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

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8820916142300 ⁻	AKASHDEEP SINGH		<u> </u>
2	88209161423002	² BALRAJ SINGH		
3	88209161423005	GURKOMALPREET SINGH		<u> </u>
4	88209161423006	GURPREET SINGH		<u> </u>
5 	88209161423008	GURWINDER SINGH	<u> </u>	<u> </u>
6	8820916142301	JASHANPREET SINGH	<u></u>	<u> </u>
7	88209161423016	MANVIR SINGH	1	<u> </u>
8	88209161423017	MEHAKDEEP SINGH	1	<u> </u>
9	88209161423022	SUKHDEV SINGH	<u></u>	<u>L</u>
10	88209161423023	_I TANVEER SINGH	I	I

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR
Course: 114 / PLUMBER Class: First
Subject: 44431 / TRADE THEORY

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

Undertaking

undertaki

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209161423001	JAKASHDEEP SINGH		
2	88209161423002	BALRAJ SINGH		L
3	88209161423005	GURKOMALPREET SINGH	<u> </u>	
4	88209161423006	GURPREET SINGH	<u> </u>	L
5	88209161423008	GURWINDER SINGH	<u> </u>	L
6	88209161423011	JASHANPREET SINGH	<u> </u>	L
7	88209161423016	MANVIR SINGH	<u> </u>	L
8	88209161423017	MEHAKDEEP SINGH	<u> </u>	L
9	88209161423022	SUKHDEV SINGH	<u></u>	L
10	88209161423023	TANVEER SINGH		L

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8820916142300	¹ JAKASHDEEP SINGH		<u></u>
2	8820916142300	² BALRAJ SINGH		
3	8820916142300	⁵ GURKOMALPREET SINGH		<u> </u>
4	8820916142300	6 GURPREET SINGH		L
5	8820916142300	⁸ GURWINDER SINGH		<u> </u>
6	8820916142301	1 _J JASHANPREET SINGH		<u> </u>
7	8820916142301	6 MANVIR SINGH	<u> </u>	<u> </u>
8	8820916142301	7 _] MEHAKDEEP SINGH		<u> </u>
9	8820916142302	² SUKHDEV SINGH		<u></u>
10	8820916142302	³ TANVEER SINGH		<u> </u>

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR
Course: 114 / PLUMBER Class: First
Subject: 44435 / PRACTICAL

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 116 / SHEET METAL WORKER Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88281160922003	BHUPINDER SINGH	<u> </u>	L
2	88281160922011	HARMANDEEP SINGH	<u> </u>	L
3	88281160922020	TAJINDERPAL SINGH	L	L
4	88281160923002	AJAYPARTAP SINGH	L	L
5	88281160923003	AMRIK SINGH	L	L
6	88281160923005	ARSHDEEP SINGH	L	L
7	88281160923006	DILDEEP SINGH	L	L
8	88281160923007	LEKJOT SINGH SIDHU	L	L
9	88281160923008	GURKIRAT SINGH	L	L
10 	88281160923009	GURWINDER SINGH	L	L
11	88281160923010	INDERVIR SINGH	L	L
12	88281160923011	JASKARAN SINGH	L	L
13	88281160923012	JASNOOR SINGH	<u> </u>	L
14	88281160923013	KOMALPREET SINGH	<u> </u>	L
15 	88281160923014	KULJIT SINGH	L	L
16 	88281160923015	PARMINDER SINGH	L	L
17 	88281160923016	PAWANDEEP SINGH	<u> </u>	L
18	88281160923017	SANDEEP SINGH	<u> </u>	
19	88281160923018	SURINDER SINGH	 	<u> </u>
20	88281160923019	SURJEET SINGH	<u> </u>	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Center Name: Course: 116 / SHEET METAL WORKER 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

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

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 116 / SHEET METAL WORKER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88281160922003	BHUPINDER SINGH	<u> </u>	<u> </u>
2	88281160922011	HARMANDEEP SINGH		<u> </u>
3	88281160923002	JAJAYPARTAP SINGH		<u> </u>
4	88281160923003	JAMRIK SINGH		<u> </u>
5	88281160923005	ARSHDEEP SINGH		L
6	88281160923006	DILDEEP SINGH		<u> </u>
7	88281160923007	EKJOT SINGH SIDHU		<u> </u>
8	88281160923008	GURKIRAT SINGH		<u> </u>
9	88281160923009	GURWINDER SINGH		<u> </u>
10	88281160923010	INDERVIR SINGH		<u> </u>
11	88281160923011	JASKARAN SINGH		L
12	88281160923012	JASNOOR SINGH		<u> </u>
13	88281160923013	KOMALPREET SINGH		<u> </u>
14	88281160923014	KULJIT SINGH		<u> </u>
15	88281160923015	PARMINDER SINGH		<u> </u>
16	88281160923016	PAWANDEEP SINGH		<u> </u>
17	88281160923017	SANDEEP SINGH		<u> </u>
18	88281160923018	SURINDER SINGH		
19	88281160923019	SURJEET SINGH		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Center Name: Course: 116 / SHEET METAL WORKER 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

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

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

PAGE: 1

Course: 116 / SHEET METAL WORKER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88281160923002	JAJAYPARTAP SINGH		
2	88281160923003	AMRIK SINGH	<u> </u>	
3	88281160923005	ARSHDEEP SINGH		
4	88281160923006	DILDEEP SINGH		
5 	88281160923007	LEKJOT SINGH SIDHU		
6	88281160923008	GURKIRAT SINGH		
7	88281160923009	GURWINDER SINGH		
8	88281160923010	INDERVIR SINGH		
9	88281160923011	JASKARAN SINGH		
10	88281160923012	JASNOOR SINGH		
11	88281160923013	KOMALPREET SINGH		
12	88281160923014	KULJIT SINGH		
13	88281160923015	PARMINDER SINGH		
14	88281160923016	PAWANDEEP SINGH		
15	88281160923017	SANDEEP SINGH		
16	88281160923018	SURINDER SINGH		
17	88281160923019	SURJEET SINGH		

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 116 / SHEET METAL WORKER Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course : 132 / ELECTRICIAN Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231261423027 | HARJINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course : 132 / ELECTRICIAN Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231261423027 | HARJINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Center Name: Course : 132 / ELECTRICIAN Class: First 44435 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88231261423027 | HARJINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course : 209 / DATA ENTRY OPERATOR Class: First 44435 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88283660922044 | SUKHWINDER SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

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

Subject: 44431 / TRADE THEORY

PAGE: 1

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242160623001	AKASHDEEP SINGH SOHI	1	<u> </u>
2	88242160623002	AMRINDER SINGH		<u> </u>
3	88242160623003	ARMANDEEP SINGH SOHI	1	<u> </u>
4	88242160623004	AVTAR SINGH	1	<u> </u>
5 	88242160623006	GURTIRTH SINGH	1	<u> </u>
6	88242160623007	HARMAN SINGH		
7	88242160623008	HARMAN SINGH	1	<u> </u>
8	88242160623009	HARMANDEEP SINGH	1	<u> </u>
9	88242160623010	HARSHDEEP SINGH	1	<u> </u>
10	88242160623011	HARSIMRANJEET KAUR	1	<u> </u>
11	88242160623012	JASKARAN SINGH	1	<u> </u>
12	88242160623014	NARINDERJEET SINGH	1	<u> </u>
13	88242160623015	ONAM SINGLA	1	<u> </u>
14	88242160623017	PREMPAL SINGH	1	<u> </u>
15	88242160623019	RAVNEET SINGH	1	<u> </u>
16	88242160623020	SANDEEP KAUR BUTTAR	1	<u></u>
17	88242160623022	SUKHPREET KAUR	1	<u> </u>
_			·	

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

88242160623024 | SUKHVIR SINGH

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

18

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR 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

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

44434 / EMPLOYBILITY SKILL Subject :

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242160623001	AKASHDEEP SINGH SOHI	<u> </u>	<u> </u>
2	88242160623002	JAMRINDER SINGH	L	L
3	88242160623003	JARMANDEEP SINGH SOHI	L	L
4	88242160623004	JAVTAR SINGH	L	L
5	88242160623006	JGURTIRTH SINGH	L	L
6	88242160623007	_J HARMAN SINGH	<u> </u>	<u></u>
7	88242160623008	_J HARMAN SINGH	<u> </u>	L
8	88242160623009	HARMANDEEP SINGH	<u> </u>	L
9	88242160623010	HARSHDEEP SINGH	<u> </u>	<u> </u>
10 L	88242160623011	HARSIMRANJEET KAUR	<u> </u>	<u> </u>
11	88242160623012	JASKARAN SINGH	<u> </u>	<u> </u>
12	88242160623014	NARINDERJEET SINGH	<u> </u>	<u></u>
13	88242160623015	JONAM SINGLA	<u> </u>	<u></u>
14	88242160623017	JPREMPAL SINGH	<u> </u>	<u></u>
15	88242160623019	RAVNEET SINGH	<u> </u>	L
16	88242160623020	SANDEEP KAUR BUTTAR	<u> </u>	<u></u>
17	88242160623022	SUKHPREET KAUR	<u> </u>	<u> </u>
18	88242160623024	SUKHVIR SINGH		
_				

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR 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

Name of the Superintendent

filled correctly as per instructions.

Signature of the Superintendent

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

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

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	88242160623001	AKASHDEEP SINGH SOHI	<u></u>	<u> </u>
2	88242160623002	JAMRINDER SINGH		L
3	88242160623003	JARMANDEEP SINGH SOHI	<u></u>	L
4	88242160623004	JAVTAR SINGH		L
5	88242160623006	JGURTIRTH SINGH		L
6	88242160623007	_J HARMAN SINGH	<u></u>	<u> </u>
7	88242160623008	_J HARMAN SINGH	<u></u>	L
8	88242160623009	HARMANDEEP SINGH		<u> </u>
9	88242160623010	HARSHDEEP SINGH		<u>L</u>
10	88242160623011	HARSIMRANJEET KAUR	<u> </u>	<u> </u>
11	88242160623012	JASKARAN SINGH	<u> </u>	<u> </u>
12	88242160623014	NARINDERJEET SINGH	<u> </u>	<u> </u>
13	88242160623015	JONAM SINGLA		<u> </u>
14	88242160623017	PREMPAL SINGH	<u> </u>	<u> </u>
15 	88242160623019	RAVNEET SINGH	<u> </u>	<u> </u>
16	88242160623020	SANDEEP KAUR BUTTAR		<u> </u>
17	88242160623022	SUKHPREET KAUR		<u></u>
18	88242160623024	SUKHVIR SINGH		<u></u>

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR 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

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 651 / COSMETOLOGY Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239161423031	GURWINDER SINGH	<u> </u>	L
2	88239161423033	HARMANPREET KAUR		<u> </u>
3	88239161423043	NAVJOT SINGH		L
4	88239161423048	RUPINDER KAUR	<u> </u>	L
5 	88239161423050	SIMRANDEEP	<u> </u>	<u> </u>
6	88239161523004	GURLEEN KAUR	<u> </u>	<u> </u>
7 	88239161523005	HARDEV KAUR	<u> </u>	<u> </u>
8	88239161523006	HARPREET KAUR	<u> </u>	<u> </u>
9	88239161523008	JASKIRAT SINGH BHATTI	<u> </u>	<u> </u>
10	88239161523009	JOBANPREET SINGH	<u> </u>	<u> </u>
11	88239161523010	KHUSHPREET SINGH	<u> </u>	<u> </u>
12	88239161523011	KIRANDEEP KAUR	<u> </u>	<u> </u>
13	88239161523012	KIRANJEET KAUR	<u> </u>	L
14	88239161523013	JMANPREET KAUR	<u> </u>	<u> </u>
15 	88239161523014	JMANPREET KAUR	<u> </u>	<u> </u>
16	88239161523015	_] MUSKAN	<u> </u>	<u> </u>
17 	88239161523016	NAVDEEP KAUR	<u> </u>	<u> </u>
18	88239161523017	JPARVEEN KAUR	<u> </u>	<u> </u>
19	88239161523018	RAVINDER KAUR	<u> </u>	<u> </u>
20	88239161523021	JSPANA JAIN	<u> </u>	<u></u>
21	88239161523023	SUKHJINDER SINGH	<u> </u>	<u> </u>

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course : 651 / COSMETOLOGY Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88239161523024 | SUMANPREET KAUR

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 651 / COSMETOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239161422031	_] NEHA	<u> </u>	<u> </u>
2	88239161423031	GURWINDER SINGH	L	<u> </u>
3	88239161423033	HARMANPREET KAUR	L	L
4	88239161423043	_J NAVJOT SINGH	L	L
5	88239161423048	RUPINDER KAUR	L	L
6	88239161423050	SIMRANDEEP	L	L
7	88239161523004	JGURLEEN KAUR	L	L
8	88239161523005	_J HARDEV KAUR	L	L
9	88239161523006	HARPREET KAUR	L	L
10	88239161523008	JASKIRAT SINGH BHATTI	L	L
11	88239161523009	JOBANPREET SINGH	L	L
12	88239161523010	KHUSHPREET SINGH	L	<u> </u>
13	88239161523011	KIRANDEEP KAUR	L	L
14	88239161523012	KIRANJEET KAUR	L	L
15	88239161523013	JMANPREET KAUR	L	L
16	88239161523014	JMANPREET KAUR	L	L
17	88239161523015	_] MUSKAN	<u> </u>	<u> </u>
18	88239161523016	NAVDEEP KAUR	<u> </u>	<u> </u>
19	88239161523017	JPARVEEN KAUR	<u> </u>	<u> </u>
20	88239161523018	JRAVINDER KAUR	<u> </u>	<u> </u>
21	88239161523021	JSPANA JAIN	<u> </u>	<u> </u>
	·			·

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

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 651 / COSMETOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88239161523023 | SUKHJINDER SINGH 88239161523024 SUMANPREET KAUR 23 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 651 / COSMETOLOGY Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88239161423031 | GURWINDER SINGH 88239161423033 $_{\parallel}$ HARMANPREET KAUR 88239161423043 NAVJOT SINGH 3 88239161423048 $_{\mid}$ RUPINDER KAUR 5 88239161423050 | SIMRANDEEP 88239161523005 | HARDEV KAUR 88239161523006 | HARPREET KAUR 88239161523008 _IJASKIRAT SINGH BHATTI 88239161523009 $_{
m |}$ JOBANPREET SINGH 10 88239161523010 | KHUSHPREET SINGH 12 88239161523011 | KIRANDEEP KAUR 13 88239161523012 | KIRANJEET KAUR 88239161523013 | MANPREET KAUR 14 88239161523014 | MANPREET KAUR 15 88239161523015 | MUSKAN 16 17 88239161523016 | NAVDEEP KAUR 18 88239161523017 | PARVEEN KAUR 88239161523018 | RAVINDER KAUR 20 88239161523021 | SPANA JAIN 88239161523023 | SUKHJINDER SINGH

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 651 / COSMETOLOGY Class: First

Subject: 44435 / PRACTICAL

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88239161523024 | SUMANPREET KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Center Name:

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

44431 / TRADE THEORY Subject:

PAGE: 1

15

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88246161523025 | AMANDEEP KAUR 88246161523026 | ARSHDEEP KAUR 2 3 88246161523028 | BALJIT KAUR

88246161523029 | GAGANDEEP KAUR 5 88246161523030 | HARJOT KAUR

88246161523032 | KARAMJIT KAUR

88246161523033 _| KIRANJIT KAUR 88246161523034 | MANDEEP KAUR

88246161523035 | MANDEEP KAUR 10 88246161523036 | MANPREET KAUR

12 88246161523038 | PRABHJOT KAUR.

13 88246161523040 | RAJANDEEP KAUR 14 88246161523041 | RAJNI BALA

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

88246161523042 | SANDEEP KAUR

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR
Course: 652 / FASHION DESIGN TECHNOLOGY Class: First
Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	8824616152302	⁵ JAMANDEEP KAUR		
2	8824616152302	6 ARSHDEEP KAUR		
3	8824616152302	8 BALJIT KAUR		
4	8824616152302	⁹ JGAGANDEEP KAUR		
5	8824616152303	O _J HARJOT KAUR		
6	8824616152303	1 HARPREET KAUR		
7	8824616152303	² KARAMJIT KAUR		
8	8824616152303	³ KIRANJIT KAUR		
9	8824616152303	4 MANDEEP KAUR		
10	8824616152303	⁵ MANDEEP KAUR		
11	8824616152303	6 MANPREET KAUR		
12	8824616152303	8 _] PRABHJOT KAUR.		
13	8824616152304	O RAJANDEEP KAUR		
14	8824616152304	1 _] RAJNI BALA		
15	8824616152304	² SANDEEP 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: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course: 652 / FASHION DESIGN TECHNOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88246161523025	JAMANDEEP KAUR	<u> </u>	L
2	88246161523026	ARSHDEEP KAUR	<u> </u>	L
3	88246161523028	BALJIT KAUR	<u> </u>	L
4	88246161523029	GAGANDEEP KAUR	<u> </u>	L
5 	88246161523030	HARJOT KAUR	<u> </u>	L
6	88246161523031	HARPREET KAUR	<u> </u>	L
7	88246161523032	KARAMJIT KAUR	<u> </u>	L
8	88246161523033	_J KIRANJIT KAUR	<u> </u>	L
9	88246161523034	MANDEEP KAUR	<u> </u>	L
10	88246161523035	MANDEEP KAUR	<u> </u>	L
11	88246161523036	JMANPREET KAUR	<u> </u>	L
12	88246161523038	PRABHJOT KAUR.	<u> </u>	L
13	88246161523040	RAJANDEEP KAUR	<u> </u>	L
14	88246161523041	RAJNI BALA	<u> </u>	L
15	88246161523042	SANDEEP KAUR	<u> </u>	L
1				

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Course: 652 / FASHION DESIGN TECHNOLOGY Class: First

44435 / PRACTICAL Subject:

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Center Name:

Course: 676 / DOMESTIC PAINTER Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88287160923022	ARSHDEEP SINGH	1	<u></u>
2	88287160923023	BARINDER KUMAR		L
3	88287160923024	DILPREET SINGH		L
4	88287160923025	GURDARSHAN SINGH	<u> </u>	L
5	88287160923026	GURMIT SINGH	<u> </u>	L
6	88287160923028	HARJIT SINGH		L
7	88287160923033	JASKARANJOT SINGH		L
8	88287160923035	KARANVEER SHARMA		L
9	88287160923036	KARANVIR SINGH		L
10	88287160923037	MUHAMMAD MUSTAFA		L
11	88287160923038	NARINDER SINGH		L
12	88287160923040	PRABHJOT SINGH GREWA		L
13	88287160923042	SANDEEP SINGH		L
14	88287160923043	TALWINDER SINGH GREW		L
15	88287160923044	TEJINDER SINGH		
	·			

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 676 / DOMESTIC PAINTER

Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

PAGE: 1

Center Name:

Course : 676 / DOMESTIC PAINTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88287160922056	INDERPAL SINGH	<u> </u>	
2	88287160922059	JASHANJOT SINGH	L	L
3	88287160923022	ARSHDEEP SINGH	L	L
4	88287160923023	BARINDER KUMAR	<u> </u>	<u> </u>
5 	88287160923024	DILPREET SINGH	<u> </u>	<u> </u>
6	88287160923025	GURDARSHAN SINGH	<u> </u>	<u> </u>
7	88287160923026	GURMIT SINGH	<u> </u>	<u> </u>
8	88287160923028	HARJIT SINGH	<u> </u>	<u> </u>
9	88287160923033	JASKARANJOT SINGH	<u> </u>	<u> </u>
10	88287160923035	KARANVEER SHARMA	<u> </u>	<u> </u>
11	88287160923036	KARANVIR SINGH	<u> </u>	<u> </u>
12	88287160923037	JMUHAMMAD MUSTAFA	<u> </u>	<u> </u>
13	88287160923038	NARINDER SINGH	<u> </u>	<u> </u>
14	88287160923040	PRABHJOT SINGH GREWA	<u> </u>	<u> </u>
15	88287160923042	SANDEEP SINGH	<u> </u>	L
16	88287160923043	TALWINDER SINGH GREW,	<u> </u>	
17	88287160923044	TEJINDER SINGH	<u> </u>	<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 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR Center Name: Course: 676 / DOMESTIC PAINTER 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

Answer Sheet No.

Student's Sign.

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

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 676 / DOMESTIC PAINTER

Subject: 44435 / PRACTICAL

Class: First

Name Of the Student

Regd. No.

S.No

1	88287160923022	ARSHDEEP SINGH	<u> </u>	L
2	88287160923023	BARINDER KUMAR	L	L
3	88287160923024	DILPREET SINGH	L	L
4 	88287160923025	GURDARSHAN SINGH	L	L
5 	88287160923026	GURMIT SINGH	L	L
6	88287160923028	HARJIT SINGH	<u> </u>	L
7	88287160923033	JASKARANJOT SINGH	<u> </u>	L
8	88287160923035	KARANVEER SHARMA	L	L
9	88287160923036	KARANVIR SINGH	L	L
10	88287160923037	MUHAMMAD MUSTAFA	L	L
11	88287160923038	NARINDER SINGH	L	L
12	88287160923040	PRABHJOT SINGH GREWA	L	L
13	88287160923042	SANDEEP SINGH	 	
14	88287160923043	TALWINDER SINGH GREW.	 	<u> </u>
15	88287160923044	TEJINDER SINGH	 	L

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

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

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

Center Name: 2113 / INDUSTRIAL TRAINING INSTITUTE, JASSOWAL KULLAR

Course: 676 / DOMESTIC PAINTER 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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 138 / TOOL AND DIE MAKER (DIE & MOULDS) Class: Second 44441 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88228260122026 | SURAJ MAURYA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 138 / TOOL AND DIE MAKER (DIE & MOULDS) Class: Second 44444 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88228260122026 | SURAJ MAURYA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 138 / TOOL AND DIE MAKER (DIE & MOULDS) Class: Second 44445 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88228260122026 | SURAJ MAURYA Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: First

Signature of the Controller

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

PAGE: 1 of 1 Center Name:

Name of the Controller

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Subject: 17511 / PRINCIPLE OF EDUCATION

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88175160222020	NAVJOT KAUR		<u></u>		
	88175160222029			<u></u>		
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
have	e appeared under my su	(Designation)_ gilator. I have personally che upervision in today's exam, have any mistakes are found, I will	e been filled and 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	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	Name of the Superintendent Signature of the Superintendent					
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	e of the Deputy Contro	Signature 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.					

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 179 / TEXTILE WET PROCESSING TECHNICIAN

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1				L		
2		OUDDDDEET ONLOU		L		
3	88237261623016	RAJINDER SINGH		L		
То	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 cheo pervision in today's exam, have any mistakes are found, I will	e 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.	f 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 Led correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examinatio	n and found that particulars have been		
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
l l fill	have conducted 5% rand led correctly as per i	lom checking of the OMR sheet of nstructions.	f the said examinatio	n and found that particulars have been		
Name	e of the Controller		Si gnat	ure of the Controller		

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 179 / TEXTILE WET PROCESSING TECHNICIAN

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

5.No	No Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
l 	88237261623002	AMAN	<u> </u>			
<u> </u>	88237261623008	GURPREET SINGH	<u> </u>			
3	88237261623016	RAJINDER SINGH	<u> </u>			
Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng			
I ak ha ha	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and 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.						
Na	Name of the Superintendent	t	Si gnatı	ure of the Superintendent		
l fi	have conducted 10% rando filled correctly as per in	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Na	Name of the Deputy Control	ler	Si gnatı	ure of the Deputy Controller		
l fi	I have conducted 5% rando filled correctly as per in	om checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been		
Na	Name of the Controller		Si gnatı	ure of the Controller		

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 179 / TEXTILE WET PROCESSING TECHNICIAN

Class: First

Subject: 44435 / PRACTICAL

S.No		Regd. No.		Name Of the Student		Answer Sheet No.	Student's Sign.
1		88237261623002	² J A M	AN		<u> </u>	
2		88237261623008	^B J G U	RPREET SINGH		<u> </u>	
3		8823726162301	⁶ JRA	JINDER SINGH		<u> </u>	<u> </u>
Т	ota	No. Of Students i No. Of Answer Sh e and Signature O	neets		Abs	sent:	
I ab ha he	(Nar love lve a	me) examination as Inv appeared under my s y undertake that i	vigila superv fany	(Designation) ntor. I have personally vision in today's exam, mistakes are found, I	/ chec have will	Undertaking 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 added correctly in the OMR sheets. I also any remuneration.
						Si gnat	cure of the Invigilator
l fi	have He	e conducted 20% rand correctly as per	ndom d instr	checking of the OMR she cuctions.	et of	the said examination	on and found that particulars have been
Na	me o	of the Superintende	ent			Si gnat	cure of the Superintendent
l fi	have He	e conducted 10% rand correctly as per	ndom d instr	checking of the OMR she cuctions.	et of	the said examination	on and found that particulars have been
Na	me d	of the Deputy Conti	∽ol I er			Si gnat	cure of the Deputy Controller
l fi	hav H e	ve conducted 5% ran d correctly as per	ndom o instr	checking of the OMR she ructions.	et of	the said examination	on and found that particulars have been
Na	me o	of the Controller				Si gnat	cure of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 179 / TEXTILE WET PROCESSING TECHNICIAN Class: Second 44441 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88237261621016 $_{\rm I}$ SHUBHAM 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.

Name of the Superintendent

Signature of the Superintendent

Signature of the Invigilator

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

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course : 203 / MECHANIC MACHINE TOOL MAINTENANCE Class: Second

44441 / TRADE THEORY Subject:

Name of the Deputy Controller

filled correctly as per instructions.

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88225160122028 | DEEPAK KUMAR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Signature of the Deputy Controller

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 203 / MECHANIC MACHINE TOOL MAINTENANCE Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 203 / MECHANIC MACHINE TOOL MAINTENANCE Class: Second 44445 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88225160122028 | DEEPAK KUMAR

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

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

Undertaki ng

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PAGE: 1 of 5 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242160222052	_J HEENA	<u> </u>	<u> </u>
2	88242160223001	JAISHWARYA RAI EKTA	<u> </u>	<u>L</u>
3	88242160223002	JAMANDEEP KAUR	<u> </u>	<u>L</u>
4	88242160223003	JAMANDEEP KAUR	<u> </u>	<u> </u>
5	88242160223005	BALJINDER KAUR	<u> </u>	<u> </u>
6	88242160223006	JDIKSHA	<u> </u>	<u> </u>
7	88242160223007	GAGANDEEP KAUR	<u> </u>	<u> </u>
8	88242160223008	GURLEEN KAUR	<u> </u>	<u> </u>
9	88242160223009	GURNEET KAUR	<u> </u>	<u> </u>
10	88242160223010	JGURSIMRAN KAUR	<u> </u>	L
11	88242160223011	GURSIMRANPREET KAUR	<u> </u>	<u> </u>
12	88242160223012	GURWINDER KAUR	<u> </u>	L
13	88242160223014	INDERPREET KAUR	<u> </u>	<u>L</u>
14	88242160223015	JASMINE KAUR	<u> </u>	<u> </u>
15	88242160223016	JASPREET KAUR	<u> </u>	<u> </u>
16	88242160223017	ITOYL	<u> </u>	<u> </u>
17 	88242160223018	JYOTI RANI	<u> </u>	L
18	88242160223019	KRISHMA KAUR	<u> </u>	<u> </u>
19	88242160223020	_J KRITIKA JAGGI		L
20	88242160223021	_J LEENA	 	
21	88242160223022	MANJINDER KAUR		<u> </u>
				

PAGE: 2 of 5 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

222 / COMP. OP. PROGRAM. ASSISTANT

Course: Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88242160223023	MANVEER KAUR	<u> </u>	<u> </u>
23	88242160223024	JMEHAKPREET KAUR	<u> </u>	L
24	88242160223025	JMUSKAAN VERMA	<u> </u>	L
25 	88242160223026	JMUSKAN KHATOON	<u> </u>	L
26	88242160223027	_J NIDHI SINGH	<u> </u>	L
27	88242160223029	J	<u> </u>	L
28	88242160223030	_] PINKY	<u> </u>	L
29	88242160223031	_J POOJA DEVI	<u> </u>	L
30	88242160223032	_] RADHIKA	<u> </u>	<u> </u>
31	88242160223033	SANDEEP KAUR	<u> </u>	<u> </u>
32	88242160223034	SARIKA ANSARI	<u> </u>	<u> </u>
33	88242160223035	_] SHILPA	<u> </u>	<u> </u>
34	88242160223036	SHOBHA RANI	<u> </u>	L
35	88242160223037	SHWETA KUMARI	<u> </u>	L
36	88242160223039	SIMRANJIT KAUR	<u> </u>	<u> </u>
37 	88242160223040	SIMRANJIT KAUR	<u> </u>	<u> </u>
38	88242160223041	SON PARI		<u> </u>
39	88242160223042	SONY KAUR		<u> </u>
40	88242160223043	SUKHJOT KAUR		
41	88242160223044	SUNITA RANI	<u></u>	
42	88242160223045	SUSHMA		<u> </u>

Class: First

PAGE: 3 of 5 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
43	88242160223046	SUSHMA DEVI	<u> </u>	<u> </u>
44	88242160223048	JVEDIKA TOPIA		L
45 	88242161023001	JAJIT KUMAR.	<u> </u>	<u> </u>
46	88242161023003	ANMOL SINGH	<u> </u>	<u> </u>
47 	88242161023004	ARSHPREET SINGH	<u> </u>	<u> </u>
48	88242161023006	DHEERAJ KUMAR PATEL		<u> </u>
49	88242161023009	JAGROOP SINGH	<u> </u>	<u> </u>
50	88242161023010	JYOTI KUMARI	<u> </u>	<u> </u>
51	88242161023011	KHUSHBOO RANI	<u> </u>	<u> </u>
52 	88242161023014	PRABHJOT KAUR		<u> </u>
53	88242161023016	ROHIT KUMAR	<u> </u>	<u> </u>
54	88242161023017	SAHIL MOURYA	<u> </u>	<u> </u>
55	88242161023018	_] SAKSHI	<u> </u>	<u> </u>
56 	88242161023019	SANJEEV KUMAR	<u> </u>	<u> </u>
57 	88242161023020	SHUBHAM KUMAR	<u> </u>	<u> </u>
58	88242161023021	SIMRANJIT KAUR	<u> </u>	<u> </u>
59 	88242161023022	SIMRANPREET KAUR	<u> </u>	<u> </u>
60	88242161023023	SUMANT KUMAR	<u> </u>	<u> </u>
61	88242161623022	JAMRITPAL KAUR		L
62	88242161623023	JANSH SHARMA		
63	88242161623024	ARSHDEEP SINGH	<u> </u>	

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

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
64	88242161623025	DHARAMPREET SINGH	<u> </u>	L
65 	88242161623026	JEKNOOR SINGH.		L
66	88242161623028	ISHPREET KAUR	<u> </u>	L
67 	88242161623029	JASWINDER SINGH	<u> </u>	L
68	88242161623030	ITOYL	<u> </u>	L
69	88242161623031	KARAMVIR SINGH	<u> </u>	L
70 	88242161623032	KHUSHBOO	<u> </u>	L
71	88242161623033	MANVEER SINGH	<u> </u>	L
72	88242161623034	JMONA	<u> </u>	L
73	88242161623035	NISHA KUMARI	<u> </u>	L
74	88242161623036	PALAK KUMARI	<u> </u>	L
75 	88242161623037	PATER LEKHA	<u> </u>	L
76 	88242161623038	JPAWANDEEP SINGH	<u></u>	L
77 	88242161623040	PRABJOT KAUR	<u></u>	L
78 	88242161623042	SANDHYA	<u> </u>	L
79 	88242161623044	JVIVEK JHA	<u> </u>	L
80	88242170223002	JASMEEN WALIA	<u> </u>	L
81	88242170223003	_J KOMAL	<u> </u>	L
82	88242170223004	MANDEEP KAUR	<u> </u>	
83	88242170223005	JMANISHA RANI		
84	88242170223006	MONIKA	<u></u>	

PAGE: 5 of 5 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
85	88242170223008	_J NEHA				
86	88242170223010	5				
87	88242170223011	SEEMA				
88	88242170223013	SIMRAN				
89	88242170223014	SIMRANDEEP KAUR				
90	88242170223015	CLIMANI MALLAV				
Na	ame and Signature Of	Incharge	Undertaki ng			
	Ŭ	G	3	hereby certify that I have conducted the		
abo hav her	ve examination as Invi e appeared under my si eby undertake that if	gilator. I have personally ch upervision in today's exam, ha any mistakes are found, I wil	ecked and ensured that tive been filled and sh I not be entitled for	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also any remuneration.		
			Si gna	iture of the Invigilator		
l h fil	ave conducted 20% rand Led correctly as per i	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been		
Nam	Name of the Superintendent Signature of the Superintendent					
I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have be filled correctly as per instructions.						
Nam	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller		
l fil	have conducted 5% rand led correctly as per i	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been		
Nam	e of the Controller		Si ana	nture of the Controller		

PAGE: 1 of 5 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Subject: 44434 / EMPLOYBILITY SKILL

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242160223001	JAISHWARYA RAI EKTA	<u> </u>	<u> </u>
2	88242160223002	AMANDEEP KAUR	L	L
3	88242160223003	AMANDEEP KAUR	L	L
4	88242160223005	BALJINDER KAUR	L	L
5	88242160223006	DIKSHA	L	L
6	88242160223007	GAGANDEEP KAUR	L	L
7	88242160223008	GURLEEN KAUR	L	L
8	88242160223009	GURNEET KAUR	L	L
9	88242160223010	GURSIMRAN KAUR	L	L
10	88242160223011	GURSIMRANPREET KAUR	L	L
11	88242160223012	GURWINDER KAUR	<u> </u>	L
12	88242160223014	INDERPREET KAUR	L	L
13	88242160223015	JASMINE KAUR	L	L
14	88242160223016	JASPREET KAUR	<u> </u>	L
15	88242160223017	ITOYL	L	L
16	88242160223018	JYOTI RANI	L	L
17 	88242160223019	KRISHMA KAUR	L	<u></u>
18	88242160223020	KRITIKA JAGGI	L	<u></u>
19	88242160223021	_J LEENA	L	<u></u>
20	88242160223022	MANJINDER KAUR	L	<u></u>
21	88242160223023	MANVEER KAUR	<u> </u>	<u> </u>
4				

Class: First

PAGE: 2 of 5 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88242160223024	MEHAKPREET KAUR		L
23	88242160223025	MUSKAAN VERMA		L
24	88242160223026	MUSKAN KHATOON		L
25 	88242160223027	NIDHI SINGH	<u> </u>	L
26	88242160223029	_J PAYAL	<u> </u>	L
27	88242160223030	PINKY		L
28	88242160223031	POOJA DEVI	<u> </u>	L
29	88242160223032	RADHIKA	<u> </u>	L
30	88242160223033	SANDEEP KAUR	<u> </u>	L
31	88242160223034	SARIKA ANSARI	<u> </u>	L
32 	88242160223035	SHILPA	<u> </u>	L
33	88242160223036	SHOBHA RANI	<u> </u>	L
34	88242160223037	SHWETA KUMARI	<u> </u>	L
35	88242160223039	SIMRANJIT KAUR	<u> </u>	L
36 	88242160223040	SIMRANJIT KAUR	<u> </u>	L
37 	88242160223041	SON PARI	<u> </u>	L
38 	88242160223042	SONY KAUR		L
39	88242160223043	SUKHJOT KAUR	<u> </u>	L
40	88242160223044	SUNITA RANI	<u> </u>	L
41	88242160223045	SUSHMA		
42	88242160223046	SUSHMA DEVI		
				

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

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
43	88242160223048	VEDIKA TOPIA	<u> </u>	L
44	88242161023001	JAJIT KUMAR.	<u> </u>	L
45 	88242161023003	ANMOL SINGH	<u> </u>	L
46	88242161023004	ARSHPREET SINGH	<u> </u>	L
47 	88242161023006	DHEERAJ KUMAR PATEL	<u> </u>	L
48	88242161023009	JAGROOP SINGH	<u> </u>	L
49	88242161023010	JYOTI KUMARI	<u> </u>	L
50	88242161023011	KHUSHBOO RANI	L	L
51 	88242161023014	PRABHJOT KAUR	<u> </u>	L
52 	88242161023016	ROHIT KUMAR	L	L
53	88242161023017	SAHIL MOURYA	<u></u>	L
54	88242161023018	SAKSHI	<u></u>	L
55 	88242161023019	SANJEEV KUMAR	<u></u>	L
56 	88242161023020	SHUBHAM KUMAR	<u></u>	L
57 	88242161023021	SIMRANJIT KAUR	<u> </u>	L
58	88242161023022	SIMRANPREET KAUR	<u></u>	L
59 	88242161023023	SUMANT KUMAR	<u> </u>	L
60	88242161623022	JAMRITPAL KAUR	<u> </u>	L
61	88242161623023	JANSH SHARMA	<u> </u>	L
62	88242161623024	JARSHDEEP SINGH	 	
63	88242161623025	DHARAMPREET SINGH		
			·	

Class: First

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

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
64	88242161623026	LEKNOOR SINGH.	<u> </u>	L
65 	88242161623028	ISHPREET KAUR	<u> </u>	L
66	88242161623029	JASWINDER SINGH	<u> </u>	L
67 	88242161623030	ITOYL	<u> </u>	L
68	88242161623031	KARAMVIR SINGH	<u></u>	L
69	88242161623032	KHUSHBOO	<u> </u>	L
70	88242161623033	MANVEER SINGH	<u></u>	L
71	88242161623034	JMONA	<u> </u>	L
72	88242161623035	NISHA KUMARI	<u> </u>	L
73	88242161623036	PALAK KUMARI	<u> </u>	L
74	88242161623037	PATER LEKHA	<u> </u>	L
75 	88242161623038	PAWANDEEP SINGH	<u> </u>	L
76	88242161623040	PRABJOT KAUR	<u> </u>	L
77	88242161623042	SANDHYA	<u> </u>	L
78	88242161623044	JVIVEK JHA	<u> </u>	L
79	88242170223002	JASMEEN WALIA	<u> </u>	L
80	88242170223003	KOMAL	<u> </u>	L
81	88242170223004	JMANDEEP KAUR	<u></u>	L
82	88242170223005	JMANISHA RANI	<u> </u>	
83	88242170223006	J.MONIKA	<u> </u>	
84	88242170223008	_J NEHA	<u> </u>	L

PAGE: 5 of 5 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

222 / COMP. OP. PROGRAM. ASSISTANT

Course: Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
85	88242170223010	RAMANDEEP KAUR					
86	88242170223011						
87	88242170223013	SIMRAN		_L			
88	88242170223014			_L			
89	88242170223015	SUMAN MAHAY					
I abo	(Name)_ ove examination as Inv	(Designation) gilator. I have personally ch upervision in today's exam ha	Undertaking ecked and ensured that we been filled and sh	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also			
I,	(Name)	(Desi gnati on)	<u> </u>	hereby certify that I have conducted the			
ha	ve appeared under my si	upervision in today's exam, ha any mistakes are found, I wil	ve been filled and sh	naded correctly in the OMR sheets. I also			
			Si gna	ature of the Invigilator			
l l fi	have conducted 20% rand lled correctly as per	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been			
Naı	me of the Superintende	nt	Si gna	ature of the Superintendent			
l l fi	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.						
Naı	me of the Deputy Contro	oller	Si gna	ature of the Deputy Controller			
l fi	have conducted 5% rand lled correctly as per	dom checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been			
Nai	me of the Controller		Si gna	ature of the Controller			

Class: First

PAGE: 1 of 5 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

44435 / PRACTICAL Subject:

S.No | Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88242160221048 | BHAWANA VIRDI 88242160223001 | AISHWARYA RAI EKTA 3 88242160223002 | AMANDEEP KAUR 88242160223003 $_{\mid}$ AMANDEEP KAUR 5 88242160223005 | BALJINDER KAUR 88242160223006 | DIKSHA 88242160223007 | GAGANDEEP KAUR 88242160223008 $_{\mid}$ GURLEEN KAUR 88242160223009 | GURNEET KAUR 88242160223010 | GURSIMRAN KAUR 10 88242160223011 | GURSIMRANPREET KAUR 12 88242160223012 | GURWINDER KAUR 88242160223014 | INDERPREET KAUR 13 88242160223015 JASMINE KAUR 14 88242160223016 | JASPREET KAUR 15 88242160223017 | JYOTI 16 88242160223018 | JYOTI RANI 17 88242160223019 | KRISHMA KAUR 18 88242160223020 _| KRITIKA JAGGI 20 88242160223021 | LEENA 88242160223022 | MANJINDER KAUR

Class: First

PAGE: 2 of 5 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88242160223023	MANVEER KAUR	<u> </u>	<u> </u>
23	88242160223024	MEHAKPREET KAUR	<u> </u>	L
24	88242160223025	JMUSKAAN VERMA	<u> </u>	L
25	88242160223026	JMUSKAN KHATOON	<u> </u>	L
26	88242160223027	_J NIDHI SINGH	<u> </u>	L
27	88242160223029	_] PAYAL	<u> </u>	L
28	88242160223030	PINKY	<u> </u>	L
29	88242160223031	POOJA DEVI	<u> </u>	L
30	88242160223032	_] RADHIKA	<u> </u>	L
31	88242160223033	SANDEEP KAUR		L
32	88242160223034	SARIKA ANSARI	<u> </u>	L
33	88242160223035	SHILPA		L
34	88242160223036	SHOBHA RANI	<u> </u>	L
35 	88242160223037	SHWETA KUMARI	<u> </u>	L
36	88242160223039	SIMRANJIT KAUR	<u> </u>	L
37	88242160223040	SIMRANJIT KAUR	<u> </u>	L
38	88242160223041	SON PARI		L
39	88242160223042	SONY KAUR		L
40	88242160223043	SUKHJOT KAUR		<u></u>
41	88242160223044	SUNITA RANI	<u></u>	
42	88242160223045	SUSHMA		<u> </u>

Class: First

PAGE: 3 of 5 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

Course : 222 / COMP. OP. PROGRAM. ASSISTANT

44435 / PRACTICAL Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 43 88242160223046 | SUSHMA DEVI 88242160223048 | VEDIKA TOPIA 44 45 88242161023001 | AJIT KUMAR. 88242161023003 $_{\mid}$ ANMOL SINGH 46 47 88242161023004 | ARSHPREET SINGH 48 88242161023006 | DHEERAJ KUMAR PATEL 88242161023009 | JAGROOP SINGH 49 88242161023010 JYOTI KUMARI 50 51 88242161023011 _| KHUSHBOO RANI 52 88242161023014 | PRABHJOT KAUR 88242161023016 _| ROHIT KUMAR 53 54 88242161023017 | SAHIL MOURYA 55 88242161023018 | SAKSHI 56 88242161023019 | SANJEEV KUMAR 57 88242161023020 | SHUBHAM KUMAR 58 88242161023021 | SIMRANJIT KAUR 59 88242161023022 | SIMRANPREET KAUR 60 88242161023023 | SUMANT KUMAR 61 88242161623022 | AMRITPAL KAUR 88242161623023 _| ANSH SHARMA 62 88242161623024 | ARSHDEEP SINGH 63

Class: First

PAGE: 4 of 5 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

222 / COMP. OP. PROGRAM. ASSISTANT Course:

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
64 	88242161623025	DHARAMPREET SINGH	<u> </u>	<u> </u>
65	88242161623026	JEKNOOR SINGH.	L	L
66 	88242161623028	ISHPREET KAUR	L	L
67 	88242161623029	JASWINDER SINGH	L	L
68 	88242161623030	ΙΤΟΥL	L	L
69	88242161623031	KARAMVIR SINGH	L	L
70 	88242161623032	KHUSHBOO	L	L
71 	88242161623033	JMANVEER SINGH	L	L
72	88242161623034	JMONA	L	L
73	88242161623035	NISHA KUMARI	L	L
74	88242161623036	PALAK KUMARI	L	L
75 	88242161623037	PATER LEKHA	L	<u> </u>
76 	88242161623038	PAWANDEEP SINGH	L	L
77 L	88242161623040	PRABJOT KAUR	L	L
78 	88242161623042	SANDHYA	L	L
79	88242161623044	JVIVEK JHA	<u> </u>	<u>L</u>
80	88242170223002	JASMEEN WALIA	<u> </u>	<u>L</u>
81	88242170223003	_] KOMAL	<u> </u>	<u> </u>
82	88242170223004	MANDEEP KAUR	<u> </u>	
83	88242170223005	_J MANISHA RANI	 	
84	88242170223006	_J MONIKA		<u> </u>
	 _		·	

Class: First

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

PAGE: 5 of 5 Center Name:

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
85	88242170223008	_] NEHA		
86	88242170223010	RAMANDEEP KAUR		
87	88242170223011	_] SEEMA		
88	88242170223013	SIMRAN		
89	88242170223014	SIMRANDEEP KAUR		
90	88242170223015	SUMAN MAHAY		
N	ame and Signature Of	Incharge	Undertaki ng	
	otal No. Of Answer Sh ame and Signature Of		Undertaki ng	
ha۱	/e appeared under my si	(Designation) igilator. I have personally ch upervision in today's exam, ha any mistakes are found, I wil	ve been filled and sh I not be entitled for	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also any remuneration.
l h fil	nave conducted 20% randled correctly as per	dom checking of the OMR sheet of instructions.	g	on and found that particulars have been
Nan	ne of the Superintende	nt	Si gna	ature of the Superintendent
l h fil	nave conducted 10% rand led correctly as per	dom checking of the OMR sheet of instructions.	of the said examinati	on and found that particulars have been
Nan	ne of the Deputy Contr	oller	Si gna	ature of the Deputy Controller
l fi l	have conducted 5% randled correctly as per	dom checking of the OMR sheet of instructions.	of the said examinati	on and found that particulars have been
Nan	me of the Controller		Si gna	ature of the Controller

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

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88246160223049	JAMANPREET KAUR	<u> </u>	L
2	88246160223051	JBABY	<u> </u>	L
3	88246160223054	GURPREET KAUR	<u> </u>	L
4	88246160223055	JASKIRAT KAUR	<u> </u>	L
5	88246160223056	_] KAJAL	<u> </u>	L
6	88246160223057	KARAMBIR KAUR	<u> </u>	L
7	88246160223059	MEHAK MORRYA	<u> </u>	L
8	88246160223060	_] MUSKAN	<u> </u>	L
9	88246160223061	JPALVI PATHANIA	<u> </u>	L
10	88246160223062	_J PARUL	<u> </u>	L
11 	88246160223063	PARVINDER KAUR	<u> </u>	L
12	88246160223065	SIMRANJEET KAUR	<u> </u>	L
13	88246160223067	SUKHVIR KAUR	<u> </u>	L
14	88246160223068	SUMAN KUMARI	<u> </u>	L
15 	88246161023025	JARUNA BALI	<u> </u>	L
16 	88246161023029	KARAMJIT KAUR	<u> </u>	L
17 	88246161023033	JMONIA	<u> </u>	L
18 	88246161023034	_J NATIK DOGRA	<u> </u>	L
19	88246161023035	PARVEEN KAUR		
				

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 652 / FASHION DESIGN TECHNOLOGY Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: First

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 652 / FASHION DESIGN TECHNOLOGY

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88246160223049	AMANPREET KAUR		L
2	88246160223051	BABY	<u> </u>	
3	88246160223054	GURPREET KAUR	L	<u> </u>
4	88246160223055	JASKIRAT KAUR	L	L
5	88246160223056	KAJAL	L	L
6	88246160223057	KARAMBIR KAUR	L	<u></u>
7	88246160223059	MEHAK MORRYA	<u> </u>	<u> </u>
8	88246160223060	MUSKAN	<u> </u>	<u> </u>
9	88246160223061	PALVI PATHANIA	<u> </u>	<u> </u>
10	88246160223062	PARUL	<u> </u>	<u> </u>
11	88246160223063	PARVINDER KAUR	<u> </u>	<u> </u>
12	88246160223065	SIMRANJEET KAUR	<u> </u>	<u></u>
13	88246160223067	SUKHVIR KAUR	<u> </u>	<u> </u>
14	88246160223068	SUMAN KUMARI	<u> </u>	L
15	88246161023025	ARUNA BALI	<u> </u>	<u> </u>
16	88246161023029	KARAMJIT KAUR	L	L
17 	88246161023033	JMONIA	L	L
18	88246161023034	NATIK DOGRA	 	
19	88246161023035	PARVEEN KAUR		
		:		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 652 / FASHION DESIGN TECHNOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

44435 / PRACTICAL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1 	88246160223049	AMANPREET KAUR	<u> </u>	L
2	88246160223051	BABY	<u> </u>	L
3	88246160223054	GURPREET KAUR	<u> </u>	L
4	88246160223055	JASKIRAT KAUR	<u> </u>	L
5 	88246160223056	KAJAL	<u> </u>	L
6	88246160223057	KARAMBIR KAUR	<u> </u>	L
7 	88246160223059	MEHAK MORRYA	<u> </u>	L
8	88246160223060	MUSKAN	<u> </u>	L
9	88246160223061	PALVI PATHANIA	<u> </u>	L
10	88246160223062	PARUL	<u> </u>	L
11 	88246160223063	PARVINDER KAUR	<u> </u>	L
12 	88246160223065	SIMRANJEET KAUR	<u> </u>	L
13 	88246160223067	SUKHVIR KAUR	<u> </u>	L
14	88246160223068	SUMAN KUMARI	<u> </u>	L
15 	88246161023025	JARUNA BALI	<u> </u>	L
16	88246161023029	KARAMJIT KAUR		L
17	88246161023033	MONIA		
18	88246161023034	NATIK DOGRA		
19	88246161023035	PARVEEN KAUR		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course : (52 / FACHION DECION TECHNOLOGY

Course: 652 / FASHION DESIGN TECHNOLOGY Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

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	88247160223069	JAASMA	<u> </u>	<u> </u>
2	88247160223070	JAMANDEEP KAUR	<u> </u>	L
3	88247160223071	JAVNEEL KAUR	<u> </u>	L
4	88247160223072	BALJINDER KAUR	<u> </u>	L
5	88247160223073	BHARTI	<u> </u>	L
6	88247160223074	DILPREET KAUR	<u> </u>	L
7	88247160223075	ESHA	<u> </u>	L
8	88247160223077	JASHANPREET KAUR	<u> </u>	L
9	88247160223079	KOMAL PRIYA	<u> </u>	L
10	88247160223080	KOMALPREET KAUR	<u> </u>	L
11	88247160223082	MANPREET KAUR	<u> </u>	L
12	88247160223085	RAMANDEEP KAUR		L
13	88247160223086	RUCHIKA SHARMA		
14	88247160223088	SIMRAN KAUR	<u> </u>	
			:	

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

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

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

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 658 / SEWING TECHNOLOGY Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 658 / SEWING TECHNOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247160223069	JAASMA	<u> </u>	
2	88247160223070	JAMANDEEP KAUR	<u> </u>	
3	88247160223071	JAVNEEL KAUR	<u> </u>	
4	88247160223072	BALJINDER KAUR	<u> </u>	
5	88247160223073	BHARTI	<u> </u>	
6	88247160223074	DILPREET KAUR	<u> </u>	
7	88247160223075	ESHA	<u> </u>	
8	88247160223077	JASHANPREET KAUR	<u> </u>	
9	88247160223079	KOMAL PRIYA	<u> </u>	
10	88247160223080	KOMALPREET KAUR	<u> </u>	
11	88247160223082	MANPREET KAUR		
12	88247160223085	RAMANDEEP KAUR		
13	88247160223086	RUCHIKA SHARMA	<u></u>	
14	88247160223088	SIMRAN KAUR		

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

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

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

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 658 / SEWING TECHNOLOGY Class: First

Subject:

44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 658 / SEWING TECHNOLOGY

Class: First

44435 / PRACTICAL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247160223069	JAASMA	<u> </u>	<u></u>
2	88247160223070	JAMANDEEP KAUR	<u> </u>	L
3	88247160223071	JAVNEEL KAUR	<u></u>	L
4	88247160223072	BALJINDER KAUR	<u></u>	L
5	88247160223073	BHARTI	<u></u>	L
6	88247160223074	DILPREET KAUR	<u> </u>	L
7	88247160223075	ESHA	<u> </u>	L
8	88247160223077	JASHANPREET KAUR	<u> </u>	L
9	88247160223079	KOMAL PRIYA	<u> </u>	L
10	88247160223080	KOMALPREET KAUR	L	L
11	88247160223082	JMANPREET KAUR	<u> </u>	L
12	88247160223085	RAMANDEEP KAUR	L	L
13	88247160223086	RUCHIKA SHARMA	<u> </u>	L
14	88247160223088	SIMRAN KAUR	<u> </u>	L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 658 / SEWING TECHNOLOGY Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 673 / CENTRAL AIR CONDITION PLANT MECHANIC

Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

5.N0	Rega. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88280260122053	JASKARAN SINGH	<u> </u>	L
2	000000/01000/1	DRINGE WILLIAM D. DAL		L
To	otal No. Of Students in otal No. Of Answer She ame and Signature Of		sent:	
			Undertaki ng	
hav	/e appeared under mv su	(Designation) gilator. I have personally check 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
	nave conducted 20% rand led correctly as per i		the said examinatio	n and found that particulars have been
Nar	ne of the Superintender	nt	Si gnat	ure 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 examinatio	n and found that particulars have been
Nar	ne of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
	have conducted 5% rand led correctly as per i		the said examinatio	n and found that particulars have been

Class: First

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

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

PAGE: 1 of

673 / CENTRAL AIR CONDITION PLANT MECHANIC

Course :

44434 / EMPLOYBILITY SKILL Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88280260122051 | BALJINDER SINGH 88280260122053 | JASKARAN SINGH 3 88280260122068 | SHUBHAM KUMAR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

Class: Second

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

673 / CENTRAL AIR CONDITION PLANT MECHANIC Course:

Subject: 44441 / TRADE THEORY

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: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 673 / CENTRAL AIR CONDITION PLANT MECHANIC Class: Second

Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 673 / CENTRAL AIR CONDITION PLANT MECHANIC

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88280260122049	_J ABHISHEK KOUNDAL		
2	88280260122051	BALJINDER SINGH	<u> </u>	<u> </u>
3	88280260122052	JAGJIT SINGH	<u> </u>	<u> </u>
4	88280260122053	JASKARAN SINGH	<u> </u>	<u> </u>
5	88280260122057	PAWANDEEP SINGH	<u> </u>	<u> </u>
6	88280260122058	PRINCE	<u> </u>	<u> </u>
7	88280260122059	PRINCE KUMAR	<u> </u>	<u> </u>
8	88280260122061	PRINCE KUMAR RAI	<u> </u>	<u> </u>
9	88280260122064	RAVINDER SINGH	<u> </u>	<u> </u>
10	88280260122066	SHIVAM KUMAR	<u> </u>	<u> </u>
11	88280260122067	SHIVAM YADAV	<u> </u>	<u> </u>
12	88280260122068	SHUBHAM KUMAR	<u> </u>	<u> </u>
13	88280260122069	SUNNY SINGH		L
14	88280260122070	JUDHAM SINGH		L
15	88280260122071	VARINDER KUMAR	<u></u>	<u> </u>
16	88280260122072	YASH	<u></u>	<u> </u>

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

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

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 673 / CENTRAL AIR CONDITION PLANT MECHANIC 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

Class: Second

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

673 / CENTRAL AIR CONDITION PLANT MECHANIC Course:

Subject: 44445 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88280260122049	ABHISHEK KOUNDAL		L
2	88280260122051	BALJINDER SINGH		L
3	88280260122052	JAGJIT SINGH		L
4	88280260122053	JASKARAN SINGH		L
5 	88280260122057	PAWANDEEP SINGH		L
6	88280260122058	PRINCE		L
7	88280260122059	PRINCE KUMAR		L
8	88280260122061	PRINCE KUMAR RAI		L
9	88280260122064	RAVINDER SINGH		L
10	88280260122066	SHIVAM KUMAR		L
11	88280260122067	SHIVAM YADAV		L
12	88280260122068	SHUBHAM KUMAR		L
13	88280260122069	SUNNY SINGH		L
14	88280260122070	UDHAM SINGH		I
15	88280260122071	VARINDER KUMAR		
16	88280260122072	YASH		

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: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: (72 / CENTRAL ALD CONDITION DI ANT MECHANIC

Course: 673 / CENTRAL AIR CONDITION PLANT MECHANIC Class: Second

Subject: 44445 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 674 / WELDER (FABRICATION & FITTING)

Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

S.No

1	88290160123001 AKASHDEEP SINGH	
2	88290160123002 ARSHDEEP SINGH	
3	88290160123003 ARSHDEEP SINGH	
4	88290160123005 BAVANPREET SINGH	
5	88290160123007 GURTEJ SINGH	
6	88290160123010 IRFAN KHAN	
7	88290160123011 JAGMEET SINGH	
8	88290160123012 KHUSHAL SHARMA	
9	88290160123016 PARYANSHU	
10	88290160123017 SAHIL RANA	
11	88290160123018 SAURAV DWIVEDI	
12	88290160123019 SHUBHAM	
13	88290160123020 VIKAS	

Answer Sheet No.

Student's Sign.

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course: 674 / WELDER (FABRICATION & FITTING) Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 674 / WELDER (FABRICATION & FITTING)

Class: First

44434 / EMPLOYBILITY SKILL Subject:

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88290160123001	AKASHDEEP SINGH	<u> </u>	<u> </u>
88290160123002	ARSHDEEP SINGH	<u> </u>	<u>L</u>
88290160123003	ARSHDEEP SINGH	<u> </u>	<u> </u>
88290160123005	BAVANPREET SINGH	<u> </u>	<u> </u>
88290160123007	GURTEJ SINGH	<u> </u>	<u> </u>
88290160123010	JIRFAN KHAN	<u> </u>	<u> </u>
88290160123011	JAGMEET SINGH	<u> </u>	<u>L</u>
88290160123012	KHUSHAL SHARMA	<u> </u>	<u>L</u>
88290160123016	_J PARYANSHU	<u> </u>	<u>L</u>
88290160123017	SAHIL RANA	<u> </u>	<u> </u>
88290160123018	SAURAV DWIVEDI		<u> </u>
88290160123019	SHUBHAM	<u> </u>	<u> </u>
88290160123020	_J VIKAS	<u> </u>	<u> </u>
	88290160123001 88290160123003 88290160123005 88290160123007 88290160123010 88290160123011 88290160123012 88290160123016 88290160123017 88290160123018	Regd. No. Name Of the Student 88290160123001 AKASHDEEP SINGH 88290160123002 ARSHDEEP SINGH 88290160123003 ARSHDEEP SINGH 88290160123005 BAVANPREET SINGH 88290160123007 GURTEJ SINGH 88290160123010 IRFAN KHAN 88290160123011 JAGMEET SINGH 88290160123012 KHUSHAL SHARMA 88290160123016 PARYANSHU 88290160123017 SAHIL RANA 88290160123018 SAURAV DWIVEDI 88290160123019 SHUBHAM 88290160123020 VIKAS	88290160123001 AKASHDEEP SINGH 88290160123002 ARSHDEEP SINGH 88290160123003 ARSHDEEP SINGH 88290160123005 BAVANPREET SINGH 88290160123007 GURTEJ SINGH 88290160123010 IRFAN KHAN 88290160123011 JAGMEET SINGH 88290160123012 KHUSHAL SHARMA 88290160123016 PARYANSHU 88290160123017 SAHIL RANA 88290160123018 SAURAV DWIVEDI 88290160123019 SHUBHAM

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: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 674 / WELDER (FABRICATION & FITTING) 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: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

674 / WELDER (FABRICATION & FITTING) Course:

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88290160123001	AKASHDEEP SINGH	<u> </u>	L
2	88290160123002	ARSHDEEP SINGH	<u> </u>	L
3	88290160123003	ARSHDEEP SINGH	<u> </u>	L
4	88290160123005	BAVANPREET SINGH	<u> </u>	L
5	88290160123007	GURTEJ SINGH	<u> </u>	L
6	88290160123010	IRFAN KHAN	<u> </u>	L
7	88290160123011	JAGMEET SINGH	<u> </u>	L
8	88290160123012	KHUSHAL SHARMA	<u> </u>	L
9	88290160123016	PARYANSHU	<u> </u>	L
10	88290160123017	SAHIL RANA	<u> </u>	L
11	88290160123018	SAURAV DWIVEDI	<u> </u>	L
12	88290160123019	SHUBHAM	<u> </u>	L
13	88290160123020	VIKAS		I

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 674 / WELDER (FABRICATION & FITTING)

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

Class: First

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 675 / SOLAR TECHNICIAN (ELECTRICAL)

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88288160123021	AMANDEEP SINGH	<u> </u>	L
2	88288160123023	ANKITA KUMARI	<u> </u>	L
3	88288160123024	ARSHDEEP SINGH	<u> </u>	L
4	88288160123025	ARSHPREET SINGH	<u> </u>	L
5	88288160123026	BHUSHAN KUMAR SHARM	L	L
6	88288160123027	CHAHAT KAPOOR	<u> </u>	L
7	88288160123028	CHARNPREET SINGH	<u> </u>	L
8	88288160123030	JASHANJOT	<u> </u>	L
9	88288160123031	KRISHANA SINGH	<u> </u>	L
10	88288160123032	JMANAV	<u> </u>	L
11	88288160123034	SAHIL KAUSHAL	<u> </u>	L
12	88288160123035	SAHIL KUMAR	<u> </u>	L
13	88288160123036	SANTOSH KUMAR	<u> </u>	L
14	88288160123037	SARTAJ MOHMAAD	<u> </u>	L
15 	88288160123038	SEHAJPAL SINGH	<u> </u>	L
16	88288160123039	SURAJ KUMAR	<u> </u>	<u></u>
17	88288160123040	TAJINDER SINGH GILL	<u> </u>	

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

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA
Course: 675 / SOLAR TECHNICIAN (ELECTRICAL) Class: First
Subject: 44431 / TRADE THEORY

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

Undertaking

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

Signature of the Invigilator

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

Name of the Superintendent Signature of the Superintendent

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

Signature of the Deputy Controller

Signature of the Deputy Controller

Class: First

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 675 / SOLAR TECHNICIAN (ELECTRICAL)

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88288160123021	JAMANDEEP SINGH	L	<u></u>
2	88288160123023	JANKITA KUMARI	<u> </u>	<u> </u>
3	88288160123024	ARSHDEEP SINGH	<u> </u>	<u> </u>
4	88288160123025	ARSHPREET SINGH	<u> </u>	L
5 	88288160123026	BHUSHAN KUMAR SHARM	<u> </u>	<u> </u>
6	88288160123027	CHAHAT KAPOOR		L
7	88288160123028	CHARNPREET SINGH	<u> </u>	L
8	88288160123030	JASHANJOT	<u> </u>	L
9	88288160123031	KRISHANA SINGH	<u> </u>	L
10	88288160123032	JMANAV		L
11	88288160123034	SAHIL KAUSHAL		L
12	88288160123035	SAHIL KUMAR		<u> </u>
13	88288160123036	SANTOSH KUMAR		
14	88288160123037	SARTAJ MOHMAAD		I
15	88288160123038	SEHAJPAL SINGH		I
16	88288160123039	SURAJ KUMAR	<u></u>	<u> </u>
17	88288160123040	TAJINDER SINGH GILL		

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

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Subject: 44434 / EMPLOYBILITY SKILL

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

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 675 / SOLAR TECHNICIAN (ELECTRICAL)

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88288160123021	AMANDEEP SINGH	<u> </u>	L
2	88288160123023	ANKITA KUMARI	<u> </u>	L
3	88288160123024	ARSHDEEP SINGH	<u> </u>	L
4	88288160123025	ARSHPREET SINGH	<u> </u>	L
5	88288160123026	BHUSHAN KUMAR SHARM	<u> </u>	L
6	88288160123027	CHAHAT KAPOOR	<u> </u>	L
7	88288160123028	CHARNPREET SINGH	<u> </u>	L
8	88288160123030	JASHANJOT	<u> </u>	L
9	88288160123031	KRISHANA SINGH	<u> </u>	L
10	88288160123032	JMANAV	<u> </u>	L
11	88288160123034	SAHIL KAUSHAL	<u> </u>	L
12	88288160123035	SAHIL KUMAR	<u> </u>	L
13	88288160123036	SANTOSH KUMAR	<u> </u>	L
14	88288160123037	SARTAJ MOHMAAD	<u> </u>	L
15 	88288160123038	SEHAJPAL SINGH	<u> </u>	<u> </u>
16	88288160123039	SURAJ KUMAR	<u> </u>	L
17	88288160123040	TAJINDER SINGH GILL	<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: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course: 675 / SOLAR TECHNICIAN (ELECTRICAL) Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 679 / OPERATOR ADVANCE MACHINE TOOL Class: Second 44441 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88284260122124 | VISHAL YADAV Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 679 / OPERATOR ADVANCE MACHINE TOOL Class: Second 44444 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88284260122124 | VISHAL YADAV Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

Signature of the invigitator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Course : 679 / OPERATOR ADVANCE MACHINE TOOL Class: Second 44445 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88284260122124 | VISHAL YADAV Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 683 / Electrician Power Distribution

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88231260122008	GAGANPREET SINGH	<u> </u>	<u></u>	
2	88231260122009	KISHOR KUMAR	<u> </u>	<u> </u>	
3	88231260122010	NEERAJ		<u> </u>	
4	88231260122011	NIRIP	<u> </u>	L	
5	88231260122012			L	
6		DADDEED SINCH		<u> </u>	
7	88231260122016	SAHIL		<u> </u>	
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge				
			Undertaki ng		
I (N abov have here	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.				
Signature of the Invigilator				ure of the Invigilator	
l ha fill	I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have filled correctly as per instructions.			n and found that particulars have been	
Name of the Superintendent			Si gnat	Signature of the Superintendent	
I have conducted 10% random checking of the OMR sheet of the s filled correctly as per instructions.			the said examinatio	ne said examination and found that particulars have been	
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller	
	ave conducted 5% rand ed correctly as per i		the said examinatio	n and found that particulars have been	
Name	of the Controller		Si gnat	ure of the Controller	

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 683 / Electrician Power Distribution

Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231260122001	_J AKASH	<u> </u>	
2	88231260122002	AKASH	<u> </u>	<u> </u>
3	88231260122003	_] AMANDEEP	<u> </u>	<u> </u>
4	88231260122005	AMNEES	<u> </u>	<u> </u>
5	88231260122006	JANWAR	<u> </u>	<u> </u>
6	88231260122007	ARVIND KUMAR	<u> </u>	<u> </u>
7	88231260122008	GAGANPREET SINGH	<u> </u>	<u> </u>
8	88231260122009	KISHOR KUMAR	<u> </u>	<u> </u>
9	88231260122010	_J NEERAJ	<u> </u>	<u> </u>
10	88231260122011	NIRIP	<u> </u>	<u> </u>
11	88231260122012	OMVEER SINGH	<u> </u>	<u> </u>
12	88231260122013	PARDEEP SINGH	<u> </u>	<u> </u>
13	88231260122016	SAHIL	<u> </u>	<u> </u>
14	88231260122017	SHIVAM SAINI	<u> </u>	<u> </u>
15 	88231260122018	SONU	<u> </u>	<u> </u>
16	88231260122019	SUJAL KUMAR	<u> </u>	L
17	88231260122020	SUNNY KUMAR YADAV	<u> </u>	<u> </u>
			· 	·

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

Name and Signature Of Incharge

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 683 / Electrician Power Distribution Class: Second

Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

Course: 683 / Electrician Power Distribution

PAGE: 1

Class: Second

44444 / EMPLOYBILITY SKILL Subject:

S.No Name Of the Student Regd. No. Answer Sheet No. 88231260122001 | AKASH 88231260122002 _| AKASH 3 88231260122003 | AMANDEEP 88231260122005 | AMNEES 5 88231260122006 | ANWAR 88231260122009 | KISHOR KUMAR 88231260122011 INIRIP 88231260122012 | OMVEER SINGH 12 88231260122013 | PARDEEP SINGH 13 88231260122016 | SAHIL 14 88231260122017 | SHIVAM SAINI 15 88231260122018 _I SONU 16 88231260122019 | SUJAL KUMAR

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

88231260122020 | SUNNY KUMAR YADAV

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: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 683 / Electrician Power Distribution 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

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 683 / Electrician Power Distribution

Class: Second

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231260122001	AKASH		
2	88231260122002	AKASH	<u> </u>	L
3	88231260122003	JAMANDEEP	<u> </u>	L
4	88231260122005	AMNEES	<u> </u>	L
5	88231260122006	JANWAR	<u> </u>	L
6	88231260122007	ARVIND KUMAR	<u> </u>	L
7	88231260122008	GAGANPREET SINGH	<u> </u>	L
8	88231260122009	KISHOR KUMAR	<u> </u>	L
9	88231260122010	_J NEERAJ		L
10	88231260122011	NIRIP		L
11	88231260122012	OMVEER SINGH		L
12	88231260122013	PARDEEP SINGH		L
13	88231260122016	SAHIL		L
14	88231260122017	SHIVAM SAINI		<u> </u>
15	88231260122018	SONU		
16	88231260122019	SUJAL KUMAR		L
17	88231260122020	SUNNY KUMAR YADAV		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 683 / Electrician Power Distribution Class: Second

Subject: 44445 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 684 / Additive Manufacturing (3D Printing)

Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88293160123041	_J ABHIJEET SINGH		
2	88293160123045	GURPREET SINGH	<u> </u>	L
3	88293160123046	HARMANJOT SINGH		L
4	88293160123048	_J LAVI KUMAR	L	L
5	88293160123049	MANDEEP SINGH	L	L
6	88293160123050	MANPREET SINGH	<u> </u>	L
7	88293160123052	PARAMVEER SINGH	<u> </u>	L
8	88293160123056	RAHUL KUMAR	L	L
9	88293160123058	SHIVA MAURYA	L	L
10	88293160123059	SIMRANJEET KAUR		L

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

Name and Signature Of Incharge

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 684 / Additive Manufacturing (3D Printing) Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name:

Course: 684 / Additive Manufacturing (3D Printing)

Class: First

Name Of the Student

Subject: 44434 / EMPLOYBILITY SKILL

Regd. No.

S.No

0.110		Tame of the other.	Answei Sheet No.	
1	88293160123041	ABHIJEET SINGH		
2	88293160123045	GURPREET SINGH	<u> </u>	L
3	88293160123046	HARMANJOT SINGH	L	L
4	88293160123048	_J LAVI KUMAR	<u> </u>	L
5 <u> </u>	88293160123049	MANDEEP SINGH	L	L
6	88293160123050	MANPREET SINGH	<u> </u>	L
7	88293160123052	PARAMVEER SINGH		<u> </u>
8 	88293160123056	RAHUL KUMAR	L	L
9	88293160123058	SHIVA MAURYA	<u> </u>	<u> </u>
10	88293160123059	SIMRANJEET KAUR	L	<u> </u>

Answer Sheet No.

Student's Sign.

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

Name and Signature Of Incharge

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course : 684 / Additive Manufacturing (3D Printing) 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: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 684 / Additive Manufacturing (3D Printing)

Class: First

Name Of the Student

Subject: 44435 / PRACTICAL

Regd. No.

S.No

0.110		Tame of the other.	Answei Sheet No.	
1	88293160123041	ABHIJEET SINGH		
2	88293160123045	GURPREET SINGH	<u> </u>	L
3	88293160123046	HARMANJOT SINGH	L	L
4	88293160123048	_J LAVI KUMAR	<u> </u>	L
5 <u> </u>	88293160123049	MANDEEP SINGH	L	L
6	88293160123050	MANPREET SINGH	<u> </u>	L
7	88293160123052	PARAMVEER SINGH		<u> </u>
8 	88293160123056	RAHUL KUMAR	L	L
9	88293160123058	SHIVA MAURYA	<u> </u>	<u> </u>
10	88293160123059	SIMRANJEET KAUR	L	<u> </u>

Answer Sheet No.

Student's Sign.

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

Name and Signature Of Incharge

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course : 684 / Additive Manufacturing (3D Printing) Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 685 / Industrial Robotics & Digital Manufacturing Technician

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88294160123062	JAKASH	<u> </u>	<u> </u>
2	88294160123064	AKASHDEEP SINGH	<u> </u>	<u> </u>
3	88294160123065	ARSHPREET SINGH	<u> </u>	<u> </u>
4	88294160123067	DILPREET SINGH	<u> </u>	<u> </u>
5	88294160123068	GURBIR SINGH	<u> </u>	<u> </u>
6	88294160123069	GURDARSHAN SINGH	<u> </u>	<u> </u>
7	88294160123070	GURSHARAN SINGH	<u> </u>	<u> </u>
8	88294160123074	RISHAB SAINI	<u> </u>	<u> </u>
9	88294160123077	SUMIT KUMAR	<u> </u>	<u> </u>
10	88294160123078	SUMIT KUMAR KONIYAL	<u> </u>	<u> </u>
11	88294160123080	VISHAL BIND	<u> </u>	<u> </u>

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course: 685 / Industrial Robotics & Digital Manufacturing Technician Class: First 44431 / TRADE THEORY Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 685 / Industrial Robotics & Digital Manufacturing Technician

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88294160123062	JAKASH	<u> </u>	L
2	88294160123064	AKASHDEEP SINGH	L	L
3	88294160123065	ARSHPREET SINGH	L	L
4	88294160123067	DILPREET SINGH	L	L
5 <u> </u>	88294160123068	GURBIR SINGH	L	L
6	88294160123069	GURDARSHAN SINGH	L	<u> </u>
7	88294160123070	GURSHARAN SINGH	<u> </u>	<u> </u>
8	88294160123074	RISHAB SAINI	<u> </u>	<u> </u>
9	88294160123077	SUMIT KUMAR	L	L
10	88294160123078	SUMIT KUMAR KONIYAL	<u> </u>	<u> </u>
11	88294160123080	JVISHAL BIND	L	<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 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course: 685 / Industrial Robotics & Digital Manufacturing Technician 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

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA

Course: 685 / Industrial Robotics & Digital Manufacturing Technician

Class: First

Name Of the Student

Subject: 44435 / PRACTICAL

Regd. No.

S.No

	5	'	,	S	
1	88294160123062	AKASH			
2	88294160123064	AKASHDEEP SINGH	<u> </u>		
3	88294160123065	ARSHPREET SINGH	<u> </u>		
4	88294160123067	DILPREET SINGH	<u> </u>		
5	88294160123068	GURBIR SINGH	<u> </u>		
6	88294160123069	GURDARSHAN SINGH			
7	88294160123070	GURSHARAN SINGH	<u> </u>		
8	88294160123074	RISHAB SAINI	<u> </u>		
9	88294160123077	SUMIT KUMAR	<u> </u>		
10	88294160123078	SUMIT KUMAR KONIYAL	<u> </u>		
11 	88294160123080	VISHAL BIND	<u> </u>		

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2114 / INDUSTRIAL TRAINING INSTITUTE, LUDHIANA Center Name: Course: 685 / Industrial Robotics & Digital Manufacturing Technician Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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:

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course:

126 / MECHANIC (MOTOR VEHICLE)

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88215260521008	GURWINDER SINGH	<u> </u>	
2	88215260521012	JASHANPREET SINGH	<u> </u>	L
3	88215260521013	JASHANVIR SINGH	<u> </u>	L
4	88215260521014	JASKARAN SINGH	<u> </u>	L
5	88215260521015	LAKHWINDER SINGH	<u> </u>	L
6	88215260521016	LOVEPREET SINGH	<u> </u>	L
7	88215260521018	LOVEPREET SINGH	<u> </u>	L
	88215260521021	RANJODH SINGH		I
8	tal Na Of Charlents in	Abia Cubia da Duara da Aba	1	
To	otal No. Of Students in otal No. Of Answer She name and Signature Of	eets Packed >	ent:	······································
To	otal No. Of Answer She	eets Packed >	ent: Undertaki ng	
To To Na I ((otal No. Of Answer Sheame and Signature Of Name) ve examination as Inviet appeared under my su	eets Packed > Incharge (Designation) (Designation)	Undertaki ng h ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who nded correctly in the OMR sheets. I also any remuneration.
To To Na I ((otal No. Of Answer Sheame and Signature Of Name) ve examination as Inviet appeared under my su	eets Packed > Incharge (Designation) gilator. I have personally checlusery sion in today's exam. have	Undertakingh ked and ensured that been filled and sha not be entitled for	particulars of all the students who ded correctly in the OMR sheets. I also
To To Na I (I abor have	Name) ve examination as Inview appeared under my sueby undertake that if	eets Packed > Incharge (Designation) gilator. I have personally checlupervision in today's exam, have any mistakes are found, I will allow checking of the OMR sheet of	Undertakingh ked and ensured that been filled and sha not be entitled for Signat	particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
To To Na I (I abor have here	Name)ve examination as Inview appeared under my sue by undertake that if	eets Packed > Incharge (Designation) gilator. I have personally check upervision in today's exam, have any mistakes are found, I will a lom checking of the OMR sheet of nstructions.	Undertakingh ked and ensured that been filled and sha not be entitled for Signat the said examinatio	particulars of all the students who uded correctly in the OMR sheets. I also any remuneration. Ture of the Invigilator
To To Na I (I abov have here	Name) ve examination as Inview appeared under my sueby undertake that if ave conducted 20% rand led correctly as per if e of the Superintenden	eets Packed > Incharge (Designation)	Undertakingh ked and ensured that been filled and sha not be entitled for Signat the said examinatio	particulars of all the students who ided correctly in the OMR sheets. I also any remuneration. Ture of the Invigilator on and found that particulars have been
To To Na I (I abor have here I hatil	Name)ve examination as Inview appeared under my sure by undertake that if ave conducted 20% rand led correctly as per if e of the Superintendental ave conducted 10% rand ave co	(Designation)	Undertaking h ked and ensured that been filled and sha not be entitled for Signat the said examination Signat the said examination	particulars of all the students who ided correctly in the OMR sheets. I also any remuneration. Ture of the Invigilator on and found that particulars have been ture of the Superintendent
To To Na I (I above here	Name) ve examination as Inview appeared under my sueby undertake that if ave conducted 20% rand led correctly as per if e of the Superintendental ave conducted 10% rand led correctly as per if e of the Deputy Control	eets Packed > Incharge (Designation) gilator. I have personally check pervision in today's exam, have any mistakes are found, I will allow checking of the OMR sheet of instructions. It dom checking of the OMR sheet of instructions. Older look of the OMR sheet of instructions.	Undertakingh ked and ensured that been filled and sha not be entitled for Signat the said examination Signat the said examination Signat	r particulars of all the students who ided correctly in the OMR sheets. I also any remuneration. Ture of the Invigilator on and found that particulars have been ture of the Superintendent on and found that particulars have been

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231261223001	JAGANDEEP SINGH	<u> </u>	L
2	88231261223003	MANJEET KAUR	<u> </u>	L
3	88231261323001	JABISHEK KUMAR	<u> </u>	L
4	88231261323002	JAMANPREET SINGH	<u> </u>	L
5	88231261323003	JDILJIT SINGH	<u> </u>	L
6	88231261323004	DILPREET SINGH	<u> </u>	L
7	88231261323005	GURDEEP SINGH	<u> </u>	L
8	88231261323006	GURKIRAT SINGH	<u> </u>	L
9	88231261323007	_J HARPAL SINGH	<u> </u>	L
10	88231261323008	JASHANPREET SINGH	<u> </u>	L
11 	88231261323009	JASHANVEER SINGH	<u> </u>	L
12	88231261323010	JMOHAMAD JOHA	<u> </u>	L
13	88231261323011	JMOHAMAD ZAFAR	<u> </u>	L
14	88231261323012	JMONIT KUMAR	<u> </u>	L
15 	88231261323013	PARMINDER SINGH	<u> </u>	L
16	88231261323014	SAHILPREET SINGH	<u> </u>	L
17	88231261323016	SUKHDEV SINGH	<u> </u>	L
18	88231261323017	SUKHDEV SINGH	<u></u>	<u> </u>
19	88231261323018	VARINDER SINGH		L
_				·

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA
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

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

Name of the Controller Signature of the Controller

filled correctly as per instructions.

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231261223001	JAGANDEEP SINGH		<u></u>
2	88231261223003	MANJEET KAUR		<u> </u>
3	88231261323001	ABISHEK KUMAR		<u> </u>
4	88231261323002	AMANPREET SINGH		L
5	88231261323003	DILJIT SINGH		<u> </u>
6	88231261323004	DILPREET SINGH		<u></u>
7	88231261323005	GURDEEP SINGH		<u> </u>
8	88231261323006	GURKIRAT SINGH		<u></u>
9	88231261323007	HARPAL SINGH		<u> </u>
10	88231261323008	JASHANPREET SINGH		<u> </u>
11	88231261323009	JASHANVEER SINGH		<u></u>
12	88231261323010	MOHAMAD JOHA		<u></u>
13	88231261323011	MOHAMAD ZAFAR		L
14	88231261323012	MONIT KUMAR		L
15	88231261323013	PARMINDER SINGH		L
16	88231261323014	SAHILPREET SINGH		L
17	88231261323016	SUKHDEV SINGH		
18	88231261323017	SUKHDEV SINGH		
19	88231261323018	VARINDER SINGH		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name:

Course: 132 / ELECTRICIAN

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231261223001	JAGANDEEP SINGH	<u> </u>	<u></u>
2	88231261223003	JMANJEET KAUR	L	L
3	88231261323001	JABISHEK KUMAR	<u> </u>	L
4	88231261323002	JAMANPREET SINGH	L	L
5	88231261323003	JDILJIT SINGH	L	L
6	88231261323004	DILPREET SINGH	<u> </u>	L
7	88231261323005	GURDEEP SINGH	<u> </u>	L
8	88231261323006	GURKIRAT SINGH	<u> </u>	L
9	88231261323007	HARPAL SINGH	<u> </u>	L
10	88231261323008	JASHANPREET SINGH	<u> </u>	L
11	88231261323009	JASHANVEER SINGH	<u> </u>	L
12	88231261323010	JMOHAMAD JOHA	<u> </u>	L
13	88231261323011	JMOHAMAD ZAFAR	<u> </u>	L
14	88231261323012	JMONIT KUMAR	<u> </u>	L
15 	88231261323013	PARMINDER SINGH	<u> </u>	L
16	88231261323014	SAHILPREET SINGH	<u> </u>	L
17 	88231261323016	SUKHDEV SINGH	<u> </u>	L
18	88231261323017	SUKHDEV SINGH	<u> </u>	
19	88231261323018	VARINDER SINGH		
				

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW)

Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88268161222002	JANIKET MALA	<u> </u>	L
2	88268161222003	BAHADAR SINGH		L
3	88268161222007	JAGDEEP SINGH		L
4	88268161223005	ARSHDEEP SINGH	<u> </u>	<u> </u>
5	88268161223007	DILPREET SINGH	<u> </u>	<u> </u>
6	88268161223008	DILPREET SINGH	<u> </u>	<u> </u>
7	88268161223010	GURPREET SINGH	<u> </u>	<u> </u>
8	88268161223011	JGURSAJAN SINGH	<u> </u>	<u> </u>
9	88268161223012	GURSEWAK SINGH	<u> </u>	<u> </u>
10	88268161223013	GURWINDER SINGH	<u> </u>	<u> </u>
11	88268161223014	HARKIRAT SINGH	<u> </u>	<u> </u>
12	88268161223015	HARMESH SINGH	<u> </u>	<u> </u>
13	88268161223017	JAGTAR SINGH	<u> </u>	<u> </u>
14	88268161223019	KARANJOT SINGH	<u> </u>	<u> </u>
15	88268161223020	KULJEET SINGH	<u> </u>	<u> </u>
16	88268161223022	KULWINDER SINGH	<u> </u>	<u> </u>
17 	88268161223023	LOVEPREET SINGH	<u> </u>	<u> </u>
18	88268161223024	_J MANDEEP SINGH	<u> </u>	<u> </u>
19	88268161223025	MANPREET SINGH	<u> </u>	<u> </u>
20	88268161223027	JNISHAN SINGH	<u> </u>	<u></u>
21	88268161223029	RAJINDER SINGH	<u> </u>	<u> </u>

Class: First

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

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW)

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88268161223030	RAJWINDER SINGH	<u> </u>	L
23	88268161322005	DAVINDER SINGH	<u> </u>	L
24	88268161322007	HARVINDER SINGH	<u></u>	L
25	88268161322009	JASVIR SINGH	<u> </u>	L
26	88268161322010	KAMALPREET SINGH	<u> </u>	L
27	88268161322013	LOVPREET SINGH	<u> </u>	L
28	88268161323019	BUDH PARKASH	<u> </u>	L
29	88268161323020	DALJEET SINGH	<u> </u>	L
30	88268161323021	GURMEET SINGH	<u> </u>	L
31	88268161323022	HARDILKARAN SINGH JHA	<u> </u>	L
32	88268161323023	HARMANDEEP SINGH	<u> </u>	L
33	88268161323026	JASHAN KUMAR	<u> </u>	L
34	88268161323027	JASKARAN SINGH	<u></u>	L
35	88268161323028	JASPREET SINGH	<u></u>	L
36	88268161323029	LOVEPREET SINGH	<u> </u>	L
37	88268161323030	JMANAVDEEP SINGH	<u> </u>	L
38	88268161323031	NISHAN SINGH	<u> </u>	L
39	88268161323033	RAJVEER SINGH	<u> </u>	L
40	88268161323035	SARBJIT SINGH	<u> </u>	
41	88268161323036	SHAHID KUMAR	 	
42	88268161323037	SONU KUMAR		
				·

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course : 268 / WELDER (GMAW AND GTAW)

Class: First

44431 / TRADE THEORY Subject:

PAGE: 3 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88268161323038 | SUKHWINDER 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

Class: First

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

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW)

Center Name:

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88268161222002	JANIKET MALA	<u> </u>	<u> </u>
2	88268161222003	BAHADAR SINGH	<u> </u>	<u> </u>
3	88268161223005	ARSHDEEP SINGH	L	L
4	88268161223007	DILPREET SINGH	L	L
5	88268161223008	DILPREET SINGH	L	L
6	88268161223010	GURPREET SINGH	L	L
7	88268161223011	GURSAJAN SINGH	L	L
8	88268161223012	GURSEWAK SINGH	L	L
9	88268161223013	GURWINDER SINGH	L	L
10 	88268161223014	HARKIRAT SINGH	L	L
11	88268161223015	HARMESH SINGH	L	L
12	88268161223017	JAGTAR SINGH	L	L
13	88268161223019	KARANJOT SINGH	<u> </u>	L
14	88268161223020	KULJEET SINGH	L	L
15 	88268161223022	KULWINDER SINGH	L	L
16 	88268161223023	LOVEPREET SINGH	L	L
17	88268161223024	MANDEEP SINGH	<u> </u>	<u> </u>
18	88268161223025	MANPREET SINGH	<u> </u>	<u> </u>
19	88268161223027	_J NISHAN SINGH	<u> </u>	<u> </u>
20	88268161223029	RAJINDER SINGH	 	<u></u>
21	88268161223030	RAJWINDER SINGH		
	 _	·	·	

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 268 / WELDER (GMAW AND GTAW)

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88268161323019	BUDH PARKASH		
23	88268161323020	DALJEET SINGH	<u> </u>	
24	88268161323021	GURMEET SINGH		
25 	88268161323022	HARDILKARAN SINGH JHA		
26	88268161323023	HARMANDEEP SINGH		L
27	88268161323026	JASHAN KUMAR		
28	88268161323027	JASKARAN SINGH		
29 	88268161323028	JASPREET SINGH		
30	88268161323029	LOVEPREET SINGH		
31	88268161323030	MANAVDEEP SINGH		
32	88268161323031	NISHAN SINGH		
33	88268161323033	RAJVEER SINGH		
34	88268161323035	SARBJIT SINGH		
35	88268161323036	SHAHID KUMAR		
36	88268161323037	SONU KUMAR	<u>[</u>	
37	88268161323038	SUKHWINDER SINGH		

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

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

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

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

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course:

268 / WELDER (GMAW AND GTAW)

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88268161223005	ARSHDEEP SINGH	<u> </u>	L
2	88268161223007	DILPREET SINGH	L	L
3	88268161223008	DILPREET SINGH	L	L
4	88268161223010	GURPREET SINGH	L	L
5	88268161223011	JGURSAJAN SINGH	L	L
6	88268161223012	JGURSEWAK SINGH	L	L
7	88268161223013	GURWINDER SINGH	L	L
8	88268161223014	_J HARKIRAT SINGH	L	L
9	88268161223015	_J HARMESH SINGH	L	L
10	88268161223017	JAGTAR SINGH	L	L
11 l	88268161223019	KARANJOT SINGH	L	L
12	88268161223020	KULJEET SINGH	<u> </u>	L
13	88268161223022	KULWINDER SINGH	<u>L</u>	L
14	88268161223023	LOVEPREET SINGH	<u>L</u>	L
15 	88268161223024	MANDEEP SINGH	<u> </u>	L
16 	88268161223025	MANPREET SINGH	<u> </u>	L
17 	88268161223027	_J NISHAN SINGH	L	L
18	88268161223029	RAJINDER SINGH	L	L
19	88268161223030	JRAJWINDER SINGH	<u> </u>	
20	88268161323019	JBUDH PARKASH	<u> </u>	
21	88268161323020	DALJEET SINGH	L	L

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

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name:

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

Subject :	44435 / PRACTICAL	
-----------	-------------------	--

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88268161323021	GURMEET SINGH	<u> </u>	
23	88268161323022	HARDILKARAN SINGH JHA.		<u></u>
24	88268161323023	HARMANDEEP SINGH		<u> </u>
25	88268161323026	JASHAN KUMAR		<u> </u>
26	88268161323027	JASKARAN SINGH		<u> </u>
27	88268161323028	JASPREET SINGH		<u></u>
28	88268161323029	LOVEPREET SINGH		<u> </u>
29	88268161323030	MANAVDEEP SINGH		<u> </u>
30 <u> </u>	88268161323031	NISHAN SINGH		<u> </u>
31 	88268161323033	RAJVEER SINGH		<u></u>
32	88268161323035	SARBJIT SINGH		<u> </u>
33	88268161323036	SHAHID KUMAR		
34	88268161323037	SONU KUMAR		
35	88268161323038	SUKHWINDER SINGH		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

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

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 651 / COSMETOLOGY Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239161323039	JAMBIKA SHARMA	<u> </u>	L
2	88239161323040	ANJALI	<u> </u>	<u> </u>
3	88239161323044	KARAMJIT KAUR	<u> </u>	<u> </u>
4	88239161323045	KARMJEET KAUR	<u> </u>	<u> </u>
5	88239161323046	KHUSHDEEP KAUR	<u> </u>	<u> </u>
6	88239161323047	KIRANDEEP KAUR	<u> </u>	<u> </u>
7	88239161323051	MANPREET KAUR	<u> </u>	<u> </u>
8	88239161323052	MANPREET KAUR	<u> </u>	<u> </u>
9	88239161323053	MANPREET KAUR	<u> </u>	<u> </u>
10 	88239161323054	NARINDER KAUR	<u> </u>	<u> </u>
11	88239161323056	JPAWANJIT KAUR	<u> </u>	<u> </u>
12	88239161323057	_] PRITI	<u> </u>	<u> </u>
13 	88239161323059	_] PRIYA	<u> </u>	<u> </u>
14	88239161323061	SAROJ DEVI	<u> </u>	<u> </u>
15	88239161323062	SIMRANPREET KAUR		1

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

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

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 651 / COSMETOLOGY Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 651 / COSMETOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88239161323039	JAMBIKA SHARMA	<u> </u>	<u> </u>
2	88239161323040	_] ANJALI	<u> </u>	L
3	88239161323044	KARAMJIT KAUR	<u> </u>	<u> </u>
4	88239161323045	KARMJEET KAUR	<u> </u>	<u> </u>
5	88239161323046	KHUSHDEEP KAUR	<u> </u>	<u> </u>
6	88239161323047	KIRANDEEP KAUR	<u> </u>	<u> </u>
7	88239161323051	MANPREET KAUR	<u> </u>	<u> </u>
8	88239161323052	MANPREET KAUR	<u> </u>	<u> </u>
9	88239161323053	MANPREET KAUR	<u> </u>	<u> </u>
10	88239161323054	NARINDER KAUR	<u> </u>	<u> </u>
11	88239161323056	JPAWANJIT KAUR	<u> </u>	<u> </u>
12	88239161323057	_J PRITI	<u> </u>	<u> </u>
13	88239161323059	_J PRIYA	<u> </u>	<u> </u>
14	88239161323061	SAROJ DEVI	<u> </u>	L
15 	88239161323062	SIMRANPREET KAUR	 	<u> </u>

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

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

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 651 / COSMETOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

PAGE: 1

Course: 651 / COSMETOLOGY Class: First

Subject: 44435 / PRACTICAL

S.No Name Of the Student Regd. No. Student's Sign. Answer Sheet No. 88239161323039 | AMBIKA SHARMA 2 88239161323040 _| ANJALI 3 88239161323044 | KARAMJIT KAUR 88239161323045 | KARMJEET KAUR 5 88239161323046 | KHUSHDEEP KAUR 88239161323047 | KIRANDEEP KAUR 88239161323051 | MANPREET KAUR 88239161323052 | MANPREET KAUR 88239161323053 _|MANPREET KAUR 88239161323054 | NARINDER KAUR 10 88239161323056 _| PAWANJIT KAUR 88239161323057 | PRITI 12 88239161323059 | PRIYA 13 14 88239161323061 | SAROJ DEVI 15 88239161323062 | SIMRANPREET 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: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 651 / COSMETOLOGY Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Course :

Class: First

44413 / ENGINEERING DRAWING Subject:

Name and Signature Of Incharge

PAGE: 1

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88049260520004 | ANMOL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed >

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Course : 657 / MECHANIC CONSUMER ELECTRONICS APPLIANCES Class: Second 44441 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88049260520026 | HARSHDEEP SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

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	88247161223031	DIMPLE	<u> </u>	<u> </u>
2	88247161223034	JGURPREET KAUR	L	
3	88247161223035	HARPREET KAUR	L	L
4	88247161223036	JASPREET KAUR	<u> </u>	L
5	88247161223037	JASWINDER KAUR	<u> </u>	<u></u>
6	88247161223038	KULDEEP KAUR	<u> </u>	<u> </u>
7	88247161223039	KULWANT KAUR	<u> </u>	<u></u>
8	88247161223040	MANDEEP KAUR	<u> </u>	<u></u>
9	88247161223042	MANPREET KAUR	<u> </u>	<u> </u>
10	88247161223043	NAVDEEP KAUR	<u> </u>	<u></u>
11	88247161223044	_] NEHA	<u> </u>	<u></u>
12	88247161223045	RENU RANI	<u> </u>	
13	88247161223046	RUPINDER KAUR		
14	88247161223048	SIMRAN 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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 658 / SEWING TECHNOLOGY Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name:

Course: 658 / SEWING TECHNOLOGY

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247161223031	DIMPLE	<u> </u>	
2	88247161223034	GURPREET KAUR	<u> </u>	L
3	88247161223035	HARPREET KAUR	<u> </u>	L
4	88247161223036	JASPREET KAUR	<u> </u>	L
5	88247161223037	JASWINDER KAUR	<u> </u>	L
6	88247161223038	KULDEEP KAUR		L
7	88247161223039	KULWANT KAUR	<u> </u>	L
8	88247161223040	JMANDEEP KAUR	<u> </u>	L
9	88247161223042	MANPREET KAUR		L
10	88247161223043	NAVDEEP KAUR	<u> </u>	L
11	88247161223044	_] NEHA		L
12	88247161223045	RENU RANI		
13	88247161223046	RUPINDER KAUR		
14	88247161223048	SIMRAN KAUR	 	

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 658 / SEWING TECHNOLOGY Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 658 / SEWING TECHNOLOGY

Class: First

44435 / PRACTICAL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247161223031	DIMPLE	<u> </u>	<u> </u>
2	88247161223034	GURPREET KAUR	<u> </u>	<u> </u>
3	88247161223035	HARPREET KAUR	L	L
4	88247161223036	JASPREET KAUR	L	L
5	88247161223037	JASWINDER KAUR	L	L
6	88247161223038	KULDEEP KAUR	L	L
7	88247161223039	KULWANT KAUR	<u> </u>	L
8	88247161223040	JMANDEEP KAUR	L	L
9	88247161223042	JMANPREET KAUR	L	L
10 	88247161223043	NAVDEEP KAUR	<u> </u>	<u> </u>
11	88247161223044	_] NEHA	<u> </u>	<u> </u>
12	88247161223045	RENU RANI	<u> </u>	<u> </u>
13	88247161223046	RUPINDER KAUR	<u> </u>	<u> </u>
14	88247161223048	SIMRAN KAUR	<u> </u>	L

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 658 / SEWING TECHNOLOGY Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name: Course : 660 / WELDER Class: First 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212161221024 | HARDEEP SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Course: Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88218261323063	AMANPREET SINGH	<u> </u>	<u> </u>		
2	88218261323064	JAMRIK SINGH	L			
3	88218261323066	MANPREET SINGH	L	L		
4	88218261323067	PARDEEP SINGH	L	L		
5	88218261323068	PARMVEER SINGH	L	L		
6	88218261323070	SIMRANPREET SINGH				
	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.					
here	eby undertake that if	any mistakes are found, I will				
l ha fill	Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	e 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	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		

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

PAGE: 1 Center Name:

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

44434 / EMPLOYBILITY SKILL

Course:

Subject:

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88218261323063 _| AMANPREET SINGH 2 88218261323064 | AMRIK SINGH 3 88218261323067 | PARDEEP SINGH 5 88218261323068 | PARMVEER SINGH 88218261323070 | SIMRANPREET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Controller Signature of the Controller

Class: First

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

PAGE: 1 of 1 Center Name:

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course:

662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Subject:

44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88218261323063	AMANPREET SINGH				
2	88218261323064	AMRIK SINGH				
3	88218261323066	MANPREET SINGH				
4	88218261323067	PARDEEP SINGH				
5	88218261323068	PARMVEER SINGH				
6	88218261323070	SIMRANPREET SINGH				
I (Na above have	appeared under my su	(Designation) gilator. I have personally checuperyision in today's exam. have	e been tilled and sna	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also		
here	by undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.		
l ha	ve conducted 20% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	G	ture of the Invigilator on and found that particulars have been		
Name	of the Superintenden	t	Si gna	ture of the Superintendent		
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
Name	of the Deputy Contro	ller	Si gna	ture of the Deputy Controller		
l h	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 gna	ture of the Controller		

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

PAGE: 1 of 1 Center Name:

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 683 / Electrician Power Distribution

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231260722025	AQBAL SINGH		
2	88231260722029	GURSHARAN SINGH	<u> </u>	<u> </u>
3	88231260722031	HARSHKARAN SINGH BHU	L	<u> </u>
4	88231260722035	JASHANPREET SINGH	<u> </u>	L
5	88231260722037	JASKARANJEET SINGH	<u> </u>	<u> </u>
6	88231260722038	JATINDER SINGH	<u> </u>	<u> </u>
7	88231260722040	PARAMJIT SINGH	<u> </u>	<u> </u>
8	88231260722042	PAWANDEEP SINGH		I
То	tal No. Of Students in tal No. Of Answer Sho me and Signature Of		ent:	
			Undertaki ng	
abo hav	e appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l h fil	ave conducted 20% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Nam	e of the Superintender	nt	Si gnat	ure of the Superintendent
l h fil	ave conducted 10% rand led correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been
Nam	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l fi l	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
Nam	e of the Controller		Si gnat	ure of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

683 / Electrician Power Distribution

Course: Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88231260722032	HUSANPREET SINGH	<u> </u>	<u> </u>		
2				<u>L</u>		
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge					
			Undertaki ng			
nave	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	ive 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 Superintender	nt	Si gnat	ure of the Superintendent		
l ha fill	ive conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been		
Name	e of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller		
	nave conducted 5% rand ed correctly as per i		the said examinatio	n and found that particulars have been		

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

2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA Center Name:

Course: 683 / Electrician Power Distribution

Class: Second

Name Of the Student

Subject: 44441 / TRADE THEORY

Regd. No.

S.No

5.110		rume of the student	Allswei Sileet No.	
1	88231260722025	JAQBAL SINGH		
2	88231260722027	GURSEWAK SINGH	<u> </u>	<u> </u>
3	88231260722028	GURSEWAK SINGH	L	L
4	88231260722029	GURSHARAN SINGH	L	L
5	88231260722031	HARSHKARAN SINGH BHU	L	L
6	88231260722032	HUSANPREET SINGH	<u> </u>	<u> </u>
7	88231260722033	JASHANDEEP SINGH	<u> </u>	<u> </u>
8	88231260722035	JASHANPREET SINGH	<u> </u>	<u> </u>
9	88231260722037	JASKARANJEET SINGH	L	L
10	88231260722038	JATINDER SINGH	L	L
11	88231260722040	PARAMJIT SINGH	L	L
12	88231260722042	PAWANDEEP SINGH	L	L

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Center Name : 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 683 / Electrician Power Distribution Class: Second

Subject: 44441 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course : 683 / Electrician Power Distribution Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231260722025	_J AQBAL SINGH	<u> </u>	
2	88231260722027	GURSEWAK SINGH		
3	88231260722028	GURSEWAK SINGH		
4	88231260722029	GURSHARAN SINGH		
5	88231260722031	HARSHKARAN SINGH BHU		
6	88231260722032	HUSANPREET SINGH		
7	88231260722033	JASHANDEEP SINGH		
8	88231260722035	JASHANPREET SINGH		
9	88231260722037	JASKARANJEET SINGH		
10	88231260722038	JATINDER SINGH		
11	88231260722040	PARAMJIT SINGH		
12	88231260722042	PAWANDEEP SINGH		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 683 / Electrician Power Distribution Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course : 683 / Electrician Power Distribution Class: Second

Subject: 44445 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231260722025	AQBAL SINGH		
2	88231260722027	GURSEWAK SINGH		L
3	88231260722028	GURSEWAK SINGH	<u> </u>	L
4	88231260722029	GURSHARAN SINGH	<u> </u>	L
5	88231260722031	HARSHKARAN SINGH BHU	<u> </u>	L
6	88231260722032	HUSANPREET SINGH	<u> </u>	L
7	88231260722033	JASHANDEEP SINGH	L	L
8	88231260722035	JASHANPREET SINGH	<u> </u>	L
9	88231260722037	JASKARANJEET SINGH	<u> </u>	L
10	88231260722038	JATINDER SINGH	<u> </u>	L
11	88231260722040	PARAMJIT SINGH	<u> </u>	
12	88231260722042	PAWANDEEP SINGH		<u></u>

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 683 / Electrician Power Distribution Class: Second

Subject: 44445 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

687 / Wood Work Technician

Course: Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88296160723003	JARMAN KANDA		<u> </u>
2	88296160723004	ARSHDEEP SINGH	<u></u>	L
3	88296160723006	JEKDHYAN SINGH	<u></u>	L
4	88296160723007	GURDEEP SINGH		<u> </u>
5	88296160723008	GURJOT SINGH		<u> </u>
6	88296160723009	GURKIRPAL SINGH		<u> </u>
7	88296160723011	HARJOT SINGH		<u> </u>
8	88296160723013	JASMEET SINGH		<u> </u>
9	88296160723014	LOVEPREET SINGH		<u> </u>
10	88296160723016	_] MANISH		<u> </u>
11	88296160723018	PARVEEN SINGH		<u> </u>
12	88296160723020	SEHAJPREET SINGH		L
13	88296160723021	SHAMSHER SINGH		L
14	88296160723022	SIMRAN SINGH	1	L
15		SURINDERJEET SINGH		

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

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 687 / Wood Work Technician Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 687 / Wood Work Technician Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88296160723003	JARMAN KANDA	<u> </u>	L
2	88296160723004	ARSHDEEP SINGH	L	L
3	88296160723006	EKDHYAN SINGH		L
4	88296160723007	GURDEEP SINGH		L
5 <u> </u>	88296160723008	GURJOT SINGH		
6	88296160723009	GURKIRPAL SINGH		
7	88296160723011	 HARJOT SINGH		
8	88296160723013	JASMEET SINGH		
9	88296160723014	LOVEPREET SINGH		
10	88296160723016	MANISH		
11	88296160723018	PARVEEN SINGH		
12	88296160723020	 SEHAJPREET SINGH		
13	88296160723021	SHAMSHER SINGH		
14	88296160723022	SIMRAN SINGH	 	

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

88296160723023 | SURINDERJEET SINGH

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 687 / Wood Work Technician Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 687 / Wood Work Technician

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88296160723003	JARMAN KANDA	<u> </u>	<u> </u>
2	88296160723004	ARSHDEEP SINGH	L	
3	88296160723006	JEKDHYAN SINGH	L	L
4	88296160723007	GURDEEP SINGH	L	L
5	88296160723008	JGURJOT SINGH	L	L
6	88296160723009	GURKIRPAL SINGH	<u> </u>	<u> </u>
7	88296160723011	HARJOT SINGH	<u> </u>	<u> </u>
8	88296160723013	JASMEET SINGH	<u> </u>	<u> </u>
9	88296160723014	LOVEPREET SINGH	<u> </u>	<u> </u>
10	88296160723016	MANISH	<u> </u>	<u> </u>
11	88296160723018	PARVEEN SINGH	<u> </u>	<u> </u>
12	88296160723020	SEHAJPREET SINGH	<u> </u>	L
13	88296160723021	SHAMSHER SINGH		L
14	88296160723022	SIMRAN SINGH	<u> </u>	<u> </u>
15 	88296160723023	SURINDERJEET SINGH	 	<u> </u>
- -				·

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

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

Center Name: 2117 / INDUSTRIAL TRAINING INSTITUTE, SAMRALA

Course: 687 / Wood Work Technician Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR

222 / COMP. OP. PROGRAM. ASSISTANT

Course: Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242170523001	JAMANPREET KAUR	<u> </u>	<u></u>
2	88242170523002	JANJALI KAILEY	<u> </u>	L
3	88242170523003	BALJINDER KAUR	<u> </u>	L
4	88242170523004	_J DEVIKA	<u></u>	L
5	88242170523005	_J GEETA	<u></u>	L
6	88242170523006	HARDEEP KAUR	<u> </u>	L
7	88242170523010	KHUSHBOO	<u></u>	L
8	88242170523011	JKIRAN BALA	<u> </u>	L
9	88242170523013	NEHA CHAUDHARY	<u> </u>	L
10	88242170523015	PARERNA	<u> </u>	L
11	88242170523017	PARVEEN KUMARI	<u> </u>	L
12	88242170523018	PRABHJOT KAUR	<u> </u>	L
13	88242170523019	SANJANA	<u> </u>	L
14	88242170523020	SARBJEET KAUR	<u> </u>	L
15	88242170523022	SHAYNA	<u> </u>	L
16	88242170523023	SHIBA	<u> </u>	L
17	88242170523024	YASHPREET 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: 2221 / INDUSTRIAL TRAINING INSTITUTE(W) , JALANDHAR
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

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

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

Name of the Controller Signature of the Controller

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

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

44434 / EMPLOYBILITY SKILL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242170523001	JAMANPREET KAUR	<u> </u>	<u></u>
2	88242170523002	ANJALI KAILEY	<u> </u>	<u> </u>
3	88242170523003	BALJINDER KAUR	L	L
4	88242170523004	DEVIKA	<u> </u>	<u> </u>
5	88242170523005	GEETA	<u> </u>	<u> </u>
6	88242170523006	HARDEEP KAUR	<u> </u>	<u> </u>
7	88242170523010	KHUSHBOO	<u> </u>	<u> </u>
8	88242170523011	KIRAN BALA	<u> </u>	<u> </u>
9	88242170523013	NEHA CHAUDHARY	<u> </u>	<u> </u>
10	88242170523015	PARERNA	<u> </u>	<u> </u>
11	88242170523017	PARVEEN KUMARI	<u> </u>	<u> </u>
12	88242170523018	PRABHJOT KAUR	<u> </u>	<u> </u>
13	88242170523019	SANJANA	<u> </u>	L
14	88242170523020	SARBJEET KAUR	<u> </u>	<u> </u>
15 	88242170523022	SHAYNA	<u> </u>	<u> </u>
16	88242170523023	SHIBA	<u> </u>	<u> </u>
17 	88242170523024	YASHPREET KAUR	L	<u> </u>

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR

222 / COMP. OP. PROGRAM. ASSISTANT Course:

PAGE: 1

Class: First

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

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242170523001	JAMANPREET KAUR		<u></u>
2	88242170523002	ANJALI KAILEY		<u> </u>
3	88242170523003	BALJINDER KAUR		<u> </u>
4	88242170523004	DEVIKA		<u> </u>
5	88242170523005	GEETA		L
6	88242170523006	HARDEEP KAUR		<u> </u>
7	88242170523010	KHUSHBOO		L
8	88242170523011	KIRAN BALA		L
9	88242170523013	NEHA CHAUDHARY		L
10	88242170523015	PARERNA		L
11 	88242170523017	PARVEEN KUMARI		L
12	88242170523018	PRABHJOT KAUR		<u> </u>
13	88242170523019	SANJANA		L
14	88242170523020	SARBJEET KAUR		<u> </u>
15 	88242170523022	SHAYNA		<u> </u>
16 	88242170523023	SHIBA		<u> </u>
17 	88242170523024	YASHPREET KAUR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR 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

2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR Center Name: Course : 370 / ART & CRAFTS Class: Second 70055 / CRAFT(T) Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370173318007 | MANMEET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

Name of the Controller

filled correctly as per instructions.

2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR Center Name: Course : 370 / ART & CRAFTS Class: Second 70071 / HISTORY & APPRECIATION OF ART Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370173318007 | MANMEET SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

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

Name of the Controller Signature of the Controller

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

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR

665 / ART & CRAFT TEACHER TRAINING COURSE

Course : Class: Second

70071 / HISTORY & APPRECIATION OF ART Subject:

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370273420011 _| SAMITA 88370273421002 | AYUSH RAGHU Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I 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

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR 669 / INFORMATION & COMMUNICATION TECH. SYSTEM MAINTENANCE Class: First Course : 44431 / TRADE THEORY Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88220270122042 | JASHANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1 of

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

filled correctly as per instructions.

Name of the Controller

Center Name: 2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR 669 / INFORMATION & COMMUNICATION TECH. SYSTEM MAINTENANCE Class: First Course : 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88220270122042 | JASHANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

Signature of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1 of

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

filled correctly as per instructions.

Name of the Controller

2231 / INDUSTRIAL TRAINING INSTITUTE (W), JALANDHAR 669 / INFORMATION & COMMUNICATION TECH. SYSTEM MAINTENANCE Class: First Course : 44435 / PRACTICAL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88220270122042 | JASHANDEEP KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1 of

Center Name:

filled correctly as per instructions.

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

PAGE: 1 of 1 ATTENDANCE CUM CI Center Name : 2231 / INDUSTRIAL TRAINING

2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR

Course: 669 / INFORMATION & COMMUNICATION TECH. SYSTEM MAINTENANCE Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88220270122041	HIMANSHI SHARMA			
2	88220270122043	LAKSHMI	<u> </u>	<u> </u>	
3	88220270122046	NIKITA	<u> </u>	<u> </u>	
4	88220270122047	POONAM	<u> </u>	<u> </u>	
5	88220270122049	SONIA	<u> </u>	<u> </u>	
6	88220270122050	TASUM	I	<u> </u>	
Na	me and Signature Of	Incharge	Undertaki ng		
Tot	tal No. Of Answer She me and Signature Of		on.		
abòv	lame) ve examination as Invi	(Designation) gilator. I have personally chec	ked and ensured that	nereby certify that I have conducted the particulars of all the students who	
have	e appeared under mv su	upervision in today's exam, have any mistakes are found, I will	been filled and sha	ided correctly in the OMR sheets. I also	
			Si gnat	ure of the Invigilator	
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been	
Name	Name of the Superintendent Signature of the Superintendent				
I ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	e of the Deputy Contro	oller	Si gnat	rure 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	rure of the Controller	

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

Center Name:

2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR

669 / INFORMATION & COMMUNICATION TECH. SYSTEM MAINTENANCE Class: Second Course:

Subject: 44444 / EMPLOYBILITY SKILL

S.N	10	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1		88220270122041	HIMANSHI SHARMA		_L	
2		88220270122043	LAKSHMI		L	
3		88220270122046	NULLITA		_L	
4		88220270122047	POONAM		_L	
5		88220270122049	SONIA		L	
6	ı	88220270122050	T. C. II.		_L	
	Name	e and Signature Of	Incharge	Undertaki ng		
		Ŭ	Q	Undertaki ng	hereby certify that I have conducted the	
ł	nave a nereby	ppeared under my su undertake that if	pervision in today's exam, have any mistakes are found, I will	ve been filled and sh not be entitled for	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also any remuneration.	
				Si gna	ature of the Invigilator	
I f	have filled	conducted 20% rand correctly as per i	om checking of the OMR sheet onstructions.	of the said examinati	on and found that particulars have been	
N	Name o	f the Superintenden	t	Si gna	ature of the Superintendent	
l 1	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.					
N	Name o	f the Deputy Contro	ller	Si gna	ature of the Deputy Controller	
ſ	l hav filled	e conducted 5% rand correctly as per i	om checking of the OMR sheet onstructions.	of the said examinati	on and found that particulars have been	
N	Jame o	of the Controller		Si ana	ature of the Controller	

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

Center Name :

PAGE: 1

2231 / INDUSTRIAL TRAINING INSTITUTE (W) , JALANDHAR

Course : 669 / I

669 / INFORMATION & COMMUNICATION TECH. SYSTEM MAINTENANCE Class: Second

Subject: 44445 / PRACTICAL

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88220270122041 _I HIMANSHI SHARMA 88220270122043 LAKSHMI 2 3 88220270122046 | NIKITA 88220270122047 | POONAM 88220270122049 | SONIA 5 88220270122050 _ITASUM Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)_____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random 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

2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Center Name:

Course: 114 / PLUMBER Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209171723003	YALA		
2	88209171723006	JARUN KUMAR GAUTAM	<u> </u>	L
3	88209171723007	BALJIT SINGH	<u> </u>	<u></u>
4	88209171723008	BALJIT SINGH	<u> </u>	<u> </u>
5	88209171723013	DEEPAK KUMAR	<u> </u>	<u></u>
6	88209171723014	DILPREET SINGH		<u> </u>
7	88209171723015	DIVANSH MINHAS	<u> </u>	<u></u>
8	88209171723019	GURPREET	<u> </u>	<u></u>
9	88209171723020	HARMANDEEP SINGH	<u> </u>	<u></u>
10	88209171723023	JASKARAN	<u> </u>	<u></u>
11	88209171723032	LOVEPREET SINGH	<u> </u>	<u></u>
12	88209171723033	_J MANJOT SINGH	<u> </u>	L
13	88209171723034	_J MANJOT SINGH	<u> </u>	L
14	88209171723035	NAVEEN GAUTAM	<u> </u>	L
15	88209171723036	_J NAVJOT SINGH	<u> </u>	<u> </u>
16	88209171723037	ONKARDEEP SINGH	<u> </u>	L
17 	88209171723038	RAKESH KUMAR	<u> </u>	L
18	88209171723039	JROHIT KALSI	<u> </u>	
19	88209171723041	SANDEEP SINGH	<u> </u>	<u> </u>

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Center Name: Course: 114 / PLUMBER Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 114 / PLUMBER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Subject.	44434 / LIVIF LO	TBILIT SKILL		
S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209171723003	AJAY		L
2	88209171723006	ARUN KUMAR GAUTAM		L
3	88209171723007	BALJIT SINGH		L
4	88209171723008	BALJIT SINGH		L
5	88209171723013	DEEPAK KUMAR		L
6	88209171723014	DILPREET SINGH		L
7	88209171723015	DIVANSH MINHAS		L
8	88209171723019	GURPREET		L
9	88209171723020	HARMANDEEP SINGH		L
10	88209171723023	JASKARAN		L
11	88209171723032	LOVEPREET SINGH		L
12	88209171723033	MANJOT SINGH		L
13	88209171723034	MANJOT SINGH		L
14	88209171723035	NAVEEN GAUTAM		L
15	88209171723036	NAVJOT SINGH		L
16	88209171723037	ONKARDEEP SINGH		L
17	88209171723038	RAKESH KUMAR		<u> </u>
18	88209171723039	ROHIT KALSI		
19	88209171723041	SANDEEP SINGH	·	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR
Course: 114 / PLUMBER Class: First
Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 114 / PLUMBER Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88209171723003	YALA	<u> </u>	<u> </u>
2	88209171723006	JARUN KUMAR GAUTAM	<u> </u>	<u> </u>
3	88209171723007	BALJIT SINGH	<u> </u>	<u> </u>
4	88209171723008	BALJIT SINGH	<u> </u>	<u>L</u>
5	88209171723013	DEEPAK KUMAR	L	L
6	88209171723014	DILPREET SINGH	<u> </u>	<u> </u>
7	88209171723015	DIVANSH MINHAS	<u> </u>	L
8	88209171723019	GURPREET	L	L
9	88209171723020	HARMANDEEP SINGH	<u> </u>	<u> </u>
10	88209171723023	JASKARAN	<u> </u>	<u> </u>
11	88209171723032	LOVEPREET SINGH	<u> </u>	<u> </u>
12	88209171723033	_J MANJOT SINGH	<u> </u>	<u> </u>
13	88209171723034	_J MANJOT SINGH	<u> </u>	<u> </u>
14	88209171723035	NAVEEN GAUTAM	<u> </u>	<u> </u>
15	88209171723036	NAVJOT SINGH	<u> </u>	<u> </u>
16	88209171723037	ONKARDEEP SINGH	<u> </u>	
17	88209171723038	RAKESH KUMAR	<u> </u>	<u> </u>
18	88209171723039	ROHIT KALSI	 	
19	88209171723041	SANDEEP SINGH		
			·	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR
Course: 114 / PLUMBER Class: First
Subject: 44435 / PRACTICAL

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

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.

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.

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Center Name: Course : 119 / CARPENTER Class: First 44412 / WORKSHOP CALCULATIONS AND SCIENCE Subject: Name Of the Student S.No Student's Sign. Regd. No. Answer Sheet No. 88206171120181 | KULVEER Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller Signature of the Deputy Controller

I have conducted 5% random 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 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Center Name: Course : 119 / CARPENTER Class: First 44413 / ENGINEERING DRAWING Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88206171120181 | KULVEER Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 of ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Center Name: Course : 119 / CARPENTER Class: First 44434 / EMPLOYBILITY SKILL Subject: S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88206171722047 | SURAJ Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 126 / MECHANIC (MOTOR VEHICLE)

Class: Second

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88215271121021	MANPREET SINGH			
2	88215271121023	PAWANDEEP SINGH	<u> </u>		
3	88215271121024	RAHUL KUMAR	<u> </u>	L	
4	88215271121025	SAHIL	<u> </u>	L	
5	88215271121027	SORAB	<u> </u>	L	
6	88215271121028	SORAV PREET		I	
Na	me and Signature Of	Incharge	Undertaki ng		
	me and Signature Of	Incharge (Designation)	<u> </u>	nereby certify that I have conducted the	
abò\ have	ve examination as Invi	gilator. I have personally check	ked and ensured that been filled and sha	particulars of all the students who ded correctly in the OMR sheets. I also	
			Si gnat	ure 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 examinatio	on and found that particulars have been	
Name	Name of the Superintendent Signature of the Superintendent				
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	e of the Deputy Contro	oller	Si gnat	rure of the Deputy Controller	
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examinatio	on and found that particulars have been	
Name	e of the Controller		Si gnat	ure of the Controller	

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 126 / MECHANIC (MOTOR VEHICLE)

Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No)	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88215271121021	MANPREET SINGH	<u> </u>	<u></u>
2		88215271121024	JRAHUL KUMAR		L
3					L
4		88215271121027	CODAD		L
5		88215271121028	SORAV PREET		L
l ab ha	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				
ha	ive a	oppeared under my su	upervision in today's exam, have any mistakes are found, I will	been filled and sha	ded correctly in the OMR sheets. I also
				Si gnat	ure of the Invigilator
l fi	have II ed	conducted 20% rand correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been
Na	ame c	of the Superintender	nt	Si gnat	ure of the Superintendent
l fi	have II ed	conducted 10% rand correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been
Na	ame c	of the Deputy Contro	oller	Si gnati	ure of the Deputy Controller
l fi	hav II ed	ve conducted 5% rand I correctly as per i	dom checking of the OMR sheet of instructions.	the said examination	n and found that particulars have been
Na	ame c	of the Controller		Si gnat	ure of the Controller

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

PAGE: 1 of 1 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Center Name:

Course: 128 / FITTER

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227274323001	JABHAY KUMAR	<u> </u>	<u> </u>
2	88227274323004	GURWINDER SINGH	<u> </u>	L
3	88227274323006	HARSHPREET SINGH	<u> </u>	L
4	88227274323010	_J MANISH KUMAR		L
5 	88227274323011	_J MANVIR SINGH		<u> </u>
6	88227274323012	NEERAJ KUMAR JHAMAT		<u> </u>
7	88227274323013	RANJIT		
8	88227274323014	SUMIT KUMAR		<u> </u>
9	88227274323015	SURAJ KUMAR		
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			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 chec upervision in today's exam, have any mistakes are found, I will	ked and ensured that been filled and sha not be entitled for	nereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examinatio	on and found that particulars have been
Name	of the Superintender	nt	Si gnat	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 examinatio	on and found that particulars have been
Name	of the Deputy Contro	ol I er	Si gnat	ure of the Deputy Controller
	ave conducted 5% rand ed correctly as per i		the said examinatio	on and found that particulars have been

Signature of the Controller

Name of the Controller

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

PAGE: 1 of 1 Center Name:

2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 128 / FITTER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227274323001	ABHAY KUMAR	<u> </u>	<u> </u>
2	88227274323004	GURWINDER SINGH	<u> </u>	<u> </u>
3	88227274323006	HARSHPREET SINGH	<u> </u>	<u>L</u>
4	88227274323010	MANISH KUMAR	<u> </u>	<u>L</u>
5 	88227274323011	MANVIR SINGH	<u> </u>	<u> </u>
6	88227274323012	NEERAJ KUMAR JHAMAT		<u> </u>
7	88227274323013	RANJIT		<u> </u>
8	88227274323014	SUMIT KUMAR		
9	88227274323015	 SURAJ KUMAR		
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			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 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 examination	n and found that particulars have been
Name	of the Superintender	t	Si gnat	ure of the Superintendent
l hav fille	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l ha	ave conducted 5% 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

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

2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Center Name:

Course: 128 / FITTER Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88227274323001	ABHAY KUMAR	<u> </u>	<u> </u>
2	88227274323004	GURWINDER SINGH	<u> </u>	<u> </u>
3	88227274323006	HARSHPREET SINGH	<u> </u>	<u>L</u>
4	88227274323010	MANISH KUMAR	<u> </u>	<u>L</u>
5 	88227274323011	MANVIR SINGH	<u> </u>	<u> </u>
6	88227274323012	NEERAJ KUMAR JHAMAT		<u> </u>
7	88227274323013	RANJIT		<u> </u>
8	88227274323014	SUMIT KUMAR		
9	88227274323015	 SURAJ KUMAR		I
Tota	al No. Of Students in al No. Of Answer She ne and Signature Of	eets Packed >	sent:	
			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 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 examination	n and found that particulars have been
Name	of the Superintender	t	Si gnat	ure of the Superintendent
l hav fille	ve conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Deputy Contro	ller	Si gnat	ure of the Deputy Controller
l ha	ave conducted 5% 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: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 128 / FITTER Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88227271121041	POORAB			
2	88227271121044	SUNNY			
3	88227271121045	TEJINDER SINGH			
4	88227274321009	NIKHIL KUMAR			
5	88227274321011	RAVI			
6	88227274321013	RISHI KUMAR			
Nar	me and Signature Of	Incharge	Undertaki ng		
Tot	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	bsent:		
I (N abov have	ame)_ e examination as Invi appeared under my su	(Designation) gilator. I have personally ch pervision in today's exam, ha	ecked and ensured that ve been filled and sh	hereby certify that I have conducted the at particulars of all the students who haded correctly in the OMR sheets. I also any remuneration.	
here	by undertake that if	any mistakes are found, I wil		any remuneration. Siture of the Invigilator	
l ha fill	ve conducted 20% rand ed correctly as per i	om checking of the OMR sheet nstructions.	G	on and found that particulars have been	
Name	of the Superintenden	t	Si gna	iture of the Superintendent	
l ha fill	I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.				
Name	of the Deputy Contro	ller	Si gna	ture of the Deputy Controller	
l h fill	ave conducted 5% rand ed correctly as per i	om checking of the OMR sheet nstructions.	of the said examinati	on and found that particulars have been	
Name	of the Controller		Si ana	ature of the Controller	

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231274323016	S _J AJAY KUMAR		L
2	88231274323017	7 _J ARSHDEEP		<u> </u>
3	88231274323018	BHAI TOOFAN SINGH	<u> </u>	<u> </u>
4	88231274323019	DALWINDER RAM	<u> </u>	<u> </u>
5 	88231274323020	GAGANDEEP SINGH		L
6	88231274323022	2 GURJOT SINGH		<u> </u>
7	88231274323023	HARDEEP SINGH		<u> </u>
8	88231274323025	JHARPREET SINGH		<u> </u>
9	88231274323027	, LOVEPREET		L
10	88231274323028	3 _J MANPREET KUMAR		L
11	88231274323032	2 _J SHIV KUMAR		L
12	88231274323033	SURAJ KUMAR		L
13	88231274323034	¹ _I VAJID ALI	1	I

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

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

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

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	88231274323016	JAJAY KUMAR	<u> </u>	<u></u>
2	88231274323017	ARSHDEEP		<u> </u>
3	88231274323018	BHAI TOOFAN SINGH		
4	88231274323019	DALWINDER RAM		
5	88231274323020	GAGANDEEP SINGH		
6	88231274323022	GURJOT SINGH		
7	88231274323023	HARDEEP SINGH		
8	88231274323025	HARPREET SINGH		
9	88231274323027	LOVEPREET		
10	88231274323028	MANPREET KUMAR	- 	
11	88231274323032	SHIV KUMAR	<u></u>	
12	88231274323033	¦SURAJ KUMAR	<u></u>	
				L

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

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

88231274323034 | VAJID ALI

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: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88231274323016	JAJAY KUMAR		L
2	88231274323017	ARSHDEEP		L
3	88231274323018	BHAI TOOFAN SINGH		L
4	88231274323019	DALWINDER RAM	<u> </u>	L
5 	88231274323020	GAGANDEEP SINGH	<u> </u>	L
6	88231274323022	GURJOT SINGH	<u> </u>	L
7	88231274323023	HARDEEP SINGH	<u> </u>	<u> </u>
8	88231274323025	HARPREET SINGH	<u> </u>	<u> </u>
9	88231274323027	LOVEPREET	<u> </u>	<u> </u>
10	88231274323028	MANPREET KUMAR	<u> </u>	<u> </u>
11	88231274323032	JSHIV KUMAR	<u> </u>	<u> </u>
12	88231274323033	SURAJ KUMAR	<u> </u>	<u> </u>
13	88231274323034	JVAJID ALI	<u> </u>	<u> </u>

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

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

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

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 132 / ELECTRICIAN Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88175175321001	ANJALI	<u> </u>	L
2				<u>L</u>
3				<u> </u>
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	heked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
l ha fill	ve conducted 20% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Superintender	nt	Si gnat	ure of the Superintendent
l ha fill	ve conducted 10% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l h fill	ave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	n and found that particulars have been
Name	of the Controller		Si gnat	ure of the Controller

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

2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

222 / COMP. OP. PROGRAM. ASSISTANT

Course: Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242171722053	DAWINDER SINGH	<u> </u>	L
2	88242171722087	RISHAV MEHMI	<u> </u>	L
3	88242171723050	JAMANDEEP	<u> </u>	L
4	88242171723051	AMITOJ SINGH	<u> </u>	L
5	88242171723052	AMRINDER SINGH	<u> </u>	L
6	88242171723054	ARSHDEEP	<u> </u>	L
7	88242171723055	BHAVPREET SINGH	<u> </u>	L
8	88242171723056	DALJIT KUMAR	<u> </u>	L
9	88242171723058	DEEPAK KUMAR	<u> </u>	L
10	88242171723060	_J HARMAN SINGH	<u> </u>	L
11	88242171723061	HARPREET KAUR	<u> </u>	L
12	88242171723062	HARPREET KAUR	L	L
13	88242171723063	JHARRY BAINS	L	L
14	88242171723064	JASPREET KAUR	L	L
15	88242171723065	_] KARTIK	L	L
16	88242171723066	_J KARTIK KUMAR	L	L
17	88242171723067	_] MANISHA	L	L
18	88242171723068	_J MANJIT SINGH	<u> </u>	L
19	88242171723069	J	<u> </u>	
20	88242171723070	MANPREET	 	<u> </u>
21	88242171723071	MANPREET SINGH		<u> </u>
			·	·

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88242171723072	_] MUSKAN	<u> </u>	<u> </u>
23	88242171723073	NAVPREET SINGH	<u> </u>	<u> </u>
24	88242171723075	_J NIKHIL BANGA		<u> </u>
25	88242171723077	_J PARAMVIR	<u> </u>	<u> </u>
26	88242171723078	PARMJOT SINGH	<u> </u>	<u> </u>
27	88242171723079	PRABHJOT SINGH	<u> </u>	<u> </u>
28	88242171723080	PRABHJOT SINGH	<u> </u>	<u> </u>
29	88242171723081	_J PRIYANKA	<u> </u>	<u> </u>
30 	88242171723083	RAHUL VIRDI	<u> </u>	<u> </u>
31	88242171723084	RAJJI BADHAN	<u> </u>	<u> </u>
32	88242171723085	_J RAJNI SHARMA	<u> </u>	<u> </u>
33	88242171723086	RINCLE SHARMA	<u> </u>	<u> </u>
34	88242171723087	_] RIYA	<u> </u>	<u> </u>
35 	88242171723088	SACHIN KUMAR	<u> </u>	<u> </u>
36 	88242171723090	JSATNAM	<u> </u>	<u> </u>
37 	88242171723091	SHINA	<u> </u>	<u> </u>
38	88242171723093	JSOMRAJ BADHAN		<u> </u>
39	88242171723094	SONIKA	<u></u>	
40	88242171723095	TUSHAR		

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR
Course: 222 / COMP. OP. PROGRAM. ASSISTANT Class: First
Subject: 44431 / TRADE THEORY

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1 of

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242171723050	AMANDEEP	<u> </u>	L
2	88242171723051	AMITOJ SINGH	<u> </u>	L
3	88242171723052	AMRINDER SINGH	<u> </u>	L
4	88242171723054	ARSHDEEP	<u> </u>	L
5	88242171723055	BHAVPREET SINGH	<u></u>	L
6	88242171723056	DALJIT KUMAR	<u></u>	L
7	88242171723058	DEEPAK KUMAR	<u></u>	L
8	88242171723060	JHARMAN SINGH	<u> </u>	L
9	88242171723061	HARPREET KAUR	<u> </u>	L
10	88242171723062	HARPREET KAUR	<u> </u>	L
11	88242171723063	HARRY BAINS	<u> </u>	L
12	88242171723064	JASPREET KAUR	<u> </u>	L
13	88242171723065	KARTIK	<u></u>	L
14	88242171723066	KARTIK KUMAR	<u> </u>	L
15 	88242171723067	_J MANISHA	<u> </u>	L
16	88242171723068	_J MANJIT SINGH	<u> </u>	L
17	88242171723069	_J MANJOT SINGH	<u> </u>	L
18	88242171723070	JMANPREET	<u></u>	L
19	88242171723071	MANPREET SINGH	<u></u>	L
20	88242171723072	J.MUSKAN	<u> </u>	
21	88242171723073	NAVPREET SINGH	<u> </u>	L

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22 	88242171723075	NIKHIL BANGA	<u> </u>	<u> </u>
23	88242171723077	PARAMVIR	L	L
24	88242171723078	PARMJOT SINGH	L	L
25 	88242171723079	JPRABHJOT SINGH	L	L
26	88242171723080	PRABHJOT SINGH	L	L
27 	88242171723081	PRIYANKA	L	<u> </u>
28	88242171723083	RAHUL VIRDI	<u> </u>	L
29 	88242171723084	RAJJI BADHAN	<u> </u>	<u> </u>
30 	88242171723085	RAJNI SHARMA	<u> </u>	<u> </u>
31 	88242171723086	RINCLE SHARMA	<u> </u>	<u> </u>
32 	88242171723087	_J RIYA	<u> </u>	<u> </u>
33	88242171723088	SACHIN KUMAR	<u> </u>	<u> </u>
34	88242171723090	SATNAM	<u> </u>	<u> </u>
35 	88242171723091	SHINA	<u> </u>	<u> </u>
36	88242171723093	SOMRAJ BADHAN	L	<u> </u>
37 	88242171723094	SONIKA	L	<u> </u>
38	88242171723095	TUSHAR	 	<u> </u>
	_			

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

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

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

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Class: First

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

2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

44435 / PRACTICAL Subject:

Center Name:

S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88242171723050 _| AMANDEEP 88242171723051 | AMITOJ SINGH 3 88242171723052 | AMRINDER SINGH 88242171723054 | ARSHDEEP 5 88242171723055 | BHAVPREET SINGH 88242171723056 | DALJIT KUMAR 88242171723058 | DEEPAK KUMAR 88242171723060 $_{\rm |}$ HARMAN SINGH 88242171723061 | HARPREET KAUR 88242171723062 | HARPREET KAUR 10 88242171723063 _|HARRY BAINS 88242171723064 | JASPREET KAUR 12 88242171723065 | KARTIK 13 14 88242171723066 | KARTIK KUMAR 15 88242171723067 | MANISHA 88242171723068 | MANJIT SINGH 16 17 88242171723069 | MANJOT SINGH 88242171723070 | MANPREET 18 88242171723071 | MANPREET SINGH 20 88242171723072 | MUSKAN 88242171723073 | NAVPREET SINGH

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88242171723075	_J NIKHIL BANGA	<u> </u>	<u> </u>
23	88242171723077	PARAMVIR	<u> </u>	<u> </u>
24	88242171723078	PARMJOT SINGH	<u> </u>	<u> </u>
25 	88242171723079	PRABHJOT SINGH	<u> </u>	<u> </u>
26	88242171723080	PRABHJOT SINGH	L	L
27	88242171723081	PRIYANKA	<u> </u>	<u> </u>
28	88242171723083	RAHUL VIRDI	<u> </u>	L
29	88242171723084	RAJJI BADHAN	<u> </u>	<u> </u>
30	88242171723085	_J RAJNI SHARMA	L	L
31	88242171723086	RINCLE SHARMA	<u> </u>	<u> </u>
32	88242171723087	_J RIYA	<u> </u>	<u> </u>
33	88242171723088	SACHIN KUMAR	<u> </u>	<u> </u>
34	88242171723090	JSATNAM	<u> </u>	<u> </u>
35 	88242171723091	SHINA	<u> </u>	L
36	88242171723093	JSOMRAJ BADHAN	<u> </u>	L
37	88242171723094	SONIKA	<u> </u>	L
38	88242171723095	TUSHAR		<u> </u>
			·	

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

Name and Signature Of Incharge

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

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

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 617 / MECHANIC DIESEL ENGINE

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88201171122005	ARJUN		1
2	88201171122010	GAURAV		1
3	88201171122011	GURWINDER SINGH MALL		<u></u>
4	88201171122014	JASKARAN SINGH		1
5 	88201171122015	KULDEEP SINGH		
6	88201171122017	MANAV KUMAR		1
I (N abov have	e appeared under my su	(Designation) gilator. I have personally chec pervision in today's exam. have	ked and ensured that been filled and sha	nereby certify that I have conducted the particulars of all the students who aded correctly in the OMR sheets. I also
abòv have	ve examination as Invi	gilator. I have personally chec	ked and ensured that been filled and sha	particulars of all the students who aded correctly in the OMR sheets. I also
	,			cure of the Invigilator
l ha fill	ive conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Superintenden	t	Si gnat	cure of the Superintendent
l ha fill	ive conducted 10% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Deputy Contro	ller	Si gnat	cure of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	lom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	e of the Controller		Si gnat	cure of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88246174323036	HARSHARANDEEP KAUR		<u>L</u>		
2		LOVEPREET KAUR		<u> </u>		
3	88246174323044	JRENU BALA		<u> </u>		
4	88246174323046	SAKSHI		<u> </u>		
5	88246174323049	SHAFALI		<u> </u>		
I (N abov have	Name) ve examination as Invi e appeared under my su	(Designation) gilator. I have personally che upervision in today's exam, hav	Undertaking h cked and ensured that e been filled and sha	nereby certify that I have conducted the particulars of all the students who added correctly in the OMR sheets. I also		
I (N abov	Name) ve examination as Invi	(Designation) gilator. I have personally che	h	nereby certify that I have conducted the particulars of all the students who		
here	eby undertake that if	any mistakes are found, I will	not be entitled for	any remuneration.		
			G	cure of the Invigilator		
l ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examination	on and found that particulars have been		
Name	Name of the Superintendent Signature of the Superintendent					
l ha fill	ave conducted 10% rand ed correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examinatio	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 o nstructions.	f the said examinatio	on and found that particulars have been		
Name	e of the Controller		Si gnat	cure of the Controller		

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No		Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88246174323036	HARSHARANDEEP KAUR		
2			LOVEDDEET KALID		
3		88246174323044	JRENU BALA		
4		88246174323046	_] SAKSHI		
5		88246174323049	CLIAFALI		
1 ((Name	e and Signature Of	(Designation)	Undertaking	nereby certify that I have conducted the
	arre	and orginature or	monal go	Undertaki ng	
hav	/e aı	opeared under mv si	gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	e been filled and sha	t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
				Si gnat	ture of the Invigilator
l h fil	nave I ed	conducted 20% rand correctly as per i	dom checking of the OMR sheet o instructions.	f the said examination	on and found that particulars have been
Nar	ne o	f the Superintender	nt	Si gnat	ture of the Superintendent
l h fil	nave I ed	conducted 10% rand correctly as per i	dom checking of the OMR sheet o instructions.	f the said examination	on and found that particulars have been
Nar	ne o	f the Deputy Contro	oller	Si gnat	ture of the Deputy Controller
l fil	have I ed	e conducted 5% rand correctly as per i	dom checking of the OMR sheet o	f the said examinatio	on and found that particulars have been
Nar	ne o	f the Controller		Si gnat	ture of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 652 / FASHION DESIGN TECHNOLOGY

Class: First

Subject: 44435 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1	88246174323036	HARSHARANDEEP KAUR				
2		LOVEDDEET KALID	L			
3	88246174323044	JRENU BALA				
4	88246174323046	_] SAKSHI				
5	88246174323049	SHAFALI				
I (N	me and Signature Of Jame) ve exami nati on as Invi	(Designation)_	Undertaking ecked and ensured tha	hereby certify that I have conducted the t particulars of all the students who		
I (N abov	lame) /e examination as Invi	(Designation) gilator. I have personally che	ecked and ensured tha	hereby certify that I have conducted the t particulars of all the students who		
have here	e appeared under my so eby undertake that if	upervision in today's exam, hav any mistakes are found, I will	ve been filled and sh not be entitled for	aded correctly in the OMR sheets. I also any remuneration.		
			Si gna	ture of the Invigilator		
I ha fill	ave conducted 20% rand ed correctly as per i	dom checking of the OMR sheet on instructions.	of 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 h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet on instructions.	of the said examinati	on and found that particulars have been		
Name	e of the Controller		Si gna	ture of the Controller		

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 660 / WELDER Class: First

Subject: 44431 / TRADE THEORY

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88212171122025 | AKASHDEEP 88212171122027 | GAGANDEEP 3 88212171122028 | HARPREET SINGH 88212171122035 | NAVJIT SINGH 5 88212171122038 | SAURAV KUMAR 88212171722106 | JATINDER SINGH 88212171722108 | MANDIP SINGH 88212171723098 _| AKASH KUMAR 88212171723101 | ANMOL SINGH 88212171723103 | ARVINDER SINGH 10 88212171723107 | GURJIT SINGH 12 88212171723109 | GURPREET SINGH CHAHA 88212171723111 | HARBAN SINGH 13 14 88212171723115 | KARANVIR SINGH 88212171723116 | KARTIK JYOTI 15 88212171723117 | MANDEEP SINGH 16 17 88212171723121 | NAVJOT KUMAR 88212171723122 | NIRVAAN SINGH 18 88212171723123 | PRABHDEEP SINGH 20 88212171723134 | SIMRANJIT SINGH 88212171723136 $_{\parallel}$ VINOD KUMAR

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Center Name: Course: 660 / WELDER Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

88212171723103 | ARVINDER SINGH

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	1	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212171122028	³ _J HAF	RPREET SINGH		
2	8821217112203	 - ΝΑ\	JIT SINGH		
3	88212171122038	 ³ SAL	IRAV KUMAR		

4	<u> </u>	88212171722106 JATINDER S	INGH L	L	
5		88212171723098 AKASH KUM	AR		
6	 	88212171723101 ANMOL SINC	GH		

8	L	88212171723107 GURJIT SINGH	1	1
9	1	88212171723109 GURPREET SINGH CHAHA		ı

10	88212171723111 HARBAN SINGH	L	
11	88212171723115 _I KARANVIR SINGH	 	

12	88212171723116	KARTIK JYOTI	 L
13	88212171723117	MANDEEP SINGH	

14	L	88212171723121	NAVJOT KUMAR	L	1
15		88212171723122	NIRVAAN SINGH		<u> </u>

16	882121/1/23123 PRABHDEEP SINGH	L	
17	88212171723134 SIMRANJIT SINGH		

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

88212171723136 | VINOD KUMAR

Name and Signature Of Incharge

18

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Center Name: Course: 660 / WELDER Class: First 44434 / EMPLOYBILITY SKILL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 660 / WELDER Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212171723098	JAKASH KUMAR	<u> </u>	<u></u>
2	88212171723101	ANMOL SINGH	<u> </u>	L
3	88212171723103	ARVINDER SINGH	<u> </u>	L
4	88212171723107	GURJIT SINGH	<u> </u>	L
5 	88212171723109	GURPREET SINGH CHAHA	<u> </u>	L
6	88212171723111	HARBAN SINGH	<u> </u>	L
7	88212171723115	KARANVIR SINGH	<u> </u>	L
8	88212171723116	KARTIK JYOTI	<u> </u>	L
9	88212171723117	MANDEEP SINGH	<u> </u>	L
10	88212171723121	NAVJOT KUMAR		L
11	88212171723122	NIRVAAN SINGH		L
12	88212171723123	PRABHDEEP SINGH	<u> </u>	
13	88212171723134	SIMRANJIT SINGH		L
14	88212171723136	VINOD KUMAR		

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 660 / WELDER Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

S.No

		'	7 1110 1101 011001 1101	5
1	88218274323052	ANKUSH	 	
2	88218274323055	DALJIT SINGH	L	<u></u>
3	88218274323057	GURWINDER	L	L
4	88218274323058	HARSH	L	L
5	88218274323059	JAGMEET SINGH	L	L
6	88218274323061	NISHANPREET SINGH	L	<u> </u>
7	88218274323062	RAJU	L	L
8	88218274323063	RANJIT SINGH	L	L
9	88218274323064	ROHIT KUMAR	L	<u></u>
10	88218274323066	SATWINDER SINGH	L	<u></u>
11	88218274323069	VIKAS MASIH	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.

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88218274323052	_J ANKUSH		
2	88218274323055	DALJIT SINGH	<u> </u>	
3	88218274323057	GURWINDER	<u> </u>	
4	88218274323058	_] HARSH	<u> </u>	
5	88218274323059	JAGMEET SINGH	<u> </u>	
6	88218274323061	NISHANPREET SINGH	<u> </u>	
7	88218274323062	_] RAJU	<u> </u>	
8	88218274323063	RANJIT SINGH	<u> </u>	
9	88218274323064	ROHIT KUMAR	<u> </u>	
10	88218274323066	SATWINDER SINGH		
11	88218274323069			

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: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN

Class: First

Name Of the Student

Subject: 44435 / PRACTICAL

Regd. No.

S.No

010	rtoga. rto.	1	Allower Sheet No.	- 1 1.g
1	88218274323052	ANKUSH		
2	88218274323055	DALJIT SINGH	<u> </u>	<u> </u>
3	88218274323057	GURWINDER	<u> </u>	L
4	88218274323058	HARSH	<u> </u>	<u> </u>
5	88218274323059	JAGMEET SINGH	<u> </u>	<u> </u>
6	88218274323061	NISHANPREET SINGH	<u> </u>	<u> </u>
7	88218274323062	RAJU	<u> </u>	<u> </u>
8	88218274323063	RANJIT SINGH	<u> </u>	<u> </u>
9	88218274323064	ROHIT KUMAR	<u> </u>	L
10	88218274323066	SATWINDER SINGH	<u> </u>	L
11	88218274323069	UIKAS MASIH		

Answer Sheet No.

Student's Sign.

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

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

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

PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Course: 662 / REFRIGERATION & AIR CONDITIONING TECHNICIAN Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

filled correctly as per instructions. Name of the Deputy Controller

Signature of the Deputy Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70051 / PAINTING

Name of the Controller

S.No) 	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88370275322003	JANURADHA		
2		88370275322005	SUMANJIT KAUR		
T	otal	No. Of Students in No. Of Answer She and Signature Of	eets Packed >	osent:	
				Undertaki ng	
ha	ive a	ppeared under my su	(Designation) gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	e been filled and sh	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
				Si gna	ture of the Invigilator
l fi	have I I ed	conducted 20% rand correctly as per i	dom checking of the OMR sheet o instructions.	f the said examinati	on and found that particulars have been
Na	me o	f the Superintender	nt	Si gna	ture of the Superintendent
l fi	have II ed	conducted 10% rand correctly as per i	dom checking of the OMR sheet o	f the said examinati	on and found that particulars have been
Na	me o	f the Deputy Contro	oller	Si gna	ture of the Deputy Controller
		e conducted 5% rand correctly as per i		f the said examinati	on and found that particulars have been

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

70055 / CRAFT(T) Subject:

Name of the Controller

PAGE: 1 of

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370275322003 _| ANURADHA 88370275322005 | SUMANJIT KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70056 / CRAFT(P)

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88370275322003	ANURADHA		
2	88370275322005	SUMANJIT KAUR		
Tot	cal No. Of Students in cal No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
I (N abov have here	lame) re examination as Invi e appeared under my su eby undertake that if	(Designation)_ gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	cked and ensured tha e been filled and 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	ive conducted 20% rand ed correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examinati	on and found that particulars have been
Name	e of the Superintender	nt	Si gna	ture of the Superintendent
l ha fill	ive conducted 10% rand ed correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examinati	on and found that particulars have been
Name	e of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
l h fill	nave conducted 5% rand ed correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examinati	on and found that particulars have been

Class: Second

Signature of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

70070 / EDUCATIONAL PSYCHOLOGY Subject:

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370275322003 _| ANURADHA 88370275322005 SUMANJIT KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

70071 / HISTORY & APPRECIATION OF ART Subject:

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370275322003 _| ANURADHA 88370275322005 | SUMANJIT KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Class: Second

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70072 / COMMERCIAL ART

Name of the Controller

S.I	S.No Regd. No. Name Of the Student Answer Sheet No. Student's Sign.	
1	1 88370275322003 ANURADHA	
2	2 88370275322005 SUMANJIT 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 above examination as Invigilator. I have personally checked and ensured that particulars of all have appeared under my supervision in today's exam, have been filled and shaded correctly in the hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.	I have conducted the I the students who he OMR sheets. I also
	Signature of the Invigila	ator
,	I have conducted 20% random checking of the OMR sheet of the said examination and found that pafilled correctly as per instructions.	articulars have been
	Name of the Superintendent Signature of the Superin	tendent
	I have conducted 10% random checking of the OMR sheet of the said examination and found that partially as per instructions.	articulars have been
	Name of the Deputy Controller Signature of the Deputy (Controller
	I have conducted 5% random checking of the OMR sheet of the said examination and found that pa	articulars have been

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

665 / ART & CRAFT TEACHER TRAINING COURSE

Course: Class: Second

Subject: 70073 / SCALE & PERSPECTIVE DRAWING

Name of the Controller

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
1	88370275322003	_J ANURADHA	<u></u>	L			
2				<u></u>			
Tot	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng				
have	e appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	e been filled and sha	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	ive 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			
l ha fill	ive 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	ure of the Deputy Controller			
	nave conducted 5% rand ed correctly as per i		the said examination	on and found that particulars have been			

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

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

PAGE: 1 of

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88370275322003 _| ANURADHA 88370275322005 | SUMANJIT 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: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 665 / ART & CRAFT TEACHER TRAINING COURSE

Class: Second

Subject: 70075 / PROJECT

Name of the Controller

S.	.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1		88370275322003	ANURADHA		
2	<u> </u>	88370275322005	SUMANJIT KAUR		
	Tota	I No. Of Students in I No. Of Answer She ne and Signature Of	eets Packed >	esent:	
				Undertaki ng	
	have	appeared under my su	(Designation) gilator. I have personally che upervision in today's exam, hav any mistakes are found, I will	e been filled and sh	hereby certify that I have conducted the t particulars of all the students who aded correctly in the OMR sheets. I also any remuneration.
				Si gna	ture of the Invigilator
		e conducted 20% rand d correctly as per i		f the said examinati	on and found that particulars have been
	Name	of the Superintender	nt	Si gna	ture of the Superintendent
	l hav fille	e conducted 10% rand d correctly as per i	dom checking of the OMR sheet on nstructions.	f the said examinati	on and found that particulars have been
	Name	of the Deputy Contro	oller	Si gna	ture of the Deputy Controller
	l ha fille	ve conducted 5% rand d correctly as per i	dom checking of the OMR sheet o nstructions.	f the said examinati	on and found that particulars have been

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course : 665 / ART & CRAFT TEACHER TRAINING COURSE

PAGE: 1 of

Name of the Controller

Class: Second

70082 / COMPUTER AWARENESS & GRAPHICS (P) Subject:

S.No Name Of the Student | Answer Sheet No. Student's Sign. Regd. No. 88370275322003 _| ANURADHA 88370275322005 | SUMANJIT KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Class: First

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

2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Center Name:

Course: 675 / SOLAR TECHNICIAN (ELECTRICAL)

Subject:

44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88288171723137	JABHISHEK KUMAR	<u> </u>	<u> </u>
2	88288171723138	ABHISHEK RAI	<u> </u>	<u> </u>
3	88288171723139	JAMAN BHATTI	<u> </u>	<u> </u>
4	88288171723140	JAMARJIT SINGH	<u> </u>	<u> </u>
5	88288171723141	DEEPAK KUMAR	<u> </u>	<u> </u>
6	88288171723142	JDEEPAK TAKHI	<u> </u>	<u> </u>
7	88288171723143	DHARMINDER	<u> </u>	<u> </u>
8	88288171723144	DILKARAN SINGH	<u> </u>	<u> </u>
9	88288171723146	GAGANDEEP SINGH		L
10	88288171723147	JGULSHAN SINGH		L
11	88288171723149	GURSHARN SINGH	<u> </u>	<u> </u>
12	88288171723150	HARSH RANA		<u> </u>
13	88288171723151	JASKARAN SINGH	<u> </u>	<u> </u>
14	88288171723152	KARANVIR SINGH	<u> </u>	<u> </u>
15	88288171723153	KRISHAN	<u> </u>	<u> </u>
16	88288171723154	LOVEPREET SINGH		L
17	88288171723155	_J MANAS DOGRA		L
18	88288171723156	_J MANAVDEEP SINGH		<u> </u>
19	88288171723157	_J MANJIT PARSHAD	<u></u>	
20	88288171723158	JMANPREET SINGH		
21	88288171723159	NITIN	<u> </u>	

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 675 / SOLAR TECHNICIAN (ELECTRICAL)

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88288171723160	JPANKAJ	<u> </u>	<u></u>
23	88288171723161	RAHUL KUMAR		L
24	88288171723162	RAHUL SHARMA	<u> </u>	L
25	88288171723164	ROHIT KUMAR	<u> </u>	L
26	88288171723169	SAHIL CHOUDHARY	<u> </u>	L
27	88288171723171	SAHIL SANDHU		L
28	88288171723172	SATNAM SINGH		L
29	88288171723174	TARANPREET SINGH	<u> </u>	L
30	88288171723175	VIJAY KUMAR		
31	88288171723176	VIVEK SINGH SANDHU		<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: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR Course: 675 / SOLAR TECHNICIAN (ELECTRICAL) Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

Name of the Controller

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

2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 675 / SOLAR TECHNICIAN (ELECTRICAL)

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88288171723137	ABHISHEK KUMAR		L
2	88288171723138	ABHISHEK RAI		L
3	88288171723139	AMAN BHATTI		L
4	88288171723140	AMARJIT SINGH	<u> </u>	L
5 	88288171723141	DEEPAK KUMAR	<u> </u>	L
6	88288171723142	DEEPAK TAKHI	<u> </u>	L
7	88288171723143	DHARMINDER	<u> </u>	L
8	88288171723144	DILKARAN SINGH	<u> </u>	L
9	88288171723146	GAGANDEEP SINGH	<u> </u>	L
10	88288171723147	GULSHAN SINGH	<u> </u>	L
11	88288171723149	GURSHARN SINGH	<u> </u>	L
12	88288171723150	HARSH RANA	<u> </u>	L
13	88288171723151	JASKARAN SINGH	<u> </u>	L
14	88288171723152	KARANVIR SINGH	<u></u>	L
15	88288171723153	KRISHAN	<u> </u>	L
16	88288171723154	LOVEPREET SINGH	<u> </u>	L
17 	88288171723155	MANAS DOGRA	<u> </u>	L
18	88288171723156	_J MANAVDEEP SINGH	<u> </u>	L
19	88288171723157	MANJIT PARSHAD	<u> </u>	L
20	88288171723158	MANPREET SINGH	L	<u></u>
21	88288171723159	JNITIN	<u> </u>	L

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

675 / SOLAR TECHNICIAN (ELECTRICAL) Course:

Class: First

44434 / EMPLOYBILITY SKILL Subject:

Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
88288171723160	JPANKAJ	L	<u> </u>
88288171723161	RAHUL KUMAR	L	L
88288171723162	RAHUL SHARMA	<u> </u>	L
88288171723164	ROHIT KUMAR		L
88288171723169	SAHIL CHOUDHARY	L	L
88288171723171	SAHIL SANDHU	L	L
88288171723172	SATNAM SINGH	<u> </u>	<u> </u>
88288171723174	TARANPREET SINGH	<u> </u>	L
88288171723175	JVIJAY KUMAR	<u></u>	<u></u>
88288171723176	JVIVEK SINGH SANDHU	L	<u></u>
	88288171723160 88288171723161 88288171723162 88288171723164 88288171723169 88288171723171 88288171723172 88288171723174 88288171723175	Regd. No. Name Of the Student 88288171723160 PANKAJ 88288171723161 RAHUL KUMAR 88288171723162 RAHUL SHARMA 88288171723164 ROHIT KUMAR 88288171723169 SAHIL CHOUDHARY 88288171723171 SAHIL SANDHU 88288171723172 SATNAM SINGH 88288171723174 TARANPREET SINGH 88288171723175 VIJAY KUMAR 88288171723176 VIVEK SINGH SANDHU	88288171723160 PANKAJ 88288171723161 RAHUL KUMAR 88288171723162 RAHUL SHARMA 88288171723164 ROHIT KUMAR 88288171723169 SAHIL CHOUDHARY 88288171723171 SAHIL SANDHU 88288171723172 SATNAM SINGH 88288171723174 TARANPREET SINGH 88288171723175 VIJAY 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: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT
Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR
Course: 675 / SOLAR TECHNICIAN (ELECTRICAL) Class: First

Course: 6/5/SOLAR TECHNICIAN (ELECTRICAL) CIASS: 1

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

2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 675 / SOLAR TECHNICIAN (ELECTRICAL)

Subject: 44435 / PRACTICAL

Center Name:

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88288171723137	JABHISHEK KUMAR	<u> </u>	<u> </u>
2	88288171723138	ABHISHEK RAI	<u> </u>	<u> </u>
3	88288171723139	JAMAN BHATTI	<u> </u>	<u> </u>
4	88288171723140	JAMARJIT SINGH	<u> </u>	<u> </u>
5	88288171723141	DEEPAK KUMAR	<u> </u>	<u> </u>
6	88288171723142	JDEEPAK TAKHI	<u> </u>	<u> </u>
7	88288171723143	DHARMINDER	<u> </u>	<u> </u>
8	88288171723144	DILKARAN SINGH	<u> </u>	<u> </u>
9	88288171723146	GAGANDEEP SINGH		L
10	88288171723147	JGULSHAN SINGH		L
11	88288171723149	GURSHARN SINGH	<u> </u>	<u> </u>
12	88288171723150	HARSH RANA		<u> </u>
13	88288171723151	JASKARAN SINGH	<u> </u>	<u> </u>
14	88288171723152	KARANVIR SINGH	<u> </u>	<u> </u>
15	88288171723153	KRISHAN	<u> </u>	<u> </u>
16	88288171723154	LOVEPREET SINGH		L
17	88288171723155	_J MANAS DOGRA		L
18	88288171723156	_J MANAVDEEP SINGH		<u></u>
19	88288171723157	_J MANJIT PARSHAD	<u></u>	
20	88288171723158	JMANPREET SINGH		
21	88288171723159	NITIN	<u> </u>	

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

675 / SOLAR TECHNICIAN (ELECTRICAL) Course:

Class: First

Subject: 44435 / PRACTICAL

PAGE: 2

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88288171723160	JPANKAJ	<u> </u>	
23	88288171723161	RAHUL KUMAR		L
24	88288171723162	RAHUL SHARMA		L
25	88288171723164	ROHIT KUMAR		<u> </u>
26	88288171723169	SAHIL CHOUDHARY		<u> </u>
27	88288171723171	SAHIL SANDHU		
28	88288171723172	SATNAM SINGH		<u> </u>
29	88288171723174	TARANPREET SINGH		<u> </u>
30	88288171723175	VIJAY KUMAR		
31	88288171723176	VIVEK SINGH SANDHU		

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

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING
PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS - SCVT
Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR
Course: 675 / SOLAR TECHNICIAN (ELECTRICAL) Class: First
Subject: 44435 / PRACTICAL

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

Undertaking

I (Name) ______ (Designation) ______ hereby certify that I have condu-

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course : 686 / Mechanic Electric Vehicle Class: First

44431 / TRADE THEORY Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88295174323070 $_{\mid}$ KESHAV SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 1 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Center Name:

Course : 686 / Mechanic Electric Vehicle Class: First

44434 / EMPLOYBILITY SKILL Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88295174323070 $_{\mid}$ KESHAV SINGH Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name)______ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course : 686 / Mechanic Electric Vehicle Class: First

44435 / PRACTICAL Subject:

filled correctly as per instructions.

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88295174323070 $_{\mid}$ KESHAV 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

Answer Sheet No.

Student's Sign.

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

S.No

Regd. No.

Course: 687 / Wood Work Technician

Class: First Subject: 44431 / TRADE THEORY

Name Of the Student

		· ·		
1	88296171723177	BOBBY DEOL	<u> </u>	L
2	88296171723178	CHETAN	<u> </u>	L
3	88296171723179	HARPREET SINGH	<u> </u>	L
4	88296171723180	HEERA	<u> </u>	L
5 	88296171723181	INDERJIT SINGH GOMRA	<u> </u>	L
6	88296171723182	INDERPAL SINGH		L
7	88296171723183	JASKARAN SINGH	<u> </u>	L
8	88296171723184	JASMEET JASHAN SINGH	<u> </u>	L
9	88296171723185	JASPREET SINGH RATHOL		L
10	88296171723187	KAMDEV	<u> </u>	L
11	88296171723189	KARANVIR SINGH	<u> </u>	L
12	88296171723192	NAVJOT SINGH	<u> </u>	L
13	88296171723193	PANKAJ KAJLA	<u> </u>	L
14	88296171723194	PARMINDER SINGH		L
15	88296171723195	PRABHJOT SINGH	<u> </u>	L
16	88296171723199	YASHPREET	 	<u> </u>
17	88296171723200	YATANVIR JAMAL	<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: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 687 / Wood Work Technician Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 687 / Wood Work Technician

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88296171723177	BOBBY DEOL	<u> </u>	
2	88296171723178	CHETAN	<u> </u>	
3	88296171723179	HARPREET SINGH	<u> </u>	
4	88296171723180	HEERA	<u> </u>	
5	88296171723181	INDERJIT SINGH GOMRA	<u> </u>	
6	88296171723182	INDERPAL SINGH		
7	88296171723183	JASKARAN SINGH		
8	88296171723184	JASMEET JASHAN SINGH	<u> </u>	<u> </u>
9	88296171723185	JASPREET SINGH RATHOL	<u> </u>	<u> </u>
10	88296171723187	KAMDEV	<u> </u>	<u> </u>
11	88296171723189	KARANVIR SINGH	<u> </u>	<u> </u>
12	88296171723192	NAVJOT SINGH	<u> </u>	
13	88296171723193	PANKAJ KAJLA		<u> </u>
14	88296171723194	PARMINDER SINGH	<u> </u>	
15 	88296171723195	PRABHJOT SINGH	<u>[</u>	L
16 	88296171723199	YASHPREET	<u>[</u>	L
17	88296171723200	YATANVIR JAMAL		
				·

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: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 687 / Wood Work Technician Class: First

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Subject: 44435 / PRACTICAL

PAGE: 1

Course : 687 / Wood Work Technician Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88296171723177	BOBBY DEOL		
2	88296171723178	CHETAN		
3	88296171723179	HARPREET SINGH		
4	88296171723180	_J HEERA		
5 	88296171723181	INDERJIT SINGH GOMRA		
6	88296171723182	INDERPAL SINGH		
7	88296171723183	JASKARAN SINGH		
8	88296171723184	JASMEET JASHAN SINGH		
9	88296171723185	JASPREET SINGH RATHOL		
10	88296171723187	KAMDEV		
11 <u> </u>	88296171723189	KARANVIR SINGH		
12	88296171723192	NAVJOT SINGH		
13	88296171723193	JPANKAJ KAJLA		
14	88296171723194	PARMINDER SINGH		
15 	88296171723195	PRABHJOT SINGH		
16	88296171723199	YASHPREET		

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

 $88296171723200_{\mathsf{I}}\mathsf{YATANVIR}\;\mathsf{JAMAL}$

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: 2413 / INDUSTRIAL TRAINING INSTITUTE, HOSHIARPUR

Course: 687 / Wood Work Technician Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

I have conducted 5% random 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: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

) 		Regd. No.		Name Of the Student		Answer Sheet No.	Student's Sign.
	L	88175176021029) SI	MRAN KAUR		<u> </u>	<u> </u>
	<u> </u>	88175176022033	³ _] SI	HIKHA THAKUR		<u> </u>	<u>L</u>
	L	88175176022035	S	JKHWINDER KAUR			<u> </u>
ot	tal N	lo. Of Answer Sh	neet	s Packed >	Abs		
I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also						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
ha I I	ed e	conducted 20% ran correctly as per	ndom ins	checking of the OMR sh tructions.	neet of	the said examination	n and found that particulars have been
ame	of	the Superintende	ent			Si gnat	ure of the Superintendent
ha I I	ed e	conducted 10% ran correctly as per	ndom ins	checking of the OMR sh tructions.	neet of	the said examination	n and found that particulars have been
ame	e of	the Deputy Contr	ol I e	er		Si gnat	ure of the Deputy Controller
h	nave ed	conducted 5% ran correctly as per	ndom ins	checking of the OMR sh tructions.	neet of	the said examination	n and found that particulars have been
ame	e of	the Controller				Si gnat	ure of the Controller
	ol ONA (NOON AVEERE hame hame hame	(Name over eave appeareby) have lied ame of have lied have lied ame of have lied	88175176021029 88175176022033 88175176022035 Total No. Of Students in Total No. Of Answer Shame and Signature Of the Superintender and Superintender and Correctly as per same of the Superintender have conducted 10% rar lied correctly as per same of the Deputy Contract of the Superintender in the Sup	88175176021029 SI 88175176022033 SI 88175176022035 SI 88175176022035 SI otal No. Of Students in thi otal No. Of Answer Sheets Name and Signature Of Inc (Name) ove examination as Invigil ave appeared under my super ereby undertake that if any have conducted 20% random Iled correctly as per inst name of the Superintendent have conducted 10% random Iled correctly as per inst name of the Deputy Controlled have conducted 5% random Iled correctly as per inst name of the Deputy Controlled	88175176021029 SIMRAN KAUR 88175176022033 SHIKHA THAKUR 88175176022035 SUKHWINDER KAUR Total No. Of Students in this Subject > Present: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge (Name) (Designation) Obeyove examination as Invigilator. I have personal lave appeared under my supervision in today's examereby undertake that if any mistakes are found, I have conducted 20% random checking of the OMR shape of the Superintendent have conducted 10% random checking of the OMR shape of the Deputy Controller have conducted 5% random checking of the OMR shape of the Deputy Controller have conducted 5% random checking of the OMR shape of the Deputy Controller	88175176021029 SIMRAN KAUR 88175176022033 SHIKHA THAKUR 88175176022035 SUKHWINDER KAUR Total No. Of Students in this Subject > Present: Abstotal No. Of Answer Sheets Packed > Name and Signature Of Incharge (Name) (Designation) Dove examination as Invigilator. I have personally checkage appeared under my supervision in today's exam, have ereby undertake that if any mistakes are found, I will in the conducted 20% random checking of the OMR sheet of lied correctly as per instructions. The conducted 10% random checking of the OMR sheet of lied correctly as per instructions. The conducted 10% random checking of the OMR sheet of lied correctly as per instructions. The conducted 10% random checking of the OMR sheet of lied correctly as per instructions.	88175176021029 SIMRAN KAUR 88175176022033 SHIKHA THAKUR 88175176022035 SUKHWINDER KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaking (Name) Undertaking (Name) (Designation) have personally checked and ensured that are appeared under my supervision in today's exam, have been filled and shatereby undertake that if any mistakes are found, I will not be entitled for Signat have conducted 20% random checking of the OMR sheet of the said examination lied correctly as per instructions. The same of the Superintendent Signat have conducted 10% random checking of the OMR sheet of the said examination lied correctly as per instructions. The same of the Deputy Controller Signat have conducted 5% random checking of the OMR sheet of the said examination lied correctly as per instructions.

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA 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. 88175176022035 | SUKHWINDER KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

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

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

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 653 / FRUIT & VEGETABLE PROCESSING Class: First

Subject: 44431 / TRADE THEORY

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88245171523003	JAMANDEEP	<u> </u>	<u> </u>
2	88245171523004	JANISH KUMAR CHOUDHAR	L	<u>L</u>
3	88245171523006	JGOURAV	L	<u> </u>
4	88245171523007	JGURPAL SINGH	L	L
5	88245171523012	_J MEGHA	L	L
6	88245171523015	PRINCE KUMAR	L	<u> </u>
7	88245171523017	SAMRITI	L	L
8	88245171523018	SANJANA	L	L
9	88245171523020	SIMRANJIT KAUR	L	L

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

88245171523021 | SOURAV KUMAR

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: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 653 / FRUIT & VEGETABLE PROCESSING Class: First

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 653 / FRUIT & VEGETABLE PROCESSING Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88245171523003	3 AMANDEEP	1	L
2	88245171523004	¹ JANISH KUMAR CHOUDHAR		L
3	8824517152300	GGOURAV	<u> </u>	L
4	8824517152300 ⁻	JGURPAL SINGH	<u> </u>	L
5 	88245171523012	² _J MEGHA	<u> </u>	L
6	8824517152301	PRINCE KUMAR	<u> </u>	<u>L</u>
7	8824517152301	7 SAMRITI	<u> </u>	<u>L</u>
8	88245171523018	³ SANJANA		<u>L</u>
9	88245171523020	SIMRANJIT KAUR		<u>L</u>
10	8824517152302	1 _I SOURAV KUMAR	I	I

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

Name and Signature Of Incharge

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

Center Name:

2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 653 / FRUIT & VEGETABLE PROCESSING 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: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

653 / FRUIT & VEGETABLE PROCESSING Course:

Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88245171523003	JAMANDEEP	<u> </u>	
2	88245171523004	ANISH KUMAR CHOUDHAR		L
3	88245171523006	GOURAV		<u> </u>
4	88245171523007	GURPAL SINGH		L
5	88245171523012	MEGHA		L
6	88245171523015	PRINCE KUMAR		
7	88245171523017	SAMRITI		 [
8	88245171523018	SANJANA		
9	88245171523020	SIMRANJIT KAUR		
10	88245171523021	SOURAV KUMAR		

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

Name and Signature Of Incharge

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

Center Name: 2415 / INDUSTRIAL TRAINING INSTITUTE, TALWARA

Course: 653 / FRUIT & VEGETABLE PROCESSING Class: First

Subject: 44435 / PRACTICAL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 658 / SEWING TECHNOLOGY

Subject: 44431 / TRADE THEORY

Class: First

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247171223001	JAMANDEEP	<u> </u>	L
2	88247171223003	JAMANDEEP KAUR		L
3	88247171223004	JAMANPREET KAUR	<u> </u>	<u> </u>
4	88247171223005	JAMANPREET KAUR	<u> </u>	<u> </u>
5	88247171223006	ANJALI	<u> </u>	<u> </u>
6	88247171223007	ANJALI	<u> </u>	<u> </u>
7	88247171223008	BABANPREET KAUR	<u> </u>	<u> </u>
8	88247171223009	CHESHTA	<u> </u>	<u> </u>
9	88247171223010	JEKTA RANI	<u> </u>	L
10	88247171223011	JGEETA TEJI		L
11	88247171223012	HARLEEN SAINI		L
12	88247171223013	HARMANJIT KAUR		L
13	88247171223014	HARPREET KAUR	<u> </u>	L
14	88247171223015	HARPREET KAUR		L
15 _	88247171223017	KOMAL THATHER		L
16	88247171223018	KULDEEP KAUR		L
17	88247171223020	LABHPREET		L
18	88247171223021	LEVANI		I
19	88247171223022	LOVEPREET		L
20	88247171223023	MANMEET KAUR		
21	88247171223024	MANPREET KAUR		L
	0			

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

Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 658 / SEWING TECHNOLOGY

Class: First

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88247171223025	_] MUSKAN	<u> </u>	<u> </u>
23	88247171223026	NAGITA	<u> </u>	<u> </u>
24	88247171223028	NAVDEEP	<u> </u>	<u>L</u>
25	88247171223029	TOLVAN	L	L
26 	88247171223032	POONAM	L	L
27	88247171223033	POONAM BAHRI	<u> </u>	<u> </u>
28	88247171223034	PRABHJOT KAUR	<u> </u>	L
29	88247171223037	_J PRIYANKA	<u> </u>	<u> </u>
30	88247171223040	RANJIT KAUR	<u> </u>	<u> </u>
31	88247171223041	RAVINDER KAUR	<u> </u>	<u> </u>
32	88247171223042	JREENA RANI	<u> </u>	<u> </u>
33	88247171223043	JRITU PAL	<u> </u>	<u> </u>
34	88247171223044	_J ROHINI	<u> </u>	L
35 	88247171223047	SANDEEP KAUR	<u> </u>	L
36 	88247171223049	JSANJNA BHATIA	<u> </u>	<u> </u>
37 	88247171223050	SARITA KUMARI	<u> </u>	<u> </u>
38 	88247171223051	SATWINDER KAUR	<u> </u>	<u> </u>
39 _	88247171223052	SHIVANI	<u> </u>	L
40	88247171223054	SIMRAN		
41	88247171223055	SIMRAN KAUR	<u></u>	
42	88247171223058	TANVIR KAUR		
		·		

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

Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 658 / SEWING TECHNOLOGY Class: First

Subject: 44431 / TRADE THEORY

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88247171223059 | TARANDEEP 88247171223060 TARANPREET 44 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I 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

2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 658 / SEWING TECHNOLOGY

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247171223001	JAMANDEEP	<u> </u>	L
2	88247171223003	JAMANDEEP KAUR		L
3	88247171223004	JAMANPREET KAUR	<u> </u>	<u> </u>
4	88247171223005	JAMANPREET KAUR	<u> </u>	<u> </u>
5	88247171223006	ANJALI	<u> </u>	<u> </u>
6	88247171223007	ANJALI	<u> </u>	<u> </u>
7	88247171223008	BABANPREET KAUR	<u> </u>	<u> </u>
8	88247171223009	CHESHTA		L
9	88247171223010	JEKTA RANI		L
10	88247171223011	GEETA TEJI		L
11	88247171223012	HARLEEN SAINI		L
12	88247171223013	HARMANJIT KAUR		
13	88247171223014	HARPREET KAUR	<u> </u>	L
14	88247171223015	HARPREET KAUR		
15	88247171223017	KOMAL THATHER		L
16	88247171223018	KULDEEP KAUR		L
17	88247171223020	LABHPREET		
18	88247171223021	_J LEVANI		
19	88247171223022	LOVEPREET		
20	88247171223023	MANMEET KAUR		
21	88247171223024	_J MANPREET KAUR	<u> </u>	

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

2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 658 / SEWING TECHNOLOGY

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88247171223025	MUSKAN		<u> </u>
23	88247171223026	NAGITA		<u> </u>
24	88247171223028	NAVDEEP		<u> </u>
25 	88247171223029	TOLVAN		L
26 	88247171223032	POONAM		L
27	88247171223033	POONAM BAHRI		L
28	88247171223034	PRABHJOT KAUR		L
29	88247171223037	PRIYANKA		L
30	88247171223040	RANJIT KAUR		<u> </u>
31	88247171223041	RAVINDER KAUR		L
32	88247171223042	REENA RANI		L
33	88247171223043	RITU PAL		<u> </u>
34	88247171223044	ROHINI		L
35	88247171223047	SANDEEP KAUR		L
36	88247171223049	SANJNA BHATIA		L
37	88247171223050	SARITA KUMARI		L
38	88247171223051	SATWINDER KAUR		<u> </u>
39	88247171223052	SHIVANI		<u> </u>
40	88247171223054	SIMRAN		
41	88247171223055	SIMRAN KAUR		
42	88247171223058	TANVIR KAUR		

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

Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course : 658 / SEWING TECHNOLOGY Class: First

44434 / EMPLOYBILITY SKILL Subject:

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88247171223059 | TARANDEEP 88247171223060 TARANPREET 44 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I 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 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 658 / SEWING TECHNOLOGY

Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88247171223001	JAMANDEEP	<u> </u>	<u> </u>
2	88247171223003	JAMANDEEP KAUR		L
3	88247171223004	JAMANPREET KAUR		L
4	88247171223005	JAMANPREET KAUR		L
5 	88247171223006	_] ANJALI	<u> </u>	<u> </u>
6	88247171223007	ANJALI		<u> </u>
7	88247171223008	BABANPREET KAUR	<u> </u>	<u> </u>
8	88247171223009	CHESHTA	<u> </u>	<u> </u>
9	88247171223010	JEKTA RANI	<u> </u>	<u> </u>
10	88247171223011	JGEETA TEJI		L
11	88247171223012	HARLEEN SAINI		L
12	88247171223013	HARMANJIT KAUR		L
13	88247171223014	HARPREET KAUR	<u> </u>	<u> </u>
14	88247171223015	HARPREET KAUR	<u> </u>	<u> </u>
15	88247171223017	KOMAL THATHER	<u> </u>	<u> </u>
16	88247171223018	KULDEEP KAUR	<u> </u>	<u> </u>
17 	88247171223020	LABHPREET		<u> </u>
18	88247171223021	_J LEVANI	<u> </u>	<u> </u>
19	88247171223022	LOVEPREET		L
20	88247171223023	_J MANMEET KAUR		
21	88247171223024	_J MANPREET KAUR	<u> </u>	

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

Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course : 658 / SEWING TECHNOLOGY

Class: First

OOU! 50 !	030 / SEWING TECHNOLOGY	Class.
Subject :	44435 / PRACTICAL	

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88247171223025	MUSKAN	<u> </u>	L
23	88247171223026	NAGITA	<u> </u>	L
24	88247171223028	NAVDEEP	<u> </u>	L
25	88247171223029	TOLVAN	<u> </u>	L
26	88247171223032	POONAM	<u> </u>	L
27	88247171223033	JPOONAM BAHRI	<u> </u>	L
28	88247171223034	PRABHJOT KAUR	<u> </u>	L
29	88247171223037	PRIYANKA	<u> </u>	L
30	88247171223040	RANJIT KAUR	<u> </u>	L
31	88247171223041	RAVINDER KAUR	<u> </u>	L
32	88247171223042	REENA RANI	<u> </u>	L
33	88247171223043	RITU PAL	<u> </u>	L
34	88247171223044	_] ROHINI	<u> </u>	L
35 	88247171223047	SANDEEP KAUR	<u> </u>	L
36	88247171223049	SANJNA BHATIA	<u> </u>	L
37	88247171223050	SARITA KUMARI	<u> </u>	L
38	88247171223051	SATWINDER KAUR	<u> </u>	L
39	88247171223052	SHIVANI	<u> </u>	L
40	88247171223054	SIMRAN		L
41	88247171223055	SIMRAN KAUR		
42	88247171223058	TANVIR KAUR		
No Of Students On This Dago sa Drosenta Absentas				

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

Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course : 658 / SEWING TECHNOLOGY

Class: First

44435 / PRACTICAL Subject:

Name of the Controller

S.No Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88247171223059 | TARANDEEP 88247171223060 TARANPREET 44 Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller I have conducted 5% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions.

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

2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY)

Center Name:

Class: First 44431 / TRADE THEORY Subject: S.No Regd. No. Name Of the Student Student's Sign. Answer Sheet No. 88249171223062 _| ANJALI 88249171223066 | GURWINDER KAUR 3 88249171223067 | HARPREET KAUR 88249171223068 _| ISHA MAHI 5 88249171223070 | JASDEEP KAUR 88249171223072 _| JYOTI RANI 88249171223076 | MANDEEP KAUR 88249171223077 | MANJIT DEVI 88249171223078 | NAVJOT KAUR 88249171223079 | NAVNEET KAUR 10 88249171223080 _| NAZIA 12 88249171223084 | PARYRNA 13 88249171223088 | RAVLEEN KAUR

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course: 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY) Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY)

Class: First

44434 / EMPLOYBILITY SKILL Subject:

Center Name:

S.No | Name Of the Student Student's Sign. Regd. No. Answer Sheet No. 88249171223062 _| ANJALI 88249171223066 | GURWINDER KAUR 3 88249171223067 | HARPREET KAUR 88249171223068 _| ISHA MAHI 5 88249171223070 | JASDEEP KAUR 88249171223072 _| JYOTI RANI 88249171223076 | MANDEEP KAUR 88249171223077 | MANJIT DEVI 88249171223078 _| NAVJOT KAUR 88249171223079 | NAVNEET KAUR 10 88249171223080 _| NAZIA 12 88249171223084 _IPARYRNA 13 88249171223088 | RAVLEEN KAUR 14 88249171223089 | SANDEEP KAUR 88249171223090 | SAVITA KUMARI 15 88249171223093 | SIMARNJEET RAJU 16 88249171223094 | SIMRAN 17 88249171223095 | SIMRANPREET KAUR 18 88249171223096 _| SUKHJINDER KAUR 20 88249171223097 _| SUMAN $88249171223100_{\,|\,}$ VISHAKHA KAUR

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course: 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY) Class: First Subject: 44434 / EMPLOYBILITY SKILL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR

Course: 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY)

Class: First

Subject: 44435 / PRACTICAL

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88249171223062	JANJALI	<u> </u>	<u> </u>
2	88249171223066	GURWINDER KAUR		
3	88249171223067	HARPREET KAUR	<u> </u>	<u> </u>
4	88249171223068	JISHA MAHI	<u> </u>	<u> </u>
5 	88249171223070	JASDEEP KAUR	<u> </u>	<u> </u>
6	88249171223072	JYOTI RANI		<u> </u>
7	88249171223076	MANDEEP KAUR	<u> </u>	<u> </u>
8	88249171223077	_J MANJIT DEVI	<u> </u>	<u> </u>
9	88249171223078	NAVJOT KAUR	<u> </u>	<u> </u>
10	88249171223079	NAVNEET KAUR		<u> </u>
11	88249171223080	NAZIA	<u> </u>	<u> </u>
12	88249171223084	PARYRNA	<u> </u>	<u> </u>
13	88249171223088	RAVLEEN KAUR	<u> </u>	<u> </u>
14	88249171223089	SANDEEP KAUR	<u> </u>	<u> </u>
15 	88249171223090	SAVITA KUMARI	<u> </u>	<u> </u>
16	88249171223093	SIMARNJEET RAJU	<u> </u>	<u> </u>
17 	88249171223094	SIMRAN		<u> </u>
18	88249171223095	SIMRANPREET KAUR	<u> </u>	<u> </u>
19	88249171223096	SUKHJINDER KAUR		L
20	88249171223097	SUMAN		
21	88249171223100	VISHAKHA KAUR	<u> </u>	

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2431 / INDUSTRIAL TRAINING INSTITUTE, (W) HOSHIARPUR Course: 671 / SURFACE ORNAMENTATION TECHNIQUES ((EMBRIODERY) Class: First Subject: 44435 / PRACTICAL Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

filled correctly as per instructions.

Signature of the Deputy Controller

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

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

Name of the Controller

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

Center Name: 2432 / INDUSTRIAL TRAINING INSTITUTE (W) , URMUR TANDA

Course: 660 / WELDER Class: First

Name Of the Student

Subject: 44431 / TRADE THEORY

Regd. No.

S.No

		1	Allower officet No.	
1	88212171622036	LOVEPREET SONDHI		
2	88212171623001	BALJOT SINGH	<u> </u>	
3	88212171623003	DAKSHEY KUMAR	<u> </u>	L
4	88212171623004	GURLEEN SINGH	<u> </u>	L
5	88212171623005	HARJOT	<u> </u>	L
6	88212171623006	HARJOT SINGH	<u> </u>	L
7	88212171623007	HARMAN PAL	<u> </u>	L
8	88212171623009	JASKARANDEEP SINGH	<u> </u>	L
9	88212171623010	KARAMVIR SINGH	<u> </u>	L
10	88212171623011	KULDEEP	<u> </u>	L
11	88212171623012	MANPREET SINGH	<u> </u>	L
12	88212171623015	SIMRANJIT SINGH	<u> </u>	L
13	88212171623016	SUKHWINDER SINGH	<u> </u>	L
14	88212171623017	TARANJOT SINGH	<u> </u>	L

Answer Sheet No.

Student's Sign.

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2432 / INDUSTRIAL TRAINING INSTITUTE (W), URMUR TANDA Center Name: Course: 660 / WELDER Class: First Subject: 44431 / TRADE THEORY Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2432 / INDUSTRIAL TRAINING INSTITUTE (W) , URMUR TANDA

Course: 660 / WELDER Class: First

Subject: 44434 / EMPLOYBILITY SKILL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212171622036	LOVEPREET SONDHI	<u> </u>	
2	88212171623001	BALJOT SINGH	<u> </u>	<u> </u>
3	88212171623003	DAKSHEY KUMAR	<u> </u>	<u> </u>
4	88212171623004	GURLEEN SINGH	<u> </u>	L
5 	88212171623005	HARJOT	<u> </u>	<u></u>
6	88212171623006	HARJOT SINGH		<u></u>
7	88212171623007	HARMAN PAL	<u> </u>	<u></u>
8	88212171623009	JASKARANDEEP SINGH	<u> </u>	L
9	88212171623010	KARAMVIR SINGH	<u> </u>	<u></u>
10	88212171623011	KULDEEP		L
11	88212171623012	MANPREET SINGH		
12	88212171623015	SIMRANJIT SINGH		
13	88212171623016	SUKHWINDER SINGH		
14	88212171623017	TARANJOT SINGH	 	
				~

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

Total No. Of Answer Sheets Packed >

Name and Signature Of Incharge

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2432 / INDUSTRIAL TRAINING INSTITUTE (W), URMUR TANDA Center Name: Course: 660 / WELDER Class: First 44434 / EMPLOYBILITY SKILL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

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

Center Name: 2432 / INDUSTRIAL TRAINING INSTITUTE (W) , URMUR TANDA

Course : 660 / WELDER Class: First

Subject: 44435 / PRACTICAL

PAGE: 1

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88212171623001	BALJOT SINGH		
2	88212171623003	DAKSHEY KUMAR	<u> </u>	
3	88212171623004	GURLEEN SINGH	<u> </u>	
4	88212171623005	HARJOT	<u> </u>	
5 	88212171623006	HARJOT SINGH	<u> </u>	
6	88212171623007	HARMAN PAL	<u> </u>	
7	88212171623009	JASKARANDEEP SINGH	<u> </u>	
8	88212171623010	KARAMVIR SINGH	<u> </u>	
9	88212171623011	KULDEEP	<u> </u>	L
10	88212171623012	MANPREET SINGH	<u> </u>	L
11	88212171623015	SIMRANJIT SINGH		L
12	88212171623016	SUKHWINDER SINGH	<u></u>	
13	88212171623017	TARANJOT SINGH		

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

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

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 2 of 2 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT 2432 / INDUSTRIAL TRAINING INSTITUTE (W), URMUR TANDA Center Name: Course: 660 / WELDER Class: First 44435 / PRACTICAL Subject: Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) ____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent

Name of the Deputy Controller

Signature of the Deputy Controller

I 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

filled correctly as per instructions.

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

PAGE: 1 of 1 ATTENDANCE Center Name: 2511 / INDUSTRIAL

2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course: 138 / TOOL AND DIE MAKER (DIE & MOULDS) Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.	
1	88228262122003	AKASHDEEP SINGH			
2	88228262122004	JAMAN KUMAR			
3					
4	88228262122010	DII DDEET CINCII			
5	88228262122020	JRAHUL	I		
I (N abov have	ame)_ e examination as Inv appeared under my s	(Designation)_ igilator. I have personally che	Undertaking ecked and ensured that we 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	
I (Na	ame)e examination as Inv	(Designation) igilator. I have personally che	ecked and ensured that	hereby certify that I have conducted the t particulars of all the students who	
have here	appeared under my s by undertake that if	upervision in today's exam, hav any mistakes are found, I will	ve been filled and sh I 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% ran ed correctly as per	dom checking of the OMR sheet on instructions.	of the said examinati	on and found that particulars have been	
Name	Name of the Superintendent Signature of the Superintendent				
l ha fill	ve conducted 10% ran ed correctly as per	dom checking of the OMR sheet of instructions.	of the said examinati	on and found that particulars have been	
Name	of the Deputy Contr	oller	Si gna	ture of the Deputy Controller	
l h	ave conducted 5% ran ed correctly as per	dom checking of the OMR sheet o	of the said examinati	on and found that particulars have been	
Name	of the Controller		Si gna	ture of the Controller	

Class: Second

Signature of the Controller

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

PAGE: 1 of 1 Center Name:

2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course: 138 / TOOL AND DIE MAKER (DIE & MOULDS)

Subject: 44441 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88228262122002	AKASHDEEP SINGH		
2	88228262122003	AKASHDEEP SINGH	L	<u> </u>
3	88228262122004	AMAN KUMAR	<u> </u>	<u>L</u>
4	88228262122005	AMANDEEP SINGH	<u> </u>	<u>L</u>
5	88228262122006	AMRITPAL SINGH	<u> </u>	<u>L</u>
6	88228262122007	ANMOLDEEP SINGH	<u> </u>	<u>L</u>
7	88228262122010	DILPREET SINGH	<u> </u>	<u> </u>
8	88228262122020	RAHUL	<u> </u>	L
9	88228262122022	ROHIT KHULLAR		I
Tota	al No. Of Students in al No. Of Answer She me and Signature Of		sent:	
			Undertaki ng	
I (Na above have here	ame)_ e examination as Invi appeared under my su by undertake that if	(Designation) gilator. I have personally chec pervision in today's exam, have any mistakes are found, I will	h ked and ensured that been filled and sha not be entitled for	ereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
	ve conducted 20% rand ed correctly as per i		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	om 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

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

PAGE: 1 of 1 Center Name:

2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course:

138 / TOOL AND DIE MAKER (DIE & MOULDS) Class: Second

Subject: 44444 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88228262122002	AKASHDEEP SINGH	<u></u>	<u> </u>
2	88228262122003	AKASHDEEP SINGH	<u></u>	L
3	88228262122004	AMAN KUMAR	<u></u>	<u> </u>
4	88228262122005	AMANDEEP SINGH	<u> </u>	L
5 	88228262122006	AMRITPAL SINGH	<u> </u>	<u> </u>
6	88228262122007	ANMOLDEEP SINGH	1	<u> </u>
7	88228262122010	DILPREET SINGH	1	
8	88228262122020	RAHUL	1	<u> </u>
9	88228262122022	ROHIT KHULLAR		
Tota	al No. Of Students in al No. Of Answer She me and Signature Of	eets Packed >	sent:	
			Undertaki ng	
have	appeared under my su	(Designation) gilator. I have personally chec upervision in today's exam, have any mistakes are found, I will	e been filled and sha	pereby certify that I have conducted the particulars of all the students who ded correctly in the OMR sheets. I also any remuneration.
			Si gnat	ure of the Invigilator
	ve conducted 20% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Superintender	nt	Si gnat	ure of the Superintendent
	ve conducted 10% rand ed correctly as per i		the said examination	on and found that particulars have been
Name	of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller
l ha	ave conducted 5% ranc ed correctly as per i	dom checking of the OMR sheet of nstructions.	the said examination	on and found that particulars have been
Name	of the Controller		Si gnat	rure of the Controller

Class: Second

Signature of the Controller

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

PAGE: 1 of 1 Center Name:

2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course:

138 / TOOL AND DIE MAKER (DIE & MOULDS)

Subject: 44445 / PRACTICAL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.				
1	88228262122002	AKASHDEEP SINGH		I				
2	88228262122003	AKASHDEEP SINGH		<u>L</u>				
3	88228262122004	AMAN KUMAR	<u> </u>	<u> </u>				
4	88228262122005	AMANDEEP SINGH	<u> </u>	L				
5	88228262122006	AMRITPAL SINGH		<u> </u>				
6	88228262122007	ANMOLDEEP SINGH		<u> </u>				
7	88228262122010	DILPREET SINGH		L				
8	88228262122020	RAHUL						
9	88228262122022	ROHIT KHULLAR		 				
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge							
			Undertaki ng					
I (N abov have here	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.							
			Si gnat	ure of the Invigilator				
l ha fill	ave conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	the said examinatio	n and found that particulars have been				
Name	Name of the Superintendent Signature of the Superintendent							
	ave conducted 10% rand ed correctly as per i		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	I have conducted 5% random 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:

Name of the Controller

2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course:

175 / CUTTING SEWING & EMBROIDERY TEACHER TRG.

Class: First

Subject: 17511 / PRINCIPLE OF EDUCATION

S	.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.		
1		88175167422001	GURDEEP KAUR				
2		88175167422002	CUDDEET KAUD				
3		88175167422006					
4		88175167522002	N/OTI				
	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
				Undertaki ng			
I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and 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		
	l ha fill	ive conducted 20% rand ed correctly as per i	om checking of the OMR sheet of nstructions.	9	ure of the Invigilator n and found that particulars have been		
	fill	eve conducted 20% rand ed correctly as per i e of the Superintenden	nstructi onš.	the said examination	C		
	fill Name I ha	ed correctly as per i e of the Superintenden	nstructions. t om checking of the OMR sheet of	the said examination Signate	and found that particulars have been		
	fill Name I ha fill	ed correctly as per i e of the Superintenden ave conducted 10% rand	nstructions. t om checking of the OMR sheet of nstructions.	the said examination Signate the said examination	n and found that particulars have been ure of the Superintendent		

Signature of the Controller

Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA 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. 88175167422006 | PARMJIT KAUR Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge Undertaki ng I (Name) _____ hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration. Signature of the Invigilator I have conducted 20% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Superintendent Signature of the Superintendent I have conducted 10% random checking of the OMR sheet of the said examination and found that particulars have been filled correctly as per instructions. Name of the Deputy Controller Signature of the Deputy Controller

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING

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

PAGE: 1

Name of the Controller Signature of the Controller

filled correctly as per instructions.

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

2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

222 / COMP. OP. PROGRAM. ASSISTANT

Course: Class: First

Subject: 44431 / TRADE THEORY

Center Name:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242141323001	GAGANDEEP KAUR	<u> </u>	<u> </u>
2	88242141323005	JASHANDEEP KAUR	<u> </u>	L
3	88242141323008	JKAJAL KAUR	L	L
4	88242141323009	KARMJEET KAUR	L	L
5	88242141323010	KIRANPREET KAUR	L	L
6	88242141323011	KOMALPREET	<u></u>	L
7	88242141323012	LACHHMI KAUR	<u></u>	L
8	88242141323013	JMANDEEP KAUR	L	L
9	88242141323014	MANDEEP KAUR	<u> </u>	L
10	88242141323015	_J MANISHA	<u> </u>	L
11	88242141323016	MANPREET KAUR	<u> </u>	L
12	88242141323024	VEERPAL KAUR	L	L
13	88242162122026	JARSHDEEP SINGH	<u></u>	L
14	88242162122038	NIRMAL SINGH	<u></u>	L
15	88242162122040	PARLAD SINGH	L	L
16	88242162122043	RAJDEEP SINGH	<u> </u>	L
17	88242162123001	JAMANDEEP SAFI	<u> </u>	L
18	88242162123002	JDILJIT SINGH	<u> </u>	L
19	88242162123004	JGAGANAJIT SINGH	L	<u></u>
20	88242162123005	HARPREET SINGH	L	<u></u>
21	88242162123007	JASKARAN SINGH	<u> </u>	

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

Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

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

Subject: 44431 / TRADE THEORY

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88242162123008	JASKARAN SINGH	<u> </u>	<u></u>
23	88242162123009	KARANPREET SINGH	<u> </u>	
24	88242162123011	LAKHVEER SINGH	<u> </u>	
25	88242162123012	MANPREET SINGH	<u> </u>	
26	88242162123013	NAVDEEP KAUR	<u> </u>	<u> </u>
27	88242162123014	NAVDEEP SINGH AULAKH		
28	88242162123015	OVANDEEP SINGH	<u> </u>	
29	88242162123017	PRABHJOT SINGH	<u> </u>	<u> </u>
30	88242162123018	RAJVEER SINGH	<u> </u>	
31	88242162123019	SAJAN SINGH	<u></u>	<u></u>
32	88242162123020	SIMRANDEEP KAUR		<u></u>
33	88242162123022	SURLEEN SINGH GILL		

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

88242162123023 | SWARNJEET SINGH

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

PUNJAB STATE BOARD OF TECHNICAL EDUCATION & INDUSTRIAL TRAINING PAGE: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

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

Subject: 44431 / TRADE THEORY

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Signature of the Controller

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

Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
1	88242141323001	JGAGANDEEP KAUR	<u> </u>	L
2	88242141323005	JASHANDEEP KAUR	<u> </u>	L
3	88242141323008	KAJAL KAUR	<u> </u>	L
4	88242141323009	KARMJEET KAUR	<u> </u>	L
5	88242141323010	KIRANPREET KAUR	<u> </u>	L
6	88242141323011	KOMALPREET		L
7	88242141323012	LACHHMI KAUR	<u> </u>	L
8	88242141323013	MANDEEP KAUR	<u> </u>	L
9	88242141323014	MANDEEP KAUR	<u> </u>	L
10	88242141323015	MANISHA	<u> </u>	L
11	88242141323016	MANPREET KAUR		L
12	88242141323024	JVEERPAL KAUR		L
13	88242162122026	ARSHDEEP SINGH	<u> </u>	L
14	88242162122038	NIRMAL SINGH	<u> </u>	L
15	88242162122039	OMKAR SINGH		L
16	88242162122040	PARLAD SINGH		L
17 	88242162122043	RAJDEEP SINGH		L
18 	88242162123001	AMANDEEP SAFI		L
19	88242162123002	DILJIT SINGH		L
20	88242162123004	GAGANAJIT SINGH	<u> </u>	
21	88242162123005	HARPREET SINGH		
	 .			

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

Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

Course: 222 / COMP. OP. PROGRAM. ASSISTANT

Class: First

Subject: 44434 / EMPLOYBILITY SKILL

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.
22	88242162123007	JASKARAN SINGH	<u> </u>	<u> </u>
23	88242162123008	JASKARAN SINGH	<u> </u>	L
24	88242162123009	KARANPREET SINGH	<u> </u>	L
25 	88242162123011	LAKHVEER SINGH	L	L
26 	88242162123012	JMANPREET SINGH	<u> </u>	L
27	88242162123013	NAVDEEP KAUR	<u> </u>	L
28	88242162123014	NAVDEEP SINGH AULAKH	<u> </u>	L
29 	88242162123015	JOVANDEEP SINGH	<u> </u>	L
30	88242162123017	PRABHJOT SINGH	<u> </u>	L
31	88242162123018	RAJVEER SINGH	<u> </u>	L
32	88242162123019	SAJAN SINGH	<u> </u>	L
33	88242162123020	SIMRANDEEP KAUR	<u> </u>	L
34	88242162123022	SURLEEN SINGH GILL	<u> </u>	L
35 	88242162123023	SWARNJEET SINGH	<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: 3 of 3 ATTENDANCE CUM CHALLAN FORM - FOR August' 2024 EXAMS -SCVT

Center Name: 2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

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

Subject: 44434 / EMPLOYBILITY SKILL

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

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

Undertaki ng

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

Signature of the Invigilator

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

Name of the Superintendent

Signature of the Superintendent

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

Name of the Deputy Controller

Signature of the Deputy Controller

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

Name of the Controller

Signature of the Controller

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

2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

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	88242141323001	GAGANDEEP KAUR	<u> </u>	L
2	88242141323005	JASHANDEEP KAUR	<u> </u>	L
3	88242141323008	KAJAL KAUR	<u> </u>	L
4	88242141323009	KARMJEET KAUR	<u> </u>	L
5	88242141323010	KIRANPREET KAUR	<u> </u>	L
6	88242141323011	KOMALPREET	<u> </u>	L
7	88242141323012	LACHHMI KAUR	<u> </u>	L
8	88242141323013	JMANDEEP KAUR	<u> </u>	L
9	88242141323014	JMANDEEP KAUR	<u> </u>	L
10	88242141323015	_] MANISHA	<u> </u>	L
11	88242141323016	JMANPREET KAUR	<u> </u>	L
12	88242141323024	JVEERPAL KAUR	<u> </u>	L
13	88242162123001	JAMANDEEP SAFI	<u> </u>	L
14	88242162123002	JDILJIT SINGH	<u> </u>	L
15 	88242162123004	JGAGANAJIT SINGH	<u> </u>	L
16	88242162123005	HARPREET SINGH	<u> </u>	L
17 	88242162123007	JASKARAN SINGH	<u> </u>	L
18	88242162123008	JASKARAN SINGH	<u> </u>	L
19	88242162123009	KARANPREET SINGH	<u> </u>	L
20	88242162123011	LAKHVEER SINGH	<u> </u>	
21	88242162123012	JMANPREET SINGH	<u> </u>	L

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

PAGE: 2 of 2 Center Name:

2511 / INDUSTRIAL TRAINING INSTITUTE, MOGA

222 / COMP. OP. PROGRAM. ASSISTANT Course:

Class: First

44435 / PRACTICAL Subject:

S.No	Regd. No.	Name Of the Student	Answer Sheet No.	Student's Sign.			
22	88242162123013	NAVDEEP KAUR	<u> </u>	<u> </u>			
23	88242162123014	NAVDEEP SINGH AULAKH	L	L			
24	88242162123015	OVANDEEP SINGH	L	L			
25	88242162123017	PRABHJOT SINGH	<u> </u>	<u> </u>			
26	88242162123018	RAJVEER SINGH	<u> </u>	<u> </u>			
27	88242162123019	SAJAN SINGH	<u> </u>	<u> </u>			
28	88242162123020	SIMRANDEEP KAUR	<u> </u>	<u> </u>			
29	88242162123022	SURLEEN SINGH GILL	<u> </u>	<u> </u>			
30	88242162123023	SWARNJEET SINGH	<u> </u>	<u> </u>			
To	Total No. Of Students in this Subject > Present : Absent: Total No. Of Answer Sheets Packed > Name and Signature Of Incharge						
			Undertaki ng				
have	I (Name) hereby certify that I have conducted the above examination as Invigilator. I have personally checked and ensured that particulars of all the students who have appeared under my supervision in today's exam, have been filled and shaded correctly in the OMR sheets. I also hereby undertake that if any mistakes are found, I will not be entitled for any remuneration.						
			Si gnat	ure of the Invigilator			
	ave conducted 20% rand ed correctly as per i		the said examinatio	n and found that particulars have been			
Name	e of the Superintender	nt	Si gnat	ure of the Superintendent			
	ave conducted 10% rand ed correctly as per i		the said examinatio	n and found that particulars have been			
Name	e of the Deputy Contro	oller	Si gnat	ure of the Deputy Controller			

I 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