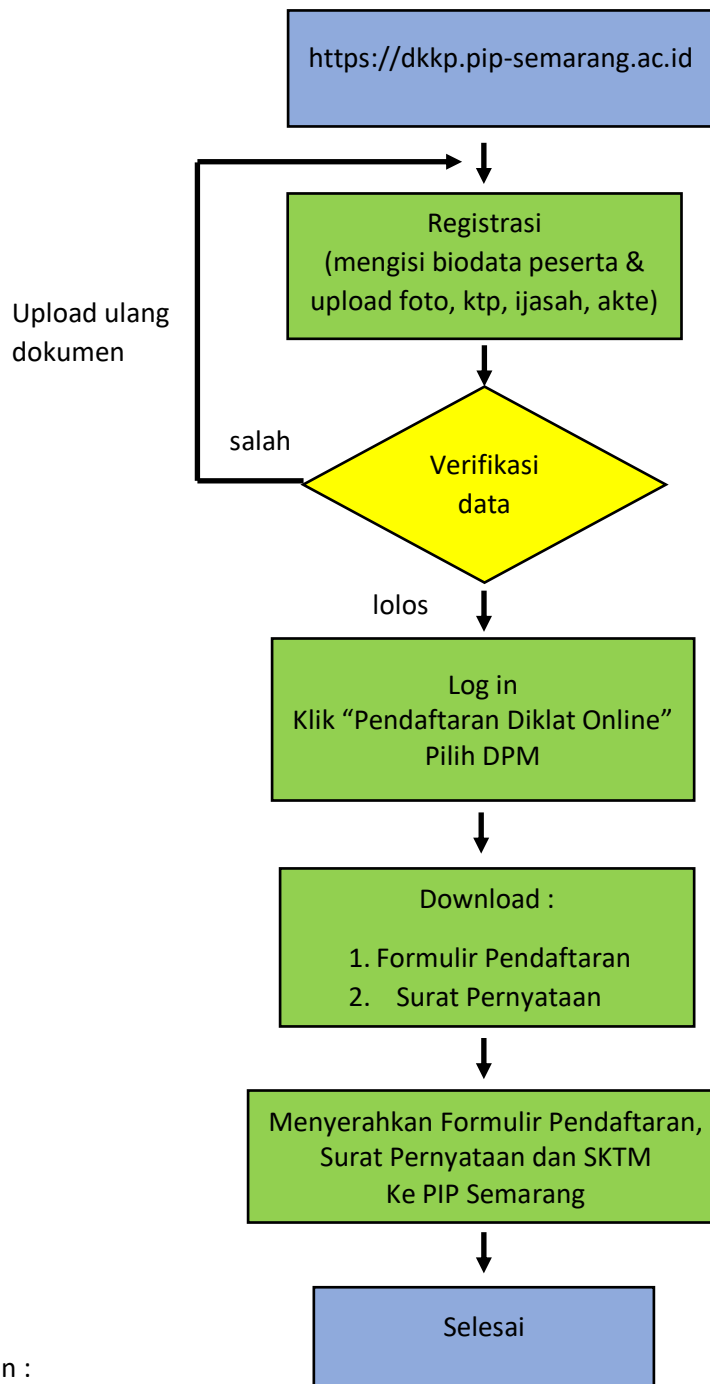


# ALUR PENDAFTARAN DIKLAT DPM



Keterangan :



Mulai/Selesai



Peserta



Petugas