COEP Technological University

A Unitary Public University of Government of Maharashtra
(Formerly College of Engineering Pune (COEP))
Phone No. +91-20-25507073

Semester Examination Attendance Sheet

Branch Name:- Civil Engineering | **Semester:-** Semester VII

Course Name:- Remote Sensing and GIS | **Divisions:-** Div-1

Date:- 17/11/2026 | **Time:-** 2.30 PM TO 5.30 PM | **Room No. :-** NC 03

Sr No.	PRN No.	Student Name	ABC Id	Answer Book No.	Supplement No		Signature
1	612301009	AYUSHMAN TIWARI	166850525131				
2	612301015	BHUYAR AYUSH AVINASH	924858006341				
3	612301017	CHAVAN ADITYA SHASHIKANT	557452748480				
4	612301019	CHIMANKAR MAYUR SANJAY	317929092272				
5	612301023	DEHANKAR DHRUV NITIN	919172368730				
6	612301027	DNYANADA VITTHAL KHONDE	536877884040				
7	612301028	DODAL SAMAY NISHANT	604667078341				
8	612301033	HIRUGADE SATEJ SANJAY	556441714294				
9	612301053	MOHITE AAKANKSHA VISHWAS	402863735087				
10	612301057	MULLA SAYYAD SAFA RAFIK	319044735822				
11	612301058	MUSTAFA ALI	316964246843				
12	612301062	NIMBALKAR HARSHVARDHAN MOHAN	983548897080				
13	612301071	PATIL RASHIKA PRASHANT	382221971808				
14	612301073	PATIL SIDDHANT DEEPAK	608332899447				
15	612301084	SHELAR SHREYA RAJU	341125640249				
16	612301086	SOMANI DEVEN SHRIKANT	850922213547				
17	612301087	SUJAL SHIVRAM DESTEWAD	272514403290				
18	612301095	ARUN VERMA	761516133990				
19	612303038	BHOSALE ADITYA SOMINATH	596133646050				
20	612303105	MADAGE ATHARV MADHUKAR	638945988472				
21	612303193	VASAIKAR PURNANK GANESH	826821980267				
22	612305016	CHAVAN MAYUR ASHOK	672816222163				
23	612305029	HIVAREKAR PARAS SHAILENDRA	758484907117				
24	612305033	JAGDALE SANKET PANDURANG	228387617443				
25	612310001	ADHAV SHREYASH SHREEKANT	204772683839				
26	612310041	DOSHI PARTH PRAFULLA	883546400916				
27	612310042	DUSANE ROMIT ROSHAN	991151441764				
28	612310054	GUNE ADITYA SAMEER	611155294245				
29	612310074	KARHADE AJAY SAYANNA	924034707009				
30	612310094	MANDALE MAYURI SOPAN	559211153024				
Total Students:							
Present:				**Name & Signature of invigilator**			
Absent:							

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