

SEATING PLAN

A

Mark sheet no. Q-05572615 Serial no. 1 Examination date. November 2024 Province. Centre. 499995418

Attendance type Full time candidates Language : English

Instructional offering 03011002 Applied Accounting L2

Paper. External Summative Assessment Paper no. 1 Date. 2024/11/28 Time 13.00 Duration 03.00 Max Marks. 100

EXAMINATION NUMBERS MAY NOT BE INSERTED OR ADDED. No alterations / correction fluid is allowed
* INSTRUCTION: Indicate if candidate is present or absent by using 'j' = present or 'a' = absent. '999' must be inserted in the percentage column for candidates absent.

	Examination No.	j/a	% 100	EAQ	MOD
1	1020495089		A1		
2	2130984087		A2		
3	3231254081		A3		
4	3240634083				
5	104295564082		A4		
6	112240841083		A5		
7	201260318088		A6		
8	202070343084				
9	204260604085		A7		
10	206290361081				
11	208020488085				
12	208255706086		A8		
13	301170416087				
14	305220643087				
15	305310526085				
16	306030658083		B1		
17	309090997086				
18	309101625080		B2		
19	309121107085		B3		
20	405015816086				
21	405110304087		B4		
22	409071604089				
23	412050351086				
24	503141491087		B5		
25	503155566089		B6		

	Examination No.	j/a	% 100	EAQ	MOD
26	8801271112081				
27	8812180488082				
28	9202161117083				
29	9601150776082		B7		
30	9711175606089				
31	9806010995083		B8		
32	*****	**	** ** ** *	** ** *	**
33	*****	**	** ** ** *	** ** *	**
34	*****	**	** ** ** *	** ** *	**
35	*****	**	** ** ** *	** ** *	**
36	*****	**	** ** ** *	** ** *	**
37	*****	**	** ** ** *	** ** *	**
38	*****	**	** ** ** *	** ** *	**
39	*****	**	** ** ** *	** ** *	**
40	*****	**	** ** ** *	** ** *	**
41	*****	**	** ** ** *	** ** *	**
42	*****	**	** ** ** *	** ** *	**
43	*****	**	** ** ** *	** ** *	**
44	*****	**	** ** ** *	** ** *	**
45	*****	**	** ** ** *	** ** *	**
46	*****	**	** ** ** *	** ** *	**
47	*****	**	** ** ** *	** ** *	**
48	*****	**	** ** ** *	** ** *	**
49	*****	**	** ** ** *	** ** *	**
50	*****	**	** ** ** *	** ** *	**

INVIGILATOR : _____ DATE : _____
PRINT NAME

MARKER : _____ DATE : _____
PRINT NAME

CHIEF MARKER : _____ DATE : _____
PRINT NAME

EA (QUALITY ASSURER) _____ DATE : _____
PRINT NAME

SEATING PLAN

B



Mark sheet no. Q-05572616 Serial no. 1 Examination date. November 2024 Province. Centre. 499995418

Attendance type Part time candidates Language : English

Instructional offering 03011002 Applied Accounting L2

Paper. External Summative Assessment Paper no. 1 Date. 2024/11/28 Time 13.00 Duration 03.00 Max Marks 100

EXAMINATION NUMBERS MAY NOT BE INSERTED OR ADDED. No alterations / correction fluid is allowed
 * INSTRUCTION: Indicate if candidate is present or absent by using '✓' = present or 'a' = absent.
 999 must be inserted in the percentage column for candidates absent.

	Examination No.	*/a	% 100	EAQ	MOD
	1 1011565080		C1		
	2 12210374083				
	3 112130766085				
	4 9706175422081				
	5 9710110440083				
	6 9811290523084		C2		
	7 9905140342081				
	8 9912060133086				
	9 *****	**	** ** ** *	** *	** *
	10 *****	**	** ** ** *	** *	** *
	11 *****	**	** ** ** *	** *	** *
	12 *****	**	** ** ** *	** *	** *
	13 *****	**	** ** ** *	** *	** *
	14 *****	**	** ** ** *	** *	** *
	15 *****	**	** ** ** *	** *	** *
	16 *****	**	** ** ** *	** *	** *
	17 *****	**	** ** ** *	** *	** *
	18 *****	**	** ** ** *	** *	** *
	19 *****	**	** ** ** *	** *	** *
	20 *****	**	** ** ** *	** *	** *
	21 *****	**	** ** ** *	** *	** *
	22 *****	**	** ** ** *	** *	** *
	23 *****	**	** ** ** *	** *	** *
	24 *****	**	** ** ** *	** *	** *
	25 *****	**	** ** ** *	** *	** *

	Examination No.	*/a	% 100	EAQ	MOD
26	*****	**	** ** ** *	** *	** *
27	*****	**	** ** ** *	** *	** *
28	*****	**	** ** ** *	** *	** *
29	*****	**	** ** ** *	** *	** *
30	*****	**	** ** ** *	** *	** *
31	*****	**	** ** ** *	** *	** *
32	*****	**	** ** ** *	** *	** *
33	*****	**	** ** ** *	** *	** *
34	*****	**	** ** ** *	** *	** *
35	*****	**	** ** ** *	** *	** *
36	*****	**	** ** ** *	** *	** *
37	*****	**	** ** ** *	** *	** *
38	*****	**	** ** ** *	** *	** *
39	*****	**	** ** ** *	** *	** *
40	*****	**	** ** ** *	** *	** *
41	*****	**	** ** ** *	** *	** *
42	*****	**	** ** ** *	** *	** *
43	*****	**	** ** ** *	** *	** *
44	*****	**	** ** ** *	** *	** *
45	*****	**	** ** ** *	** *	** *
46	*****	**	** ** ** *	** *	** *
47	*****	**	** ** ** *	** *	** *
48	*****	**	** ** ** *	** *	** *
49	*****	**	** ** ** *	** *	** *
50	*****	**	** ** ** *	** *	** *

INVIGILATOR : _____ DATE : _____
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MARKER : _____ DATE : _____
 PRINT NAME

CHIEF MARKER : _____ DATE : _____
 PRINT NAME

EA (QUALITY ASSURER) _____ DATE : _____
 PRINT NAME