN KAUR	L	L
5	88249150323008	JASPREET KAUR	L	L
6	88249150323009	JASPREET KAUR	<u> </u>	L
7	88249150323010	JASPREET KAUR	<u> </u>	L
8	88249150323012	KIRANPREET SHARMA	L	L
9	88249150323013	<sub> </sub> KRITIKA	L	L
10	88249150323014	<sub>J</sub> MANTOKHI KAUR	L	L
11	88249150323015	NINDER KAUR	L	L
12	88249150323016	PARDEEP KAUR	L	L
13	88249150323017	PARMINDER KAUR		
14	88249150323018	RAJ KAUR		L
15	88249150323019	SUKHPREET KAUR		
16	88249150323020	SUKHWINDER KAUR		

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

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

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

Name 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: 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL 671 / SURFACE ORNAMENTATION TECHNIQUES ( ( EMBRIODERY) Course: Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Course: 671 / SURFACE ORNAMENTATION TECHNIQUES( ( EMBRIODERY)

Class: First

44434 / EMPLOYBILITY SKILL Subject:

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88249150323003	ARSHDEEP KAUR	<u> </u>	<u></u>
2	88249150323004	BHUPINDER KAUR	<u> </u>	L
3	88249150323005	GURJEET KAUR	<u> </u>	L
4	88249150323007	JASLEEN KAUR	<u> </u>	L
5	88249150323008	JASPREET KAUR	<u> </u>	L
6	88249150323009	JASPREET KAUR	<u> </u>	L
7	88249150323010	JASPREET KAUR	<u> </u>	L
8	88249150323012	KIRANPREET SHARMA	<u> </u>	L
9	88249150323013	<sub> </sub> KRITIKA	<u> </u>	L
10	88249150323014	<sub>J</sub> MANTOKHI KAUR	<u> </u>	L
11	88249150323015	NINDER KAUR	<u> </u>	L
12	88249150323016	PARDEEP KAUR		L
13	88249150323017	PARMINDER KAUR	<u> </u>	L
14	88249150323018	RAJ KAUR	<u> </u>	L
15	88249150323019	SUKHPREET KAUR	<u> </u>	L
16	88249150323020	SUKHWINDER KAUR		
<b></b>				

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: 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL 671 / SURFACE ORNAMENTATION TECHNIQUES ( ( EMBRIODERY) Course: Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

Signature of the Controller

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

4132 / INDUSTRIAL TRAINING INSTITUTE ( W) , RAMPURA PHUL

Name Of the Student

Course: 671 / SURFACE ORNAMENTATION TECHNIQUES ( ( EMBRIODERY)

PAGE: 1

S.No

Center Name:

Regd. No.

Class: First

Subject: 44435 / PRACTICAL

Answer Sheet No.

Student's Sign.

J.140		Traine of the oldden	Allswei Sheet No.	
1	88249150323003	ARSHDEEP KAUR	<u> </u>	<u></u>
2	88249150323004	BHUPINDER KAUR	<u> </u>	L
3	88249150323005	GURJEET KAUR	<u> </u>	L
4	88249150323007	JASLEEN KAUR	<u> </u>	L
5 	88249150323008	JASPREET KAUR	<u> </u>	L
6	88249150323009	JASPREET KAUR		L
7	88249150323010	JASPREET KAUR		L
8	88249150323012	KIRANPREET SHARMA	<u> </u>	L
9	88249150323013	<sub> </sub> KRITIKA	<u> </u>	L
10	88249150323014	MANTOKHI KAUR	<u> </u>	L
11	88249150323015	NINDER KAUR	<u> </u>	L
12	88249150323016	PARDEEP KAUR		L
13	88249150323017	PARMINDER KAUR		L
14	88249150323018	RAJ KAUR		L
15	88249150323019	SUKHPREET KAUR		
16	88249150323020	SUKHWINDER KAUR		 

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

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 4132 / INDUSTRIAL TRAINING INSTITUTE (W), RAMPURA PHUL 671 / SURFACE ORNAMENTATION TECHNIQUES ( ( EMBRIODERY) Course: Class: First 44435 / PRACTICAL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

Signature of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231232221001 <sub>I</sub>BABBU SINGH 88231232221014 | JASVEER SINGH 88231232221020 | SOMA SINGH 3 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name: Course : 132 / ELECTRICIAN Class: Second 44444 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231232221001 | BABBU SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Signature of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70055 / CRAFT(T)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88370139018012	JGURPREET KAUR					
2		OUNAANDDEET KALID					
3	88370139019010	JGURJOT SINGH					
То	Total No. Of Students in this Subject > Present : Absent:  Total No. Of Answer Sheets Packed >  Name and Signature Of Incharge  Undertaking						
abo	Name) ve examination as Inv e appeared under my so eby undertake that if	(Designation) igilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	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 any remuneration.			
			Si gna	ture of the Invigilator			
l ha fill	ave conducted 20% rand led correctly as per	dom checking of the OMR sheet o	f 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			
l l	nave conducted 5% randled correctly as per	dom checking of the OMR sheet o	f 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: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.N	o   Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370139018011	DOLLY KAUR		L		
2		01100000000				
3	88370139018037	CHMANDDEET KALID				
4	88370139019010	CUDIOT CINICII				
I a h	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.					
			G	ure of the Invigilator		
l f	have conducted 20% rand illed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
N	ame of the Superintenden	nt	Si gnati	ure of the Superintendent		
l f	have conducted 10% rand illed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
N	ame of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller		
f	I have conducted 5% rand illed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
N	ame of the Controller		Si gnati	ure of the Controller		

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 370 / ART & CRAFTS Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

PAGE: 1

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88370139018012 | GURPREET KAUR  $88370139018037_{\mathsf{I}}\mathsf{SUMANPREET}$  KAUR 2 3 88370139019001 | AKKI KAUR  $88370139019038_{\mathsf{I}}\mathsf{RANJEET}\;\mathsf{KAUR}$ Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Signature of the Controller

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: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88049232222018 | NIRBHEY 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 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Course : 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88049232222018 | NIRBHEY 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: Second

Signature of the Controller

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

PAGE: 1 of 1 Center Name:

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course:

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88049232222001	<sub>J</sub> AJAY KUMAR				
2	88049232222003	BEANT SINGH	<u> </u>	<u> </u>		
3	88049232222005	GURPREET KAUR	<u> </u>			
4	88049232222010	HARMANPREET SINGH	<u> </u>			
5	88049232222012	JASPAL SINGH				
6	88049232222016	NAVDEEP SINGH				
7	88049232222018	NIRBHEY SINGH				
8	88049232222022	SIKANDER SINGH				
9	88049232222024	 <sub> </sub> VIKASH				
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	ent:			
			Undertaki ng			
I (Na above have herel	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	cure of the Invigilator		
	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	Name of the Superintendent Signature of the Superintendent					
l hav fille	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	of the Deputy Contro	oller	Si gnat	cure of the Deputy Controller		
l ha fille	I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					

Name of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049232222001	JAJAY KUMAR		
2	88049232222003	BEANT SINGH	<u> </u>	<u>L</u>
3	88049232222005	GURPREET KAUR	<u> </u>	<u>L</u>
4	88049232222010	HARMANPREET SINGH	<u> </u>	<u>L</u>
5	88049232222012	JASPAL SINGH	<u> </u>	<u> </u>
6	88049232222016	NAVDEEP SINGH		<u> </u>
7	88049232222018	NIRBHEY SINGH		<u> </u>
8	88049232222022	SIKANDER SINGH		
9	88049232222024	<sub> </sub> VIKASH		I
Tot	al No. Of Students in al No. Of Answer She me and Signature Of		ent:	
			Undertaki ng	
I (N abov have here	ame)_ e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec pervision 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 examinatio	n and found that particulars have been
Name	of the Superintender	nt	Si gnat	ure of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l h fill	ave conducted 5% ranc ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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	88049232222001	<sub> </sub> AJAY KUMAR	1	
2	88049232222003	BEANT SINGH	1	1
3	88049232222005	GURPREET KAUR	<u></u>	<u> </u>
4	88049232222010	HARMANPREET SINGH	<u></u>	<u> </u>
5	88049232222012	JASPAL SINGH	<u> </u>	<u> </u>
6	88049232222016	NAVDEEP SINGH	1	1
7	88049232222018	NIRBHEY SINGH	<u> </u>	<u> </u>
8	88049232222022	SIKANDER SINGH	1	1
9	88049232222024	<sub> </sub> VIKASH	1	1
To	otal No. Of Students in otal No. Of Answer She ame and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I ( abo hav her	(Name) ove examination as Invi ve appeared under my su reby undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha not be entitled for	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
	nave conducted 20% rand led correctly as per i		the said examination	on and found that particulars have been
Nar	ne of the Superintender	nt	Si gnat	ture of the Superintendent
l h fil	nave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nar	ne of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
	have conducted 5% rand led correctly as per i		the said examination	on and found that particulars have been
Nar	ne of the Controller		Si gnat	ture of the Controller

Class: First

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

17051 / PAINTING Subject:

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370239022001 | HARPREET KAUR 88370239023001 | KM NEELAM 3 88370239023002 | SUKHPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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	88370239021008	POOJA RANI			
2	88370239022001	HARPREET KAUR			
3	88370239022003	JASPREET PAL SINGH			
4	88370239022013	SAWARN SINGH			
5	88370239023001	KM NEELAM			
6	88370239023002	SUKHPREET KAUR	1		
I (N abov have	appeared under my su	(Designation)_ gilator. I have personally ch upervision 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	
nave here	appeared under my suby undertake that if	any mistakes are found, I wil	I not be entitled for	aded correctly in the UMR sheets. I also any remuneration.	
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet nstructions.	3	on and found that particulars have been	
Name	of the Superintender	nt	Si gna	ture of the Superintendent	
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller	
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been	
Name	of the Controller		Si gna	ture of the Controller	

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17059 / DESIGN

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370239022001	HARPREET KAUR	L		
2	88370239023001			L	
3		CHICHDDEET KALID		L	
Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng		
I (Na above have 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	
l ha fille	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
Name	of the Superintender	nt	Si gnat	ure of the Superintendent	
l hav fille	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have beer filled correctly as per instructions.				
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller	
l ha	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
Name	of the Controller		Si gnat	ure of the Controller	

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

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

Subject: 17060 / STILL LIFE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370239022001	HARPREET KAUR	<u> </u>			
2	88370239023001	JKM NEELAM	<u> </u>			
3	88370239023002	SUKHPREET KAUR	<u> </u>			
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
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.		
			Si gnat	cure 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	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		

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17065 / CRAFT( P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370239022001	HARPREET KAUR	L		
2	88370239023001			L	
3		CHICHDDEET KALID		L	
Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng		
I (Na above have 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	
l ha fille	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
Name	of the Superintender	nt	Si gnat	ure of the Superintendent	
l hav fille	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have beer filled correctly as per instructions.				
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller	
l ha	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
Name	of the Controller		Si gnat	ure of the Controller	

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

S	i.No   Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239021008	POOJA RANI		L
2		LIADDDEET KALID		
3	88370239023001			<u> </u>
4	88370239023002	0.000		<u></u>
	Total No. Of Students in Total No. Of Answer Sho Name and Signature Of			
			Undertaki ng	
	have appeared under my su	(Designation)_ gilator. I have personally checl upervision 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
	I have conducted 20% rand filled correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
	Name of the Superintender	nt	Si gnat	ure of the Superintendent
	I have conducted 10% rand filled correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
	Name of the Deputy Contro	ol I er	Si gnat	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 examinatio	n and found that particulars have been
	Name of the Controller		C! t	ure of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17071 / HISTORY & APPRECIATION OF ART

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1		88370239022001	HARPREET KAUR	<u></u>	L	
2		88370239023001			L	
3	<u>.</u>	88370239023002	SUKHPREET KAUR	<u></u>	L	
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
				Undertaki ng		
I ( abo hav her	Name ve e eby	e) xamination as Invi ppeared under my su 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	rure of the Invigilator	
l h fil	ave I ed	conducted 20% rand correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Nam	e of	the Superintender	nt	Si gnat	ure of the Superintendent	
l h fil	ave I ed	conducted 10% rand correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Nam	e of	the Deputy Contro	oller	Si gnat	ure of the Deputy Controller	
l fi l	have I ed	conducted 5% rand correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Nan	e of	the Controller		Si gnat	ure of the Controller	

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370239022001	HARPREET KAUR	<u> </u>	<u></u>		
2	88370239023001	JKM NEELAM	<u></u>	L		
3	88370239023002	SUKHPREET KAUR	<u> </u>	L		
Tota	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
I (Na above have hereb	ame)e e examination as Invi appeared under my su oy undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
			Si gnat	ure of the Invigilator		
l hav fill∈	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	of the Superintender	nt	Si gnat	ure of the Superintendent		
l hav fill∈	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	of the Deputy Contro	ol I er	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	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: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

Subject: 17073 / GEOMETRICAL DRAWING

S	.No   Regd.	No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370	239021008	POOJA RANI			
2	88370	239022001	LIADDDEET KALID			
3	88370	239022010				
4	88370	239023001				
5	88370	239023002				
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
				Undertaki ng		
	have appeared	under my su	(Designation) gilator. I have personally checl upervision in today's exam, have any mistakes are found, I will m	ked and ensured that been filled and shad	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.	
				Si gnati	ure of the Invigilator	
	I have conduct filled correct	ed 20% rand Ly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
	Name of the Su	peri ntender	nt	Si gnati	ure of the Superintendent	
	I have conduct filled correct	ed 10% rand Ly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
	Name of the De	puty Contro	oller	Si gnati	ure of the Deputy Controller	
	I have conduc filled correct	ted 5% rand Ly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
	Name of the Co	ntroller		Si gnatı	ure of the Controller	

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88370239022001	HARPREET KAUR		1			
2							
3		CHIZHDDEET KAHD					
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng				
I ( abc hav her	(Name) ove examination as Invi ve appeared under my su eby undertake that if	(Designation) gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	h cked and ensured that e been filled and sha not be entitled for	nereby certify that I have conducted the particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.			
			Si gnat	cure of the Invigilator			
l h fil	nave conducted 20% rand led correctly as per i	lom checking of the OMR sheet o nstructions.	f the said examinatio	on and found that particulars have been			
Nam	ne of the Superintenden	it	Si gnat	cure of the Superintendent			
l h fil	nave conducted 10% rand led correctly as per i	lom checking of the OMR sheet o nstructions.	f the said examinatio	on and found that particulars have been			
Nam	ne of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller			
l fi l	have conducted 5% rand led correctly as per i	lom checking of the OMR sheet o nstructions.	f the said examinatio	on and found that particulars have been			
Nam	ne of the Controller		Si gnat	cure of the Controller			

Class: Second

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PAGE: 1 of 1 Center Name:

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239020030	SURVIVAL		
2	88370239022003	JASPREET PAL SINGH		
3	88370239022008	MANPREET KAUR	L	<u> </u>
4	88370239022009	POOJA	L	<u> </u>
5 	88370239022010	RAMANDEEP KAUR	L	<u> </u>
6	88370239022011	RAMANDEEP KAUR	<u> </u>	<u> </u>
7	88370239022013	SAWARN SINGH	<u> </u>	<u> </u>
8	88370239022014	SUPREET 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 check pervision in today's exam, have any mistakes are found, I will u	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 fill∈	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintenden	t	Si gnat	ure of the Superintendent
	ve conducted 10% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
	ave conducted 5% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

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

PAGE: 1 of 1 Center Name:

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

70055 / CRAFT( T) Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239020030	<sub> </sub> SURVIVAL		
2	88370239021008	POOJA RANI	<u> </u>	<u> </u>
3	88370239022003	JASPREET PAL SINGH	<u> </u>	L
4	88370239022008	MANPREET KAUR	<u> </u>	L
5 	88370239022009	<sub> </sub> POOJA	<u> </u>	<u>L</u>
6	88370239022010	RAMANDEEP KAUR	<u> </u>	<u> </u>
7	88370239022011	RAMANDEEP KAUR	<u> </u>	<u>L</u>
8	88370239022013	SAWARN SINGH		<u> </u>
9	88370239022014	SUPREET KAUR		<u> </u>
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	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Superintenden	nt	Si gnat	ure of the Superintendent
	ve conducted 10% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l ha	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

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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	88370239020030	SURVIVAL	<u> </u>	<u> </u>
2	88370239022003	JASPREET PAL SINGH	<u> </u>	
3	88370239022008	MANPREET KAUR	<u> </u>	<u> </u>
4	88370239022009	POOJA	L	L
5 	88370239022010	RAMANDEEP KAUR	L	L
6	88370239022011	RAMANDEEP KAUR	L	L
7	88370239022013	SAWARN SINGH	<u> </u>	L
8	88370239022014	SUPREET KAUR		I
Tota	al No. Of Answer She ne and Signature Of		GHt.	
			Undertaki ng	
above have	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha√ fill∈	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintenden	t	Si gnat	ure of the Superintendent
l ha√ fill∈	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l ha fill∈	ave conducted 5% 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

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

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA Center Name:

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	88370239020030	SURVIVAL		
2	88370239021008	POOJA RANI		
3	88370239022003	JASPREET PAL SINGH		1
4	88370239022008	MANPREET KAUR		1
5	88370239022009	POOJA		1
6	88370239022010	RAMANDEEP KAUR		
7	88370239022011	RAMANDEEP KAUR		
8	88370239022013	SAWARN SINGH		1
9	88370239022014	SUPREET KAUR		I
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	h	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
	ve conducted 20% rand ed correctly as per i		f the said examination	on and found that particulars have been
Name	of the Superintenden	t	Si gnat	ture of the Superintendent
	ve conducted 10% rand ed correctly as per i		f the said examination	on and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ture of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	ture of the Controller

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Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

665 / ART & CRAFT TEACHER TRAINING COURSE

Course:

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239020030	SURVIVAL		<u> </u>
2	88370239021008	POOJA RANI	<u> </u>	<u> </u>
3	88370239022003	JASPREET PAL SINGH	<u> </u>	<u>L</u>
4	88370239022008	MANPREET KAUR	<u> </u>	<u>L</u>
5 	88370239022009	POOJA	<u> </u>	<u> </u>
6	88370239022010	RAMANDEEP KAUR	<u> </u>	<u> </u>
7	88370239022011	RAMANDEEP KAUR		<u> </u>
8	88370239022013	SAWARN SINGH		<u> </u>
9	88370239022014	SUPREET KAUR		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 oy undertake that if	(Designation) gilator. I have personally check upervision in today's exam, have any mistakes are found, I will u	hked and ensured that been filled and shanot be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Superintenden	nt	Si gnat	ure of the Superintendent
	ve conducted 10% rand ed correctly as per i		the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l ha fille	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been

Signature of the Controller

Name of the Controller

Class: Second

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

PAGE: 1 Center Name:

Subject:

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

70072 / COMMERCIAL ART

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88370239020030 <sub>I</sub>SURVIVAL 88370239022003 JASPREET PAL SINGH 3 88370239022008 | MANPREET KAUR 88370239022009 <sub>I</sub>POOJA 5 88370239022010 | RAMANDEEP KAUR 88370239022013 | SAWARN SINGH 88370239022014 | SUPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239020019	JMANJEET KAUR	<u> </u>	
2	88370239020030	SURVIVAL	<u> </u>	L
3	88370239021008	POOJA RANI	<u> </u>	
4	88370239022003	JASPREET PAL SINGH	<u> </u>	<u> </u>
5	88370239022008	MANPREET KAUR	<u> </u>	<u> </u>
6	88370239022009	POOJA	<u> </u>	<u> </u>
7	88370239022010	RAMANDEEP KAUR	<u> </u>	<u> </u>
8	88370239022011	RAMANDEEP KAUR	<u> </u>	L
9	88370239022013	SAWARN SINGH	<u> </u>	L
10	88370239022014	SUPREET KAUR	<u> </u>	L

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

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

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

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

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Signature of the Controller

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

Center Name: 4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239020030	SURVIVAL	<u> </u>	<u> </u>
2	88370239022003	JASPREET PAL SINGH	<u> </u>	
3	88370239022008	MANPREET KAUR	<u> </u>	<u> </u>
4	88370239022009	POOJA	L	L
5 	88370239022010	RAMANDEEP KAUR	L	L
6	88370239022011	RAMANDEEP KAUR	L	L
7	88370239022013	SAWARN SINGH	<u> </u>	L
8	88370239022014	SUPREET KAUR		I
Tota	al No. Of Answer She ne and Signature Of		GHt.	
			Undertaki ng	
above have	ame) e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha√ fill∈	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintenden	t	Si gnat	ure of the Superintendent
l ha√ fill∈	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l ha fill∈	ave conducted 5% 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

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

PAGE: 1 of 1 Center Name:

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70075 / PROJECT

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239020030	SURVIVAL		1
2	88370239022003	JASPREET PAL SINGH		
3	88370239022008	MANPREET KAUR		
4	88370239022009	POOJA		1
5 	88370239022010	RAMANDEEP KAUR		
6	88370239022011	RAMANDEEP KAUR		
7	88370239022013	SAWARN SINGH	<u> </u>	
8	88370239022014	SUPREET KAUR		1
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 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 ha∖ fill∈	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintenden	t	Si gnat	cure of the Superintendent
l ha∖ fill∈	ve conducted 10% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	Her	Si gnat	cure of the Deputy Controller
l ha 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		Signat	ture of the Controller

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

PAGE: 1 of 1 Center Name:

4311 / INDUSTRIAL TRAINING INSTITUTE, BUDHLADA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370239020030	SURVIVAL	<u> </u>	
2	88370239022003	JASPREET PAL SINGH	<u> </u>	
3	88370239022008	MANPREET KAUR	<u> </u>	
4	88370239022009	<sub> </sub> POOJA		
5	88370239022010	RAMANDEEP KAUR		
6	88370239022011	RAMANDEEP KAUR		
7	88370239022013	SAWARN SINGH		
8	88370239022014	SUPREET KAUR		
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
abòv have	appeared under my su	(Designation) gilator. I have personally checupervision 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 transfer to particulars of all the students who haded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	Name of the Deputy Controller Signature of the Deputy Controller			
l h fill	ave conducted 5% ranc ed correctly as per i	dom checking of the OMR sheet of nstructions.	`the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

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	88217242323002	JAMANDEEP KAUR	<u> </u>	<u> </u>
2	88217242323003	AMRITPAL SINGH	<u> </u>	<u> </u>
3	88217242323007	BALJEET KAUR	<u> </u>	<u> </u>
4	88217242323010	GURKIRTAN SINGH	L	L
5	88217242323011	GURWINDER SINGH	<u> </u>	<u> </u>
6	88217242323012	HARWINDER SINGH	<u> </u>	<u> </u>
7	88217242323013	JASPREET KAUR	<u> </u>	L
8	88217242323015	LOVEJEET SINGH	<u> </u>	<u> </u>
9	88217242323017	<sub> </sub> PANKAJDEEP	<u> </u>	<u> </u>
10	88217242323018	PREETPAL SINGH	<u> </u>	<u> </u>
11	88217242323019	RANJEET SINGH	L	<u> </u>
12	88217242323022	SUKHDEEP SINGH	L	<u> </u>
13	88217242323023	SUKHPAL SINGH	<u> </u>	<u> </u>
14	88217242323024	<sub> </sub> VISHAL	<u> </u>	L

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name: Course: 143 / DRAUGHTSMAN ( CIVIL) 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

Signature of the Controller

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

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name:

Course: 143 / DRAUGHTSMAN ( CIVIL) Class: First

Name Of the Student

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No

Regd. No.

1	88217242323002	AMANDEEP KAUR	<u> </u>	L
2	88217242323003	AMRITPAL SINGH	<u> </u>	L
3	88217242323007	BALJEET KAUR		L
4	88217242323010	GURKIRTAN SINGH		
5	88217242323011	GURWINDER SINGH		
6	88217242323012	HARWINDER SINGH		 
7	88217242323013	JASPREET KAUR		
8	88217242323015	LOVEJEET SINGH		 
9	88217242323017	<sub> </sub> PANKAJDEEP		 
10	88217242323018	PREETPAL SINGH		
11	88217242323019	RANJEET SINGH	· 	
12	88217242323022	SUKHDEEP SINGH		
13	88217242323023	SUKHPAL SINGH	<u></u>	
14	88217242323024	VISHAL	<u></u>	L
		<b></b>		L

Answer Sheet No.

Student's Sign.

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name: Course: 143 / DRAUGHTSMAN ( CIVIL) 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: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 143 / DRAUGHTSMAN ( CIVIL)

Class: First

44435 / PRACTICAL Subject:

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88217242323002	JAMANDEEP KAUR	<u> </u>	
2	88217242323003	JAMRITPAL SINGH	<u> </u>	
3	88217242323007	BALJEET KAUR	<u> </u>	
4	88217242323010	GURKIRTAN SINGH	<u> </u>	
5	88217242323011	GURWINDER SINGH	<u> </u>	
6	88217242323012	HARWINDER SINGH	<u> </u>	
7	88217242323013	JASPREET KAUR	<u> </u>	
8	88217242323015	LOVEJEET SINGH	<u> </u>	
9	88217242323017	<sub> </sub> PANKAJDEEP	<u> </u>	
10	88217242323018	PREETPAL SINGH	<u> </u>	
11	88217242323019	RANJEET SINGH	<u> </u>	
12	88217242323022	SUKHDEEP SINGH		
13	88217242323023	SUKHPAL SINGH	<u></u>	
14	88217242323024	<sub> </sub> VISHAL	<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 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name: Course: 143 / DRAUGHTSMAN ( CIVIL) 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 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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Course : 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG. Class: First 17512 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88175141222022 | RAJVEER KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

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

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Course:

Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

S.No

O.110		Tame of the other	Allswei Sheet No.	
1	88049241123002	<sub>J</sub> ALISHA CHAUHAN		
2	88049241123006	CHANDAN SINGH		<u></u>
3	88049241123007	DILPREET SINGH		L
4	88049241123008	GAGANDEEP SINGH		L
5	88049241123009	GAGANPREET SINGH	<u></u>	L
6	88049241123011	GURPREET SINGH	<u> </u>	L
7	88049241123012	HIMANSHU	<u> </u>	L
8	88049241123013	KULBIR SINGH		L
9	88049241123016	<sub>J</sub> MANMOHAN SINGH	L	L
10	88049241123020	SAGAR	<u> </u>	L
11	88049241123021	JSANJU	<u> </u>	L
12	88049241123024	SONU	L	L
4				

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name: Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES 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

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049241123002	JALISHA CHAUHAN	<u> </u>	<u> </u>
2	88049241123006	CHANDAN SINGH		L
3	88049241123007	DILPREET SINGH		L
4	88049241123008	GAGANDEEP SINGH		I
5	88049241123009	GAGANPREET SINGH		I
6	88049241123011	GURPREET SINGH		
7	88049241123012	<sub> </sub> HIMANSHU		L
8	88049241123013	KULBIR SINGH		I
9	88049241123016	MANMOHAN SINGH		
10	88049241123020	SAGAR		
11	88049241123021			 
12	88049241123024	  SONU	 	 

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 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR Center Name: Course: 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES 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.

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

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

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Course:

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88049241123002	ALISHA CHAUHAN	<u> </u>	<u> </u>
2	88049241123006	CHANDAN SINGH		L
3	88049241123007	DILPREET SINGH		I
4	88049241123008	GAGANDEEP SINGH		
5	88049241123009	  GAGANPREET SINGH		 
6	88049241123011	GURPREET SINGH		 
7	88049241123012	 <sub> </sub> HIMANSHU		l
8	88049241123013	<sub> </sub> KULBIR SINGH		 
9	88049241123016	<sub> </sub> MANMOHAN SINGH		 
10	88049241123020	 <sub> </sub> SAGAR		l
11	88049241123021	<sub> </sub> SANJU	<u></u>	l
12	88049241123024	  SONU		

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: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Course: Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

PAGE: 1 of 1 Center Name:

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course:

658 / SEWING TECHNOLOGY

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247142323025	AMANDEEP KAUR	<u> </u>	1
2	88247142323026	AMANDEEP KAUR	<u> </u>	<u> </u>
3	88247142323028	CHANDA	L	<u> </u>
4	88247142323029	GAGANDEEP KAUR	L	<u> </u>
5	88247142323032	KIRANDEEP	L	<u> </u>
6	88247142323034	MANPREET SINGH	L	<u> </u>
7	88247142323035	RAMAN DEEP KAUR	L	<u> </u>
8	88247142323036	<sub> </sub> ROHIT	L	<u> </u>
9	88247142323038	SHALIKA RANI	L	<u> </u>
To	otal No. Of Students in otal No. Of Answer She nme and Signature Of		ent:	
			Undertaki ng	
I ( abo hav her	Name)_ ve examination as Invi e appeared under my su eby undertake that if	(Designation) gilator. I have personally 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 aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	cure of the Invigilator
l h fil	ave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nam	e of the Superintender	nt	Si gnat	ture 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	oller	Si gnat	cure of the Deputy Controller
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been

Signature of the Controller

Name of the Controller

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

Center Name: 4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

658 / SEWING TECHNOLOGY

Course: Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247142323025	AMANDEEP KAUR	<u> </u>	<u> </u>
2	88247142323026	AMANDEEP KAUR	<u> </u>	L
3	88247142323028	CHANDA	<u> </u>	L
4	88247142323029	GAGANDEEP KAUR	<u> </u>	L
5	88247142323032	KIRANDEEP	<u> </u>	<u> </u>
6	88247142323034	MANPREET SINGH	<u> </u>	<u> </u>
7	88247142323035	RAMAN DEEP KAUR	<u> </u>	<u> </u>
8	88247142323036	<sub> </sub> ROHIT	<u> </u>	<u> </u>
9	88247142323038			I
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (N abov have here	ame)_ e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that 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
l ha fill	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Deputy Contro	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 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

PAGE: 1 of 1 Center Name:

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course: 658 / SEWING TECHNOLOGY

Subject: 44435 / PRACTICAL

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247142323025	AMANDEEP KAUR		L
2	88247142323026	AMANDEEP KAUR		L
3	88247142323028	CHANDA		<u> </u>
4	88247142323029	GAGANDEEP KAUR		L
5	88247142323032	KIRANDEEP		<u> </u>
6	88247142323034	MANPREET SINGH		<u> </u>
7	88247142323035	RAMAN DEEP KAUR		<u> </u>
8	88247142323036	ROHIT		<u> </u>
9	88247142323038	SHALIKA RANI		I
Tot	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (N abov have here	ame)_ e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
I ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Superintenden	t	Si gnat	ure of the Superintendent
I have conducted 10% random checking of the OMR sheet of filled correctly as per instructions.		f the said examination and found that particulars have been		
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l h	ave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

Class: Second

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

PAGE: 1 of 1 Center Name:

4412 / INDUSTRIAL TRAINING INSTITUTE, FEROZEPUR

Course:

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88218241121037	KARAN	<u> </u>	L			
2							
3	88218241121046	SANDEEP KUMAR	<u> </u>	L			
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng				
I (N abov have here	Name)_ ve examination as Invi e appeared under my su eby undertake that if	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.			
			Si gnat	ure of the Invigilator			
l ha fill	ave conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been			
Name	e of the Superintenden	nt	Si gnat	ure of the Superintendent			
l ha fill	ave conducted 10% rand ed correctly as per i	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			

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Course : 370 / ART & CRAFTS Class: Second 70073 / SCALE & PERSPECTIVE DRAWING Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88370147518047 | 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

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA
Course: 664 / PUNJABI STENOGRAPHY Class: First

17411 / TRADE THEORY

Subject:

Name Of the Student | Answer Sheet No. S.No Student's Sign. Regd. No. 88174147622001 <sub>|</sub> ABHINAV Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Name of the Controller

Name of the Deputy Controller

Signature of the Controller

Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 664 / PUNJABI STENOGRAPHY Class: First Subject: 17416 / COGNATE

Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88174147622001 <sub>|</sub> ABHINAV Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I 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: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

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	88370247522001	JAMAR SINGH	<u> </u>	L		
2	88370247522002	OAGANDEED		L		
3	88370247922001	PALVIKA SHARMA	<u> </u>	L		
Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng			
I (N abov have here	Name)_ ve examination as Invi e appeared under my su eby undertake that if	(Designation)_ gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
			Si gnat	ure of the Invigilator		
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent		
l ha fill	I have 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	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		

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

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

17070 / PRINCIPLES OF EDUCATION Subject:

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370247922001 | PALVIKA SHARMA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

665 / ART & CRAFT TEACHER TRAINING COURSE

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		88370247920003	NAVDEEP KAUR	<u> </u>		
2	·	88370247922001	PALVIKA SHARMA	<u> </u>	<u> </u>	
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
	Undertaki ng					
	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
				Si gnat	ure of the Invigilator	
	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
	Name	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	ller	Si gnat	ure of the Deputy Controller	

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

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

Center Name: 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

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

Subject: 70051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370247521006	PARDEEP KUMAR				
2	88370247522001					
3	88370247522002	GAGANDEED				
4	88370247522004	SUKHVEER KAUR				
5	88370247922001	PALVIKA SHARMA				
6	88370247922002	PREETI SAINI	T			
	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.					
nave here	appeared under my su by undertake that if	any mistakes are found, I wil	ve been filled and sr I not be entitled for	aded correctly in the UMR sheets. I also any remuneration.		
			<b>G</b>	iture of the Invigilator		
I ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been		
Name	of the Superintender	nt	Si gna	nture of the Superintendent		
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	of the Deputy Contro	oller	Si gna	ature 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		Si gna	nture of the Controller		

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

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Center Name:

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.
88370247521006	PARDEEP KUMAR		
88370247522001			
88370247522002	GAGANDEEP		
88370247522004	SUKHVEER KAUR		
88370247922001	PALVIKA SHARMA		
88370247922002			
G	Q	Undertaking  ———————————————————————————————————	hereby certify that I have conducted the it particulars of all the students who laded correctly in the OMR sheets. I also
by undertake that if	any mistakes are found, I wil		
ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet nstructions.	g .	ture of the Invigilator on and found that particulars have been
of the Superintender	t	Si gna	ture of the Superintendent
ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
of the Deputy Contro	ller	Si gna	ture of the Deputy Controller
ave conducted 5% rand ed correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
of the Controller		Si gna	ture of the Controller
	88370247522001 88370247522002 88370247522004 88370247522004 88370247922001 88370247922002 al No. Of Students in al No. Of Answer Sheme and Signature Of ame) e examination as Inviting appeared under my substitution as Inviting appeared under	88370247521006 PARDEEP KUMAR  88370247522001 AMAR SINGH  88370247522002 GAGANDEEP  88370247522004 SUKHVEER KAUR  88370247922001 PALVIKA SHARMA  88370247922002 PREETI SAINI  al No. Of Students in this Subject > Present: A al No. Of Answer Sheets Packed > me and Signature Of Incharge  ame) (Desi gnation) e examination as Invigilator. I have personally chappeared under my supervision in today's exam, haby undertake that if any mistakes are found, I will ve conducted 20% random checking of the OMR sheet ed correctly as per instructions.  of the Superintendent ve conducted 10% random checking of the OMR sheet ed correctly as per instructions.  of the Deputy Controller  ave conducted 5% random checking of the OMR sheet ed correctly as per instructions.	88370247522001 AMAR SINGH  88370247522002 GAGANDEEP  88370247522004 SUKHVEER KAUR  88370247922001 PALVIKA SHARMA  88370247922002 PREETI SAINI  al No. Of Students in this Subject > Present: Absent: A

Class: Second

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

PAGE: 1 of Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course :

665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70056 / CRAFT(P)

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370247521006 | PARDEEP KUMAR 88370247522001 | AMAR SINGH 2 3 88370247522002 | GAGANDEEP 88370247522004 <sub>I</sub>SUKHVEER KAUR 5 88370247922001 <sub>I</sub>PALVIKA SHARMA 6 88370247922002 | PREETI SAINI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) (Designation) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370247521006	PARDEEP KUMAR		
2	88370247522001	AMAR SINGH		
3	88370247522002	GAGANDEEP		
4	88370247522004	SUKHVEER KAUR		
5	88370247922001	PALVIKA SHARMA		
6	88370247922002	PREETI SAINI		
	me and Signature Of  ame) e exami nati on as Invi	Q	Undertaking  ———————————————————————————————————	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
nave here	by undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
			9	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	f the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

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

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70071 / HISTORY & APPRECIATION OF ART

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88370247521006	PARDEEP KUMAR		
88370247522001			
88370247522002	GAGANDEEP		
88370247522004	SUKHVEER KAUR		
88370247922001	PALVIKA SHARMA		
88370247922002			
G	Q	Undertaking  ———————————————————————————————————	hereby certify that I have conducted the it particulars of all the students who laded correctly in the OMR sheets. I also
by undertake that if	any mistakes are found, I wil		
ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet nstructions.	g .	ture of the Invigilator on and found that particulars have been
of the Superintender	t	Si gna	ture of the Superintendent
ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
of the Deputy Contro	ller	Si gna	ture of the Deputy Controller
ave conducted 5% rand ed correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
of the Controller		Si gna	ture of the Controller
	88370247522001 88370247522002 88370247522004 88370247522004 88370247922001 88370247922002 al No. Of Students in al No. Of Answer Sheme and Signature Of ame) e examination as Inviting appeared under my substitution as Inviting appeared under	88370247521006 PARDEEP KUMAR  88370247522001 AMAR SINGH  88370247522002 GAGANDEEP  88370247522004 SUKHVEER KAUR  88370247922001 PALVIKA SHARMA  88370247922002 PREETI SAINI  al No. Of Students in this Subject > Present: A al No. Of Answer Sheets Packed > me and Signature Of Incharge  ame) (Desi gnation) e examination as Invigilator. I have personally chappeared under my supervision in today's exam, haby undertake that if any mistakes are found, I will ve conducted 20% random checking of the OMR sheet ed correctly as per instructions.  of the Superintendent ve conducted 10% random checking of the OMR sheet ed correctly as per instructions.  of the Deputy Controller  ave conducted 5% random checking of the OMR sheet ed correctly as per instructions.	88370247522001 AMAR SINGH  88370247522002 GAGANDEEP  88370247522004 SUKHVEER KAUR  88370247922001 PALVIKA SHARMA  88370247922002 PREETI SAINI  al No. Of Students in this Subject > Present: Absent: A

Class: Second

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

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70072 / COMMERCIAL ART

88370247522001   AMAR SINGH	S.No 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88370247522004   SUKHVEER KAUR	1	88370247521006	PARDEEP KUMAR		L
88370247522004 SUKHVEER KAUR  88370247922001 PALVIKA SHARMA  88370247922002 PREETI SAINI  Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge  Undertaking  I (Name) hereby certify that I have conducted the above examination as Invigilator: I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that If any mistakes are found, I will not be entitled for any remuneration.  Signature of the Invigilator  I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.  Name of the Superintendent  I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.  Name of the Deputy Controller  Signature of the Deputy Controller  I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.	2	88370247522001	AMAR SINGH		
88370247922001 PALVIKA SHARMA  88370247922002 PREETI SAINI  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 Invigil ator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also have appeared under my supervision in today's exam, have been filled for any remuneration.  Signature of the Invigilator  I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.  Name of the Superintendent  I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.  Name of the Deputy Controller  Signature of the Deputy Controller  I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.	3	88370247522002	GAGANDEEP		
Total No. Of Students in this Subject > Present: Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge  Undertaking  I (Name)	4	88370247522004	SUKHVEER KAUR		
Total No. Of Students in this Subject > Present: Absent:  Total No. Of Answer Sheets Packed >  Name and Signature Of Incharge  Undertaking  I (Name)	5	88370247922001	PALVIKA SHARMA		
Total No. Of Students in this Subject > Present: Absent:  Total No. Of Answer Sheets Packed >  Name and Signature Of Incharge  Undertaking  I (Name)	5	88370247922002	PREETI SAINI		
above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.  Signature of the Invigilator  I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.  Name of the Superintendent  I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.  Name of the Deputy Controller  Signature of the Deputy Controller  Signature of the Deputy Controller  I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.	To	otal No. Of Answer She	eets Packed >		
Signature of the Invigilator  I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.  Name of the Superintendent  I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.  Name of the Deputy Controller  Signature of the Deputy Controller  Signature of the Deputy Controller  I 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 (	Name) ve examination as Invi	(Designation)_ gilator. I have personally check	he	ereby certify that I have conducted the particulars of all the students who
I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.  Name of the Superintendent  I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.  Name of the Deputy Controller  Signature of the Deputy Controller  I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.	hav her	e appeared under my su eby undertake that if	pervision in today's exam, have any mistakes are found, I will m	been filled and shad not be entitled for a	ded correctly in the OMR sheets. I also any remuneration.
Name of the Superintendent  I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.  Name of the Deputy Controller  Signature of the Deputy Controller  Signature of the Deputy Controller  I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				Si gnatı	ure 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.	l h fil	ave conducted 20% rand Led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name of the Deputy Controller  I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.	Nam	e of the Superintenden	t	Si gnati	ure 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.	l h fil	ave conducted 10% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
filled correctly as per instructions.	Nam	e of the Deputy Contro	ller	Si gnatı	ure of the Deputy Controller
Name of the Controller Signature of the Controller	l fi l	have conducted 5% rand led correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
	Nam	e of the Controller		Si gnati	ure of the Controller

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

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370247521006	PARDEEP KUMAR		
2	0007004750001			
3	88370247522002	GAGANDEEP		. <u>.</u>
4	88370247522004	SUKHVEER KAUR		
5	88370247922001	PALVIKA SHARMA		. <u>.</u>
6	88370247922002	PREETI SAINI		
To	tal No. Of Answer She	eets Packed >	esent:	
To		eets Packed >	osent: Undertaki ng	
To Na I (N	tal No. Of Answer She me and Signature Of  Name)	eets Packed > Incharge  (Designation)  gilator, I have personally che	Undertaking	hereby certify that I have conducted the
To Na I (N	tal No. Of Answer She me and Signature Of  Name)	eets Packed > Incharge  (Designation)  gilator, I have personally che	Undertaking cked and ensured that e been filled and sh not be entitled for	naded correctly in the OMR sheets. I also any remuneration.
I (Nabov	tal No. Of Answer She me and Signature Of Name) ve examination as Invi- e appeared under my su eby undertake that if	eets Packed > Incharge (Designation) gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	Undertaking	naded correctly in the OMR sheets. I also any remuneration.
To Na I (Nabov have here	tal No. Of Answer She me and Signature Of Name) ve examination as Invi- e appeared under my su eby undertake that if	eets Packed > Incharge (Designation) gilator. I have personally cheupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet o	Undertaking	naded correctly in the OMR sheets. I also any remuneration.
To Na  I (Nabove here I hat fill	tal No. Of Answer She me and Signature Of Name) ve examination as Invite appeared under my sueby undertake that if	eets Packed > Incharge (Designation) gilator. I have personally cheupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet on nstructions.	Undertaking	naded correctly in the OMR sheets. I also any remuneration.
I (Nabov here	tal No. Of Answer She me and Signature Of Name) we examination as Invite appeared under my sueby undertake that if ave conducted 20% randed correctly as per intender	eets Packed > Incharge (Designation) gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will  dom checking of the OMR sheet of nstructions.  nt dom checking of the OMR sheet of	Undertaking  cked and ensured that e been filled and short be entitled for Signation of the said examinations.	naded correctly in the OMR sheets. I also any remuneration.  Ature of the Invigilator  on and found that particulars have been
I (Nabov have here	tal No. Of Answer She me and Signature Of Mame) we examination as Invite appeared under my subby undertake that if ave conducted 20% randed correctly as per intender ave conducted 10% randaye may be ave conducted 10% randaye conducted 10% ran	cets Packed > Incharge (Designation) gilator. I have personally cheupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet of instructions.  Interpolation checking of the OMR sheet of instructions.	Undertaking	naded correctly in the OMR sheets. I also any remuneration.  Ature of the Invigilator  on and found that particulars have been ature of the Superintendent
Too Na  I (Nabove here) I hat fill Name I hat fill Name	tal No. Of Answer She me and Signature Of Mame) we examination as Invite appeared under my sueby undertake that if ave conducted 20% rance ed correctly as per if the Superintender ave conducted 10% rance ed correctly as per if the Deputy Control	cets Packed > Incharge  (Designation)  gilator. I have personally cheupervision in today's exam, have any mistakes are found, I will dom checking of the OMR sheet of instructions.  Interpolation of the OMR sheet of instructions.  Oller  dom checking of the OMR sheet of instructions.	Undertaking  cked and ensured that e been filled and shout be entitled for Signate for the said examinati  Signate for the said examinati  Signate for the said examinati	naded correctly in the OMR sheets. I also any remuneration.  Ature of the Invigilator  on and found that particulars have been ature of the Superintendent  on and found that particulars have been

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

PAGE: 1 of 1 Center Name:

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88370247521006	PARDEEP KUMAR	<u> </u>	<u> </u>	
2	88370247522001	AMAR SINGH	L	<u>L</u>	
3	88370247522002	GAGANDEEP	L	L	
4	88370247522004	SUKHVEER KAUR	L	L	
5	88370247922001	PALVIKA SHARMA	L	<u>L</u>	
6	88370247922002	PREETI SAINI		I	
I (N	me and Signature Of  ame) e examination as Invi	(Designation)	Undertaki ng h ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.	
here	by undertake that if	any mistakes are found, I will			
l ha fill	ve conducted 20% ranc ed correctly as per i	lom checking of the OMR sheet of nstructions.	g .	ure of the Invigilator n and found that particulars have been	
Name	Name of the Superintendent Signature of the Superintendent				
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	of the Deputy Contro	ller	Si 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	

Class: Second

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

4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

70075 / PROJECT Subject:

PAGE: 1

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88370247521006 | PARDEEP KUMAR 88370247522001 | AMAR SINGH 2 3 88370247522002 | GAGANDEEP 88370247522004 <sub>I</sub>SUKHVEER KAUR 5 88370247922001 <sub>I</sub>PALVIKA SHARMA 6 88370247922002 | PREETI SAINI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

PAGE: 1 of 1 4413 / INDUSTRIAL TRAINING INSTITUTE, FAZILKA Center Name:

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370247521006	PARDEEP KUMAR		
2	88370247522001			
3	88370247522002	CACANDEED		
4	88370247522004	SUKHVEER KAUR		_L
5	88370247922001	PALVIKA SHARMA		
6	88370247922002	PREETI SAINI	I	
	me and Signature Of  ame) e examination as Invi	Ç	Undertaking  ecked and ensured that ye been filled and sh	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also ar any remuneration.
here	by undertake that if	any mistakes are found, I wil	I not be entitled for	any remuneration.
			<b>G</b>	iture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Name	of the 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 nstructions.	of the said examinati	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gna	ature of the Deputy Controller
l h	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been
Name	of the Controller		Si gna	ature of the Controller

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370248822005	ARSHDEEP	<u> </u>	<u> </u>		
2	88370248823001	AMARJIT SINGH	L	L		
3	88370248823002	JARNAIL SINGH	L	L		
4	88370248823003	MANNU	L	L		
5	88370248823004	POOJA MONGA	L	L		
6	88370248823005	RANJI BALA	[	1		
	me and Signature Of  ame) e exami nati on as Invi appeared under my su	<u> </u>	Undertakingh 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.		
here	by undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.		
l ha fill	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	g .	ure of the Invigilator n and found that particulars have been		
Name	of the Superintenden	t	Si gnat	ure of the Superintendent		
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
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	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	of the Controller		Si gnat	ure of the Controller		

Class: First

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

PAGE: 1 of 1

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 17055 / CRAFT( T)

S.No 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign. 	
1	88370248822015	LOVEPREET HANDA		L	
2	88370248822024	SANDEEP SINGH	<u> </u>	L	
3	88370248823001	AMARJIT SINGH	<u> </u>	L	
4	88370248823002	JARNAIL SINGH	<u> </u>	<u> </u>	
5	88370248823003	MANNU	<u> </u>	<u> </u>	
6	88370248823004	POOJA MONGA	<u> </u>	L	
7	88370248823005	RANJI BALA		<u> </u>	
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	been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.	
			Si gnat	ure of the Invigilator	
l ha fill	ave conducted 20% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been	
Name	e of the Superintenden	t	Si gnat	ure of the Superintendent	
l ha	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller	
l l fill	nave conducted 5% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been	
Name	e of the Controller		Si gnat	ure of the Controller	

Class: First

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

17059 / DESIGN Subject:

PAGE: 1

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

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17060 / STILL LIFE

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248823001	<sub>J</sub> AMARJIT SINGH	<u> </u>	
2		LADNIAU CINICU		
3	88370248823003	JMANNU		
4	88370248823004	<sub>J</sub> POOJA MONGA		
5	88370248823005	RANJI BALA	1	
N	ame and Signature Of	Incharge	Undertaki ng	
To	otal No. Of Answer She	eets Packed >	sent:	
I abo hav	(Name) ove examination as Invi /e appeared under my su	(Designation)_ gilator. I have personally chec upervision in today's exam, have	cked 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.
hei	reby undertake that if	any mistakes are found, I will		any remuneration. ture of the Invigilator
l l fil	nave 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
Nar	ne of the Superintender	nt	Si gna	ture of the Superintendent
l l fil	nave 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
Nar	ne of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l fil	have conducted 5% randled correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Nar	ne of the Controller		Si gna	ture of the Controller

Class: First

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 17065 / CRAFT( P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248823001	<sub>J</sub> AMARJIT SINGH	<u> </u>	
2		LADNIAU CINICU		
3	88370248823003	JMANNU		
4	88370248823004	<sub>J</sub> POOJA MONGA		
5	88370248823005	RANJI BALA	1	
N	ame and Signature Of	Incharge	Undertaki ng	
To	otal No. Of Answer She	eets Packed >	sent:	
I abo hav	(Name) ove examination as Invi /e appeared under my su	(Designation)_ gilator. I have personally chec upervision in today's exam, have	cked 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.
hei	reby undertake that if	any mistakes are found, I will		any remuneration. ture of the Invigilator
l l fil	nave 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
Nar	ne of the Superintender	nt	Si gna	ture of the Superintendent
l l fil	nave 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
Nar	ne of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l fil	have conducted 5% randled correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Nar	ne of the Controller		Si gna	ture of the Controller

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17070 / PRINCIPLES OF EDUCATION

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248823001	<sub> </sub> AMARJIT SINGH		<u> </u>
2	88370248823002	JARNAIL SINGH	<u> </u>	<u> </u>
3	88370248823003	JMANNU	<u> </u>	<u>L</u>
4	88370248823004	<sub>J</sub> POOJA MONGA	<u> </u>	L
5	88370248823005	RANJI BALA		1
I (I abov have	e appeared under mv su	(Designation) gilator. I have personally chec upervision in todav's exam. have	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
abò	ve examination as Invi	gilator. I have personally chec	ked and ensured that	particulars of all the students who
here	eby undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.
			Si gnat	ure of the Invigilator
l ha fill	ave conducted 20% rand 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
l ha fill	ave conducted 10% 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 Deputy Contro	oller	Si gnat	ure of the Deputy Controller
I I fi∐	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

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: First

Subject: 17071 / HISTORY & APPRECIATION OF ART

Š.	No   Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88370248823001	AMARJIT SINGH	<u> </u>			
2	88370248823002	JARNAIL SINGH	<u> </u>			
3	88370248823003	JMANNU	<u> </u>			
4	88370248823004					
5	88370248823005	. DAN II RALA				
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
	I (Name)_ above examination as Invi have appeared under my si hereby undertake that if	(Designation) gilator. I have personally checl upervision in today's exam, have any mistakes are found, I will u	hed and ensured that been filled and shadnot be entitled for a	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.		
				ure of the Invigilator		
	I have conducted 20% rand filled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Superintender	nt	Si gnati	ure of the Superintendent		
	I have conducted 10% rand filled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller		
	I have conducted 5% randfilled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Controller		Si gnati	ure of the Controller		

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name:

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: First

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248823001	JAMARJIT SINGH	<u> </u>	
2	88370248823002	IARNAII SINGH		
3	88370248823003	JMANNU	L	
4	88370248823004	<sub>J</sub> POOJA MONGA	L	
5	88370248823005	<sub>J</sub> RANJI BALA	<u> </u>	
	me and Signature Of  ame)	Ü	Undertaking	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also
I (N	ame)	(Designation)	9	nereby certify that I have conducted the
have here	appeared under my suby undertake that if	any mistakes are found, I will	been filled and sha not be entitled for	aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gna	ture of the Superintendent
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 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.	the said examination	on and found that particulars have been
Name	of the Controller		Si gna	ture of the Controller

Class: First

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

Center Name : 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 17073 / GEOMETRICAL DRAWING

PAGE: 1

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

Class: First

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248823001	JAMARJIT SINGH	<u> </u>	
2	88370248823002	IADNAII SINGU		
3	88370248823003	JMANNU	<u></u>	
4				
5	88370248823005	RANJI BALA		
Na I (N	tal No. Of Answer Shome and Signature Of  Jame)  Ve examination as Invited appeared under my signature.	Incharge  (Designation)	Undertaking  ked and ensured that heen 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
here	eby undertake that if	any mistakes are found, I will	not be entitled for	aded correctly in the OMR sheets. I also any remuneration.
			Si gna	ture of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinati	on and found that particulars have been
Name	e of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of instructions.	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 of instructions.	the said examinati	on and found that particulars have been
Name	e of the Controller		Si gna	ture of the Controller

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD Center Name:

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70051 / PAINTING

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	AMANDEEP SINGH	<u> </u>	L
2	88370248822002	JAMANJEET KAUR	<u> </u>	<u> </u>
3	88370248822003	JAMANJOT KAUR	<u> </u>	<u> </u>
4	88370248822005	JARSHDEEP	<u> </u>	<u> </u>
5 	88370248822006	BINDERPAL	<u> </u>	<u> </u>
6	88370248822008	GURJEET SINGH	<u> </u>	<u> </u>
7	88370248822010	HARMAN RANI	<u> </u>	<u> </u>
8	88370248822011	JATINDER SINGH	<u> </u>	<u> </u>
9	88370248822012	KARAN KMABOJ	<u> </u>	<u> </u>
10	88370248822013	KHUSHPREET KAUR	L	L
11	88370248822014	LOVEPREET	<u> </u>	<u> </u>
12	88370248822015	LOVEPREET HANDA	L	<u> </u>
13	88370248822016	<sub>J</sub> MUSKAN	L	L
14	88370248822017	JNEELAM RANI	<u> </u>	L
15 	88370248822018	<sub>J</sub> NISHA RANI	L	L
16	88370248822019	PARVEEN KUMARI	L	L
17 	88370248822024	SANDEEP SINGH	L	L
18	88370248822025	JSEEMA RANI	<u> </u>	<u> </u>
19	88370248822026	JSHAILPA RANI	<u> </u>	<u> </u>
20	88370248822028	SONIA RANI	 	
21	88370248822029	SOURAV		<u> </u>
		<del>-</del>		

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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	88370248822030	SUKHJINDER KAUR	<u> </u>	<u> </u>
23	88370248822031	SUKHWANT SINGH	<u> </u>	<u> </u>
24	88370248822032	SUKHWINDER KAUR	<u> </u>	<u> </u>
25 <u> </u>	88370248822033			<u> </u>
Nar	al No. Of Answer Shome and Signature Of	Incharge	Undertaki ng	nereby certify that I have conducted the
I (Na	ame)	(Designation)	J	nereby certify that I have conducted the
above have herel	e examination as Invi appeared under my si by undertake that if	igilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	cked and ensured that been filled and sha not be entitled for	nereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ture of the Invigilator
l ha fille	ve conducted 20% randed correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gnat	ture of the Superintendent
l ha fille	ve conducted 10% randed correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
l ha fille	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	ture of the Controller

Class: Second

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70055 / CRAFT( T)

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88370248822001	JAMANDEEP SINGH		L			
2	88370248822002	JAMANJEET KAUR		<u> </u>			
3	88370248822003	JAMANJOT KAUR		<u> </u>			
4	88370248822005	ARSHDEEP		<u> </u>			
5	88370248822006	BINDERPAL		<u> </u>			
6	88370248822008	GURJEET SINGH		<u> </u>			
7	88370248822010	HARMAN RANI		<u> </u>			
8	88370248822011	JATINDER SINGH		<u> </u>			
9	88370248822012	KARAN KMABOJ		<u> </u>			
10	88370248822013	KHUSHPREET KAUR		<u> </u>			
11	88370248822014	LOVEPREET		<u> </u>			
12	88370248822015	LOVEPREET HANDA		<u> </u>			
13	88370248822016	<sub>]</sub> MUSKAN		<u> </u>			
14	88370248822017	NEELAM RANI		<u> </u>			
15	88370248822018	<sub> </sub> NISHA RANI		<u> </u>			
16	88370248822019	PARVEEN KUMARI		<u> </u>			
17	88370248822024	SANDEEP SINGH		<u> </u>			
18	88370248822025	SEEMA RANI		<u> </u>			
19	88370248822026	SHAILPA RANI		<u> </u>			
20	88370248822028	SONIA RANI	<u></u>				
21	88370248822029	SOURAV					
No Of C	No Of Students On This Dago >> Drosent>> Absent>>						

Class: Second

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

PAGE: 2 of Center Name:

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

70055 / CRAFT( T) Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370248822030 | SUKHJINDER KAUR 88370248822031 | SUKHWANT SINGH 23 88370248822032 | SUKHWINDER KAUR 25 88370248822033 | SUNITA RANI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70056 / CRAFT( P)

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	AMANDEEP SINGH	<u> </u>	L
2	88370248822002	JAMANJEET KAUR	<u> </u>	<u> </u>
3	88370248822003	JAMANJOT KAUR	<u> </u>	<u> </u>
4	88370248822005	JARSHDEEP	<u> </u>	<u> </u>
5 	88370248822006	BINDERPAL	<u> </u>	<u> </u>
6	88370248822008	GURJEET SINGH	<u> </u>	<u> </u>
7	88370248822010	HARMAN RANI	<u> </u>	<u> </u>
8	88370248822011	JATINDER SINGH	<u> </u>	<u>L</u>
9	88370248822012	KARAN KMABOJ	<u> </u>	<u> </u>
10	88370248822013	KHUSHPREET KAUR	L	L
11	88370248822014	LOVEPREET	<u> </u>	<u> </u>
12	88370248822015	LOVEPREET HANDA	L	<u> </u>
13	88370248822016	<sub>J</sub> MUSKAN	L	L
14	88370248822017	JNEELAM RANI	<u> </u>	L
15 	88370248822018	<sub>J</sub> NISHA RANI	L	L
16	88370248822019	PARVEEN KUMARI	L	L
17 	88370248822024	SANDEEP SINGH	L	L
18	88370248822025	JSEEMA RANI	<u> </u>	<u> </u>
19	88370248822026	JSHAILPA RANI	<u> </u>	<u> </u>
20	88370248822028	SONIA RANI	 	
21	88370248822029	SOURAV		<u> </u>
		<del>-</del>		

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70056 / CRAFT( P)

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88370248822030	SUKHJINDER KAUR				
23	88370248822031	CLUCI DAVANIT CINICII				
24	88370248822032	CHINI IMAMINIDED KALID		L		
25 	88370248822033			<u>L</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	I have conducted 10% random 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 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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE

Course:

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	JAMANDEEP SINGH	<u> </u>	L
2	88370248822002	JAMANJEET KAUR	<u> </u>	L
3	88370248822003	JAMANJOT KAUR	<u> </u>	L
4	88370248822005	<sub>]</sub> ARSHDEEP	<u> </u>	L
5	88370248822006	BINDERPAL	<u> </u>	L
6	88370248822008	GURJEET SINGH	<u> </u>	L
7	88370248822010	HARMAN RANI	<u> </u>	L
8	88370248822011	JATINDER SINGH	<u> </u>	L
9	88370248822012	JKARAN KMABOJ	<u> </u>	L
10	88370248822013	KHUSHPREET KAUR	<u> </u>	L
11	88370248822014	LOVEPREET	<u> </u>	L
12	88370248822015	LOVEPREET HANDA	<u> </u>	L
13	88370248822016	JMUSKAN	<u> </u>	L
14	88370248822017	NEELAM RANI	<u> </u>	L
15 	88370248822018	NISHA RANI	<u> </u>	L
16	88370248822019	PARVEEN KUMARI	<u> </u>	L
17 	88370248822024	SANDEEP SINGH	<u> </u>	L
18	88370248822025	SEEMA RANI	<u> </u>	L
19	88370248822026	SHAILPA RANI	<u> </u>	L
20	88370248822028	JSONIA RANI	<u> </u>	L
21	88370248822029	JSOURAV	<u> </u>	L

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70070 / EDUCATIONAL PSYCHOLOGY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
22	88370248822030	SUKHJINDER KAUR				
23	88370248822031	CLUCI DAVANIT CINICII				
24	88370248822032	CHINI IMAMINIDED KALID		L		
25 	88370248822033			<u>L</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	I have conducted 10% random 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 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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE

Center Name:

Course:

Class: Second Subject:

70071 / HISTORY & APPRECIATION OF ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248820003	KULWINDER SINGH	<u> </u>	<u> </u>
2	88370248820008	<sub>J</sub> POOJA RANI	L	L
3	88370248821008	JMANPREET KAUR	L	L
4	88370248822001	JAMANDEEP SINGH	L	L
5	88370248822002	JAMANJEET KAUR	L	L
6	88370248822003	JAMANJOT KAUR	L	L
7	88370248822005	ARSHDEEP	L	L
8	88370248822006	BINDERPAL	L	L
9	88370248822008	JGURJEET SINGH	L	L
10	88370248822010	JHARMAN RANI	L	L
11	88370248822011	JATINDER SINGH	L	L
12	88370248822012	KARAN KMABOJ	L	L
13	88370248822013	KHUSHPREET KAUR	L	L
14	88370248822014	LOVEPREET	L	L
15 	88370248822015	JLOVEPREET HANDA	L	L
16	88370248822016	<sub>J</sub> MUSKAN	L	L
17	88370248822017	JNEELAM RANI	L	L
18	88370248822018	<sub>J</sub> NISHA RANI	L	<u> </u>
19	88370248822019	PARVEEN KUMARI	L	<u></u>
20	88370248822024	SANDEEP SINGH	<u> </u>	<u></u>
21	88370248822025	SEEMA RANI		<u> </u>
			·	

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Center Name:

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course:

Subject:

665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second 70071 / HISTORY & APPRECIATION OF ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
22	88370248822026	SHAILPA RANI			
23	88370248822028	SONIA RANI	<u> </u>		
24	88370248822029	SOURAV	<u> </u>		
25	88370248822030	SUKHJINDER KAUR	<u> </u>		
26	88370248822031	SUKHWANT SINGH	<u> </u>		
27	88370248822032	STINTIVINDED NATIO			
28	88370248822033	SUNITA RANI	<u> </u>		
To	otal No. Of Students in otal No. Of Answer She ame and Signature Of		ent:		
			Undertaki ng		
I ( abo hav her	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.				
			Si gna	ture of the Invigilator	
l h fil	nave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Nam	ne of the Superintender	nt	Si gna	ture of the Superintendent	
l h fil	nave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Nam	ne of the Deputy Contro	oller	Si gna	ture of the Deputy Controller	
l fi l	have 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	ne of the Controller		Si gna	ture of the Controller	

Class: Second

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4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70072 / COMMERCIAL ART

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	JAMANDEEP SINGH	<u> </u>	L
2	88370248822002	JAMANJEET KAUR		L
3	88370248822003	JAMANJOT KAUR	<u> </u>	L
4	88370248822005	<sub> </sub> ARSHDEEP	<u> </u>	L
5	88370248822006	BINDERPAL	<u> </u>	L
6	88370248822008	GURJEET SINGH	<u> </u>	L
7	88370248822010	HARMAN RANI	<u> </u>	L
8	88370248822011	JATINDER SINGH	<u> </u>	L
9	88370248822012	KARAN KMABOJ		L
10	88370248822013	KHUSHPREET KAUR		L
11	88370248822014	LOVEPREET		L
12	88370248822015	LOVEPREET HANDA		L
13	88370248822016	<sub>]</sub> MUSKAN	<u> </u>	L
14	88370248822017	JNEELAM RANI		L
15	88370248822018	<sub>J</sub> NISHA RANI	<u> </u>	L
16	88370248822019	PARVEEN KUMARI		L
17 	88370248822024	SANDEEP SINGH		L
18	88370248822025	SEEMA RANI		L
19	88370248822026	SHAILPA RANI	<u> </u>	
20	88370248822028	SONIA RANI	<u> </u>	
21	88370248822029	SOURAV		L
	0			

Class: Second

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

PAGE: 2 of 2 Center Name:

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course:

665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70072 / COMMERCIAL ART

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370248822030	SUKHJINDER KAUR		
23	88370248822031	SUKHWANT SINGH	<u> </u>	<u> </u>
24	88370248822032	SUKHWINDER KAUR	<u> </u>	<u> </u>
25 	88370248822033	SUNITA RANI	<u> </u>	<u> </u>
Na I (	ntal No. Of Answer Sheame and Signature Of  Name)  Name ove examination as Invite appeared under my surely undertake that if	Incharge  (Designation)  gilator. I have personally check	ked and ensured that	nereby certify that I have conducted the : particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
		, , , , , , , , , , , , , , , , , , ,		cure of the Invigilator
l h fil	ave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nam	e of the Superintender	nt	Si gnat	cure of the Superintendent
l h fil	ave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nam	ne of the Deputy Contro	oller	Si gnat	cure of the Deputy Controller
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Nam	e of the Controller		Si gnat	cure of the Controller

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE

Subject:

Course: Class: Second

70073 / SCALE & PERSPECTIVE DRAWING

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	AMANDEEP SINGH	<u> </u>	L
2	88370248822002	JAMANJEET KAUR	<u> </u>	<u> </u>
3	88370248822003	JAMANJOT KAUR	<u> </u>	<u> </u>
4	88370248822005	JARSHDEEP	<u> </u>	<u> </u>
5 	88370248822006	BINDERPAL	<u> </u>	<u>L</u>
6	88370248822008	GURJEET SINGH	<u> </u>	<u> </u>
7	88370248822010	HARMAN RANI	<u> </u>	<u> </u>
8	88370248822011	JATINDER SINGH	<u> </u>	<u>L</u>
9	88370248822012	KARAN KMABOJ	<u> </u>	<u> </u>
10	88370248822013	KHUSHPREET KAUR	L	L
11	88370248822014	LOVEPREET	<u> </u>	<u> </u>
12	88370248822015	LOVEPREET HANDA	L	<u> </u>
13	88370248822016	<sub>J</sub> MUSKAN	L	L
14	88370248822017	JNEELAM RANI	<u> </u>	L
15 	88370248822018	<sub>J</sub> NISHA RANI	L	L
16 	88370248822019	PARVEEN KUMARI	L	L
17 	88370248822024	SANDEEP SINGH	L	L
18	88370248822025	JSEEMA RANI	<u> </u>	<u> </u>
19	88370248822026	JSHAILPA RANI	<u> </u>	<u> </u>
20	88370248822028	SONIA RANI	 	
21	88370248822029	SOURAV		<u> </u>
		<del>-</del>		

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

Center Name : 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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	88370248822030	SUKHJINDER KAUR	<u> </u>	
23	88370248822031	SUKHWANT SINGH	<u> </u>	
24		CHIKLINAUNDED KALID		
25 	88370248822033			
Nan	al No. Of Answer Shene and Signature Of  ame) e examination as Invi	Incharge (Designation) gilator. I have personally chec	Undertaki ng h ked and ensured that	nereby certify that I have conducted the t particulars of all the students who
have	appeared under my su	pervision in today's exam, have any mistakes are found, I will	been filled and sha	aded correctly in the OMR sheets. I also
			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.	the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gnat	ture of the Superintendent
l hav	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
l ha fille	ave conducted 5% ranc ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	ture of the Controller

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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	88370248822001	AMANDEEP SINGH	<u> </u>	L
2	88370248822002	AMANJEET KAUR	<u> </u>	L
3	88370248822003	AMANJOT KAUR	L	L
4	88370248822005	ARSHDEEP	L	L
5	88370248822006	BINDERPAL	L	L
6	88370248822008	GURJEET SINGH	L	L
7	88370248822010	HARMAN RANI	<u> </u>	L
8	88370248822011	JATINDER SINGH	<u> </u>	L
9	88370248822012	KARAN KMABOJ	<u> </u>	L
10	88370248822013	KHUSHPREET KAUR	<u> </u>	L
11	88370248822014	LOVEPREET	<u> </u>	L
12	88370248822015	LOVEPREET HANDA	<u> </u>	L
13	88370248822016	MUSKAN	<u> </u>	L
14	88370248822017	NEELAM RANI	<u> </u>	L
15	88370248822018	NISHA RANI	<u> </u>	L
16	88370248822019	PARVEEN KUMARI	<u> </u>	L
17	88370248822024	SANDEEP SINGH	<u> </u>	L
18	88370248822025	SEEMA RANI	<u> </u>	L
19	88370248822026	SHAILPA RANI	<u> </u>	L
20	88370248822028	SONIA RANI	L	
21	88370248822029	SOURAV	<u> </u>	L

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88370248822030	SUKHJINDER KAUR		
23	88370248822031			L
24		CLIVI IMINDED KALID		<u></u>
25	88370248822033			L
To Na I ( abo hav	otal No. Of Answer Sheame and Signature Of  Name)  Ive examination as Invite appeared under my su	Incharge  (Designation)	Undertaki ng h ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also
пеі	eby under take that in	any mistakes are round, i will i		ure of the Invigilator
l h fil	ave conducted 20% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Nam	ne of the Superintenden	t	Si gnat	ure of the Superintendent
l h fil	ave conducted 10% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Nam	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l fil	have conducted 5% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Nam	e of the Controller		Si gnat	ure of the Controller

Class: Second

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70075 / PROJECT

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	JAMANDEEP SINGH	<u> </u>	L
2	88370248822002	JAMANJEET KAUR	<u> </u>	L
3	88370248822003	JAMANJOT KAUR	<u> </u>	L
4	88370248822005	<sub> </sub> ARSHDEEP	<u> </u>	L
5 	88370248822006	BINDERPAL	<u> </u>	L
6	88370248822008	GURJEET SINGH	<u> </u>	L
7	88370248822010	HARMAN RANI	<u> </u>	L
8	88370248822011	JATINDER SINGH	<u> </u>	L
9	88370248822012	JKARAN KMABOJ	<u> </u>	L
10	88370248822013	KHUSHPREET KAUR	<u> </u>	L
11	88370248822014	<sub> </sub> LOVEPREET	<u> </u>	L
12	88370248822015	LOVEPREET HANDA	<u> </u>	L
13	88370248822016	<sub>]</sub> MUSKAN	<u> </u>	L
14	88370248822017	NEELAM RANI	<u> </u>	L
15	88370248822018	<sub>J</sub> NISHA RANI	<u> </u>	L
16	88370248822019	PARVEEN KUMARI	<u> </u>	L
17	88370248822024	SANDEEP SINGH	<u> </u>	L
18	88370248822025	SEEMA RANI	<u> </u>	L
19	88370248822026	JSHAILPA RANI	<u> </u>	L
20	88370248822028	SONIA RANI	<u> </u>	<u></u>
21	88370248822029	SOURAV	<u> </u>	L

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

Center Name: 4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

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	88370248822030	SUKHJINDER KAUR		
23	88370248822031	SUKHWANT SINGH	<u> </u>	L
24	88370248822032	SUKHWINDER KAUR	<u> </u>	L
25	88370248822033	JSUNITA RANI	<u> </u>	L
Na I (I abov	e appeared under mv si	Incharge (Designation) gilator. I have personally chec	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
TICI	cby under take that IT	any mistakes are round, i with		ure of the Invigilator
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l l fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Name	e of the Controller		Si gnat	ure of the Controller

Class: Second

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

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

665 / ART & CRAFT TEACHER TRAINING COURSE

Subject: 70082 / COMPUTER AWARENESS & GRAPHICS (P)

Center Name:

Course:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370248822001	JAMANDEEP SINGH		L
2	88370248822002	AMANJEET KAUR		L
3	88370248822003	AMANJOT KAUR		L
4	88370248822005	ARSHDEEP		L
5	88370248822006	BINDERPAL		L
6	88370248822008	GURJEET SINGH	<u> </u>	<u> </u>
7	88370248822010	HARMAN RANI	<u> </u>	L
8	88370248822011	JATINDER SINGH		L
9	88370248822012	KARAN KMABOJ		L
10	88370248822013	KHUSHPREET KAUR	<u> </u>	<u> </u>
11	88370248822014	LOVEPREET	<u> </u>	<u> </u>
12	88370248822015	LOVEPREET HANDA	<u> </u>	<u> </u>
13	88370248822016	<sub>]</sub> MUSKAN	<u> </u>	L
14	88370248822017	NEELAM RANI	<u> </u>	<u> </u>
15 	88370248822018	<sub>J</sub> NISHA RANI	<u> </u>	<u> </u>
16	88370248822019	PARVEEN KUMARI	<u> </u>	<u> </u>
17 	88370248822024	SANDEEP SINGH	<u> </u>	<u> </u>
18	88370248822025	SEEMA RANI	<u> </u>	<u> </u>
19	88370248822026	SHAILPA RANI	<u> </u>	<u> </u>
20	88370248822028	JSONIA RANI	L	<u></u>
21	88370248822029	SOURAV	<u> </u>	

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

PAGE: 2 of Center Name:

4414 / INDUSTRIAL TRAINING INSTITUTE, JALALABAD

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

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

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370248822030 | SUKHJINDER KAUR 88370248822031 | SUKHWANT SINGH 23 88370248822032 | SUKHWINDER KAUR 25 88370248822033 | SUNITA RANI Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Signature of the Deputy Controller

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

Name of the Controller

4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR Center Name: Course : 132 / ELECTRICIAN Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231251122006 | ARSHDEEP SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)\_\_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

ATTENDANCE CUM CHALLAN FORM - FOR 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

Name of the Deputy Controller

PAGE: 1

Signature of the Controller

Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR Center Name: Course : 132 / ELECTRICIAN Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231251122006 | ARSHDEEP 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: 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR

Course: 132 / ELECTRICIAN Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231251122001	JAARSHU	<u> </u>	<u> </u>
2	88231251122002	JAMANDEEP SINGH	<u> </u>	L
3	88231251122003	JAMANDEEP SINGH	<u> </u>	L
4	88231251122004	JAMANPREET	<u> </u>	L
5	88231251122005	ANGREJ	<u> </u>	L
6	88231251122006	ARSHDEEP SINGH		L
7	88231251122007	<sub>]</sub> BITTU	<u> </u>	L
8	88231251122008	CHAND SINGH	<u> </u>	L
9	88231251122012	JASHAN KUMAR	<u> </u>	L
10	88231251122013	JASKARANDEEP KAUR	<u> </u>	L
11	88231251122015	KHUSHVEER SINGH	<u> </u>	L
12	88231251122018	RAJKINDER SINGH		L
13	88231251122019	<sub> </sub> RAVI YADAV	<u></u>	L
14	88231251122020	SAKINA RANI	<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 4511 / INDUSTRIAL TRAINING INSTITUTE (SC) MUKATSAR Center Name: Course: 132 / ELECTRICIAN Class: Second Subject: 44441 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) \_\_\_\_\_ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

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

Name of the Controller

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

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

Course: 132 / ELECTRICIAN Class: Second

Name Of the Student

Subject: 44444 / EMPLOYBILITY SKILL

Regd. No.

S.No

1	88231251122001 <sub> </sub> AARSHU	
2	88231251122002 <sub> </sub> AMANDEEP SINGH	
3	88231251122003 <sub> </sub> AMANDEEP SINGH	
4	88231251122004 <sub> </sub> AMANPREET	.
5	88231251122005   ANGREJ	
6	88231251122006   ARSHDEEP SINGH	
7	88231251122007 <sub> </sub> BITTU	
8	88231251122008 <sub> </sub> CHAND SINGH	
9	88231251122012 <sub> </sub> JASHAN KUMAR	
10	88231251122013 <sub> </sub> JASKARANDEEP KAUR	
11	88231251122015   KHUSHVEER SINGH	
12	88231251122018 <sub> </sub> RAJKINDER SINGH	
13	88231251122019 <sub> </sub> RAVI YADAV	
14	88231251122020 <sub> </sub> SAKINA RANI	

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: 4511 / INDUSTRIAL TRAINING INSTITUTE( SC) MUKATSAR
Course: 132 / ELECTRICIAN Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

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

Course: 132 / ELECTRICIAN Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231251122001	<sub>J</sub> AARSHU	<u> </u>	
2	88231251122002	JAMANDEEP SINGH	<u> </u>	<u> </u>
3	88231251122003	JAMANDEEP SINGH	<u> </u>	L
4	88231251122004	JAMANPREET	<u> </u>	<u> </u>
5	88231251122005	ANGREJ	<u> </u>	<u> </u>
6	88231251122006	ARSHDEEP SINGH	<u> </u>	<u> </u>
7	88231251122007	<sub>]</sub> BITTU	<u> </u>	<u> </u>
8	88231251122008	CHAND SINGH		L
9	88231251122012	JASHAN KUMAR	<u> </u>	<u> </u>
10	88231251122013	JASKARANDEEP KAUR		L
11	88231251122015	KHUSHVEER SINGH	<u> </u>	L
12	88231251122018	RAJKINDER SINGH		L
13	88231251122019	RAVI YADAV	<u></u>	L
14	88231251122020	SAKINA RANI		<u></u>

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 4511 / INDUSTRIAL TRAINING INSTITUTE( SC) MUKATSAR
Course: 132 / ELECTRICIAN Class: Second

Coulise . 132 / ELECTRICIAN Class: Sec

Subject: 44445 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

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

Course: 208 / DRIVER-CUM-MECHANIC (H.M.V.)

Class: First

Subject: 99921 / TRADE THEORY

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88076656923001	ANUJ KUMAR		
2		DAVIOT CINIOU		L
3	88076656923004	SUNIL SINGH		L
4	88076656923005	TADANIHT CINICII		<u> </u>
Tota	Total No. Of Students in this Subject > Present : Absent:  Total No. Of Answer Sheets Packed >  Name and Signature Of Incharge  Undertaking			
above 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			ure of the Invigilator
l hav fille	I have conducted 20% 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 hav fille	e conducted 10% rand d correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller
l ha fille	ve conducted 5% rand d correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been

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

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

Course: 208 / DRIVER-CUM-MECHANIC (H.M.V.)

Class: First

Subject: 99925 / TRADE PRACTICAL

S.	No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1		88076656923001	ANUJ KUMAR	<u> </u>		
2		88076656923003	RAVJOT SINGH	<u> </u>		
3		88076656923004	SUNIL SINGH	<u> </u>		
4		88076656923005	TABANUT CINICU			
	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.					
				Si gnatı	ure of the Invigilator	
	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
	Name	e of the Superintenden	t	Si gnatı	ure of the Superintendent	
	l ha fill	ave conducted 10% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
	Name	e of the Deputy Contro	ller	Si gnatı	ure of the Deputy Controller	
	l h fill	nave conducted 5% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been	
	Name	e of the Controller		Si gnatı	ure of the Controller	

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

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

Course: 208 / DRIVER-CUM-MECHANIC (H.M.V.)

Class: First

Subject: 99966 / EMPLOYABILITY SKILLS

S.	.No   Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88076656923001	ANUJ KUMAR		<u> </u>		
2	88076656923003			L		
3				L		
4				L		
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
	Undertaki ng					
	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.					
			Si gnat	ure of the Invigilator		
I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
	Name of the Superintender	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 examination	n and found that particulars have been		
	Name of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller		
	I have conducted 5% randfilled correctly as per	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been		
	Name of the Controller		Si gnat	ure 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: 4532 / INDUSTRIAL TRAINING INSTITUTE ( W) , KHEOWALI

Course: 143 / DRAUGHTSMAN ( CIVIL) Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88217251323001	AARTI	<u> </u>	L
2				
3				L
4	88217251323004	GURPREET KAUR		
Tota	Total No. Of Students in this Subject > Present : Absent:  Total No. Of Answer Sheets Packed >  Name and Signature Of Incharge  Undertaking			
	Name and Signature Of Incharge			
I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I als hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.				
	Signature of the Invigilator			ure of the Invigilator
l hav fille	I have conducted 20% 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 gnatı	ure of the Superintendent
l hav fille	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller
l ha fill∈	ive conducted 5% randed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been

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

Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE ( W) , KHEOWALI

Course: 143 / DRAUGHTSMAN ( CIVIL) Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Name of the Controller

S.No Name Of the Student Regd. No. Answer Sheet No. 88217251323001 | AARTI 88217251323002 | ANJU RANI 3 88217251323003 | ARPNA 88217251323004 | 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.

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

Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE(W), KHEOWALI

Course: 143 / DRAUGHTSMAN ( CIVIL) Class: First

Subject: 44435 / PRACTICAL

Name of the Controller

S.No Name Of the Student Regd. No. Answer Sheet No. 88217251323001 | AARTI 88217251323002 | ANJU RANI 3 88217251323003 | ARPNA 88217251323004 | 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.

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

Center Name: 4532 / INDUSTRIAL TRAINING INSTITUTE ( W) , KHEOWALI

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

Subject: 17511 / PRINCIPLE OF EDUCATION

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller