## GENERAL EDUCATION QUALITY ASSURANCE AND EXAMINATIONS AGENCY <u>Academic Document Verification Requisition Form</u>

I.	To be filled by the applicant:				
1.	Name: 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>				
2.	Put an "X" mark corresponding to the original or true copy of the original certificate/s you want to get verified.  Grade 10 (EGSECE) original certificate				
•	Grade 12 (ESLCE) original certificate				
	Preparatory (EHEEQE) original certificate				
	True copy of Grade 10 certificate				
	True copy of Grade 12 certificate				
	True copy of Preparatory Certificate				
3.	Indicate the number of copies to be verified if the verification sea				
	is needed to be stamped at the back of the true copy of				
	certificate/s.				
	Grade 10 No. of copies				
	Grade 12 No. of copies				
	Preparatory No. of copies				
4.	Pay un-refundable Birr35.00 service charge				
5.	The applicant should collect his documents on the due date,				
6.	page 2 of this form is prepare, for only office use,				
7.	Applicants address:				
	Name P.O.box Town Zone Region				
Appli	cant's signature date				

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## II. For office use

1. To be filled	by Application	form collector				
Date of applic	ation	Time (am/	pm) R	eg. No		
Name of Appli	. collector	Signature		date		
	d by Exam. Ro		npro (BOLES No.			
Type of Certificate	Registration No.	year	No. of copies to be verified	Contract of the Contract of th		
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Grade 12		a crasiles.	TOTAL STATE OF THE			
Preparatory						
	Record Officer:  Name Signature Date					
4. Exam. Red	4. Exam. Record Expert who approves the authenticity of this academic					
statement:		Tologo to	off fight set			
Name		_ Signature	Date			