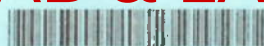


SEATING PLAN: 4IR LAB & LAB01

A



Mark sheet no. H-05864181	Serial no. 1	Examination date. June 2025	Province. 	Centre. 499995418
Attendance type Full time candidates		Language : English		
Instructional offering 06030154 COMPUTERISED FINANCIAL SYSTEMS N4				
Paper. EXTERNAL EXAMINATION	Paper no. 1	Date. 20250619	Time 9.00	Duration 3.00
			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		0004140380082	U2	4IRLAB		
2		0006280283083	U3			
3		0007031092088	U37			
4		0007041115085	U5			
5		0007116028080	U6			
6		0105171076083	U7			
7		0111090967089	U8			
8		0201011164088	U9			
9		0202235863083	U10			
10		0204020782080	U11			
11		0204165406081	U12			
12		0204190130086	U13			
13		0205050554083	U14			
14		0205240547088	U15			
15		0210010617087	U16			
16		0301160316081	U17			
17		0302170863088	U18			
18		0304230731081				
19		0305050352080	U19			
20		0305116172084	U20			
21		0306240420084	U21			
22		0307130357089	U22			
23		0311071106083	U23			
24		0312051077088	U24			
25		0312125492081	U25			

		Examination No.	j/a	% 100	EAQ	MOD
26		0401110225083	U26			
27		0402170678088	U27			
28		0402186457089	U28			
29		0404185136086	U29			
30		0405100372086				
31		0405180815087	A1	LAB 01		
32		0405240830084				
33		0406130567083				
34		0406205181083	A2			
35		0406256288084	A3			
36		0407221338087	A4			
37		0407311144080	A5			
38		0408231179081	A6			
39		0409111190081				
40		0501220585084				
41		0502070510081	A7			
42		0503300966085	A8			
43		0505080661083	A9			
44		0507190474084	A10			
45		0508111123081	A11			
46		0511206225084	A12			
47		0512165934088	B1			
48		0602010971086	B2			
49		0602180664081	B3			
50		8608130542089	B4			

INVIGILATOR : _____ DATE : _____
PRINT NAME

MARKER : _____ DATE : _____
PRINT NAME

CHIEF MARKER : _____ DATE : _____
PRINT NAME

EA (QUALITY ASSURER) _____ DATE : _____
PRINT NAME

SEATING PLAN: LAB01

B



Mark sheet no. H-05864182	Serial no. 1	Examination date. June 2025	Province. 	Centre. 499995418
Attendance type Full time candidates		Language : English		
Instructional offering 06030154 COMPUTERISED FINANCIAL SYSTEMS N4				
Paper. EXTERNAL EXAMINATION	Paper no. 1	Date. 20250619	Time 9.00	Duration 3.00
		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	8808310728082	B5			
2	9004275676081	B6			
3	9005301042081	B7			
4	9009110964089				
5	9104270547087	C1			
6	9105050527082	C2			
7	9109110471083	C3			
8	9207140569080	C4			
9	9209200409082	C5			
10	9307151078086	C6			
11	9412260685084	C7			
12	9506126059085	D1			
13	9601210862088	D2			
14	9611165438081	D3			
15	9612221276085	D4			
16	9705230295086	D5			
17	9706201421081				
18	9712205229082	D6			
19	9803105466088	D7			
20	9804145697088	D8			
21	9911090120089	D9			
22	*****	**	** ** *	** ** *	** ** *
23	*****	**	** ** *	** ** *	** ** *
24	*****	**	** ** *	** ** *	** ** *
25	*****	**	** ** *	** ** *	** ** *

	Examination No.	J/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 : _____
PRINT NAMECHIEF MARKER : _____ DATE : _____
PRINT NAMEMARKER : _____ DATE : _____
PRINT NAMEEA (QUALITY ASSURER) _____ DATE : _____
PRINT NAME