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COURSE COMPLETION REPORT	Form ID: MTC-CCRT-01	Revision: 2.5	Effectivity Date: July 15, 2005	
			Date Modified: July 27, 2007	

Training Center: *	NYK-FIL MARITIME E-TRAINING		
Course: *			
Class No.:*		Bldg. & Room No.:	
Class Schedule:	Start Date: *	Practicum Site/Vessel:	
	End Date: *	Practicum Dates:	
Instructor(s):		Assessor(s):	
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	Name Of Graduates				N- :-	Paul (Patient	Result Of	Carial Na Of	
No.	Last *	First *	Middle *	Birthday *	No. in Enrollment	Rank/Rating/ Position *	Assessment *	Serial No. Of Certificate *	Remarks
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Certified Correct By: Appproved By: MS. CARMELA S. LAO GUICO CAPT. ELISEO Z. CLEMENTE JR. MANAGER, PRPD GENERAL MANAGER, NETI OTHER INFORMATION: