



Seating plan

Centre name:		Centre number:							
Number of candidates in room: Number of absentees: Name of supervisor: Name of invigilator(s): Date of exam:									
					Please read the gu	uidelines for superv	visors and invigilato	ors carefully.	
					Candidate number	Candidate number	Candidate number	Candidate number	Candidate number
Candidate name	Candidate name	Candidate name	Candidate name	Candidate name					
Candidate number	Candidate number	Candidate number	Candidate number	Candidate number					
Candidate name	Candidate name	Candidate name	Candidate name	Candidate name					
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Candidate name	Candidate name	Candidate name	Candidate name	Candidate name					

Front of exam room

Centres may submit their own seating plan. However, all information as detailed above **must** be included.