

SEATING PLAN: 009

A



Mark sheet no. H-05864129	Serial no. 1	Examination date. June 2025	Province. 	Centre. 499995418
Attendance type Full time candidates		Language : English		
Instructional offering 04021236 OFFICE PRACTICE N6				
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	0001150453080	D1			
2	0006140337087	D2			
3	0009301069085				
4	0101210197089	D3			
5	0102096077080	D4			
6	0103285758084	D5			
7	0107210640085	D6			
8	0108040135080	D7			
9	0203225383082	D8			
10	0205310945089	D9			
11	0208190975085	D10			
12	0209100212080	D11			
13	0301175154089				
14	0309290158083	D12			
15	0401115513087	D13			
16	0410010643089	D14			
17	0503091371081	E1			
18	8907260967086	E2			
19	9104300804086	E3			
20	9202181024087	E4			
21	9408290881081	E5			
22	9411160643086	E6			
23	9504010920082	E7			
24	9506190795085	E8			
25	9506211118085	E9			

	Examination No.	j/a	% 100	EAQ	MOD
26	9509210824083	E10			
27	9605025512085	E11			
28	9608250896082	E12			
29	9701220428084	E13			
30	9707220746086	E14			
31	9710301092081	C8			
32	9801075575086	C9			
33	9803080364084	C10			
34	9810030510088	C11			
35	9810161187086	C12			
36	9810270666087	C13			
37	9907151079081	C14			
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