

SEATING PLAN: 009

A



Mark sheet no. H-05864124	Serial no. 1	Examination date. June 2025	Province 	Centre. 499995418
Attendance type Full time candidates		Language : English		
Instructional offering 04010206 INCOME TAX 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 '✓' = present or 'a' = absent
999 must be inserted in the percentage column for candidates absent

	Examination No.	✓/a	% 100	EAQ	MOD
1	0006105831082	A1			
2	0101145617086	A2			
3	0110255489087	A3			
4	0111200430085	A4			
5	0204280978089	A5			
6	0208161007082	A6			
7	0303040732081	A7			
8	0304200451082	A8			
9	0305170746088	A9			
10	0307180590084	A10			
11	0308035379087	A11			
12	0308056009084	A12			
13	0309150350085	A13			
14	0309190694088	A14			
15	0406136149084	B1			
16	0501010484084	B2			
17	0501201468086	B3			
18	0503211198083	B4			
19	0604190507086	B5			
20	8106125508082	B6			
21	9201201002081	B7			
22	9404280514089	B8			
23	9501051006086	B9			
24	9510250819082	B10			
25	9602250731084	B11			

	Examination No.	✓/a	% 100	EAQ	MOD
26	9612230949086	B12			
27	9707075804089	B13			
28	9710260878082	B14			
29	9805140531081	C1			
30	9807240881085	C2			
31	9902171165085	C3			
32	9910140955080	C4			
33	*****	**	** ** *	** ** *	** ** *
34	*****	**	** ** *	** ** *	** ** *
35	*****	**	** ** *	** ** *	** ** *
36	*****	**	** ** *	** ** *	** ** *
37	*****	**	** ** *	** ** *	** ** *
38	*****	**	** ** *	** ** *	** ** *
39	*****	**	** ** *	** ** *	** ** *
40	*****	**	** ** *	** ** *	** ** *
41	*****	**	** ** *	** ** *	** ** *
42	*****	**	** ** *	** ** *	** ** *
43	*****	**	** ** *	** ** *	** ** *
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