****

**JABATAN TENAGA MANUSIA**

**LAPORAN PELAKSANAAN PEPERIKSAAN AKHIR**

PUSAT PEPERIKSAAN : .............................................................

SESI : .....................................

TARIKH PEPERIKSAAN : .....................................

NAMA PENGAWAS : ............................................................

 ...........................................................

 ...........................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BIL** | **PERKARA** | **YA** |  | **TIDAK** |  |
|  |  |  |  |  | Nyatakan jika tidak |
| 1. | Bilangan kertas soalan dan jawapan mencukupi |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| 2. | Kesalahan cetakan kertas soalan |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| 3. | Peperiksaan berjalan lancar |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

4. Cadangan (jika ada)

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Disediakan oleh Ketua Pengawas :

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Nama :

Jawatan :

Tarikh :