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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 : | | | | | | |