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| SJAMLOGO.gif**ST. JOHN AMBULANCE OF MALAYSIA, STATE OF PENANG**24-A, JALAN GROVE, 11400 AIR ITAM, PENANG | TEL: 604-8285972  |
| Fax : 604-8293334 |
| **ATTENDANCE SHEET** |
| **Event :** | SJAM NORTH EAST AREA CADET DAY | **Date :** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Location :** | WISMA ST JOHN AMBULANS PULAU PINANG  | **Time :** | \_\_\_\_\_\_\_\_  |
| **Division :** |   |
| **Person-In-Charge :** |    | **Contact No :** |   |
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| No | NAME (FULL CAPITAL LETTERS) | NIRC | Attendance Initial |
| *Sign on actual day* |
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| Verified by Division Officer / Teacher In Charge *(\*Sign & Stamp)* Name : Date : | Received by *(SJAM Officer)* Name : Date : |