

# SEATING PLAN

A



Mark sheet no. Q-05572672 Serial no. 1 Examination date. November 2024 Province.            Centre. 499995418

Attendance type Full time candidates Instructional offering 03061014 Office Practice L4 Language : English

Paper. External Summative Assessment Paper no. 1 Date. 2024/11/29 Time 09.00 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	3061039081		A1		
2	5220367089		A2		
3	6131101088		A3		
4	7280645081		A4		
5	8151028084		A5		
6	9261283080		A6		
7	10120406086		A7		
8	12251051087		A9		
9	201210402081		A10		
10	207290778084		A11		
11	208210965082		A12		
12	404300175084		A13		
13	8904180496080		A14		
14	9005290723089		A15		
15	9405150596080		B1		
16	9505085900081		B2		
17	9510110944088		B3		
18	9702150584086		B4		
19	9702221046081		B5		
20	9708100279081		B6		
21	9709041112084		B7		
<del>22</del>	<del>9712190191081</del>				
23	9803020502082		B8		
24	9811035834085		B9		
25	9903281246088		B10		

	Examination No.	j/a	% 100	EAQ	MOD
26	9908140310082		B11		
27	9911010861085				
28	*****	**	** ** ** *	** ** *	**
29	*****	**	** ** ** *	** ** *	**
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50	*****	**	** ** ** *	** ** *	**

INVIGILATOR : \_\_\_\_\_ DATE : \_\_\_\_\_  
PRINT NAME

CHIEF MARKER : \_\_\_\_\_ DATE : \_\_\_\_\_  
PRINT NAME

MARKER : \_\_\_\_\_ DATE : \_\_\_\_\_  
PRINT NAME

EA (QUALITY ASSURER) \_\_\_\_\_ DATE : \_\_\_\_\_  
PRINT NAME

# SEATING PLAN

B



Mark sheet no. Q-05572673 Serial no. 1 Examination date. November 2024 Province.            Centre. 499995418

Attendance type Part time candidates Language : English

Instructional offering 03061014 Office Practice L4

Paper. External Summative Assessment Paper no. 1 Date. 2024/11/29 Time 09.00 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
<del>1</del>	<del>1120539083</del>				
2	7310596080		B12		
<del>3</del>	<del>8291127085</del>				
4	9070920088		B13		
5	11025922086		B14		
<del>6</del>	<del>104270935083</del>				
<del>7</del>	<del>105235851083</del>				
8	211205120085		B15		
<del>9</del>	<del>9102040528080</del>				
<del>10</del>	<del>9106190288080</del>				
<del>11</del>	<del>9412270438086</del>				
12	9703050537083		C1		
13	9705081094083		C2		
<del>14</del>	<del>9707090950081</del>				
15	9710240720081		C3		
16	9803115610089		C4		
17	9812121031081		C5		
<del>18</del>	<del>9903241247085</del>				
<del>19</del>	<del>9906270570087</del>				
<del>20</del>	<del>9909010747080</del>				
21	9911110826087		C6		
22	9911200322088		C7		
<del>23</del>	<del>9912010674080</del>				
24	*****	**	** ** **	**	** **
25	*****	**	** ** **	**	** **

HALL

	Examination No.	j/a	% 100	EAQ	MOD
26	*****	**	** ** **	**	** **
27	*****	**	** ** **	**	** **
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29	*****	**	** ** **	**	** **
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49	*****	**	** ** **	**	** **
50	*****	**	** ** **	**	** **

INVIGILATOR : \_\_\_\_\_ DATE : \_\_\_\_\_  
PRINT NAME

CHIEF MARKER : \_\_\_\_\_ DATE : \_\_\_\_\_  
PRINT NAME

MARKER : \_\_\_\_\_ DATE : \_\_\_\_\_  
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EA (QUALITY ASSURER) \_\_\_\_\_ DATE : \_\_\_\_\_  
PRINT NAME