

**PROFESSIONAL REGULATION COMMISSION  
ZAMBOANGA CITY**

Licensure Examination for TEACHERS ELEMENTARY-PERSONS WITH DISABILITY

**SEPTEMBER 24, 2017**

School: **DON PABLO LORENZO MEMORIA HIGH SCHOOL**

Building: **ADMIN**

Address: **GOVERNOR RAMOS, STA. MARIA, ZAMBOANGA CITY**

Floor: **GROUND** Rm/Grp No.:

**28**

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**Seat No. Last Name**

**First Name**

**Middle Name**

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1

BALUCAN

JOEBERT

ACABO

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- REMINDERS:** 1. USE SAME NAME IN ALL EXAMINATION FORMS. IF THERE IS AN ERROR IN SPELLING, KINDLY REQUEST YOUR ROOM WATCHER(S) TO CORRECT IT.
2. BE PUNCTUAL, REPORT TO YOUR ROOM ASSIGNMENT BEFORE 6:30 A.M. LATE EXAMINEES WILL NOT BE ADMITTED TO THE EXAMINATION ROOM. STRICTLY NO BRINGING OF MOBILE PHONE.

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**29**

Seat No.	Last Name	First Name	Middle Name
1	DAPILIN	ABDULAZIZ	HAJIMIN

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**30**

Seat No.	Last Name	First Name	Middle Name
1	LLONO	PORFERIO JR	KIMOS

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**31**

Seat No.	Last Name	First Name	Middle Name
1	REPUTANA	LAYZNER	JUNSAN

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