

EA (CONTROLLER)

DEPARTMENT OF HIGHER EDUCATION AND TRAINING
MARK SHEET : TVET COLLEGE EXAMINATIONS

DMCM (ADMINISTRATOR)

SEATING PLAN:012/013

A



Mark sheet no. Serial no. Examination date. Province. Centre.

Attendance type Language :

Instructional offering

Paper. Paper no. Date. Time Duration Max Marks.

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	0001190593085		A1		
2	0104010624088		A2		
3	0105150690086		A3		
4	0107280765085		A4		
5	0110151047088		A5		
6	0201100159080		A6		
7	0203051020089		A7		
8	0203190345082		A8		
9	0205315478086		A9		
10	0209190972080		A10		
11	0212180561087		A11		
12	0304165258084		A12		
13	0305065658083		A13		
14	0305075571086		B1		
15	0305131310081		B2		
16	0307065537085		B3		
17	0307246061088		B4		
18	0308115497080		B5		
19	0308225154084		B6		
20	0309121055086		B7		
21	0311160235082		B8		
22	0311280236085		B9		
23	0312140260083		B10		
24	0312160753082		B11		
25	0312310350086		B12		

	Examination No.	j/a	% 100	EAQ	MOD
26	0401300532082		B13		
27	0402020385082		C1		
28	0403120851080		C2		
29	0406270386088		C3		
30	0407020348089		C4		
31	0410100699082		C5		
32	0501210968084		C6		
33	0502190397088		C7		
34	9104231128084		C8		
35	9201070721084		C9		
36	9402190376086		C10		
37	9608281127085		C11		
38	9611260259085		C12		
39	9712165849085		C13		
40	9810190372089		D1		
41	9902080960089		D2		
42	9911250726089		D3		
43	9911250727087		D4		
44	*****	**	** ** **	** ** **	** ** **
45	*****	**	** ** **	** ** **	** ** **
46	*****	**	** ** **	** ** **	** ** **
47	*****	**	** ** **	** ** **	** ** **
48	*****	**	** ** **	** ** **	** ** **
49	*****	**	** ** **	** ** **	** ** **
50	*****	**	** ** **	** ** **	** ** **

INVIGILATOR : _____ DATE : _____
PRINT NAME

CHIEF MARKER : _____ DATE : _____
PRINT NAME

MARKER : _____ DATE : _____
PRINT NAME

EA (QUALITY ASSURER) _____ DATE : _____
PRINT NAME