

GENERAL EDUCATION QUALITY ASSURANCE & EXAMINATION'S AGENCY
Replacement Certificate Requisition Form

B. For office use

1. To be filled by application form collector :

Date of application _____ Time _____ (Pm / Am) Reg. No. _____
Date of issue _____ Time _____ (Pm / Am)
Appl. form collector's name: _____ Signature _____

2. To be filled by exam. record officer :

2.1. **Grades 10, 12 and Preparatory:**

Name of Applicant: _____
a Grade 10 (EGSECE) - Reg. No/Year _____ / _____,
b Grade 12 (ESLCE) - Reg. No/Year _____ / _____,
c Preparatory (EHEEQE) Reg. No/Year _____ / _____

GRADE 12			GRADE 10				PREPARATORY		
SUBJECT	RESU.	SUBJECT	RESU.	SUBJECT	RESU.	SUBJECT	RESU.	SUBJECT	RESULT
AMHARI(01)		HISTORY(10)		AMHARIC(10)		GEEZ (10)		ENGLISH	
ENGLISH(02)		ECONOMICS (11)		ENGLISH(02)		FRENCH(11)		MATHS NATU.	
MATHS(03)		B/KEEPING(12)		MATHS(03)		TIGR. (12)		APTITUDE	
COM. MATHS (04)		GEEZ (13)		PHYSICS(04)		Af. ORO.(13)		GENERAL SC.	
PHYSICS(05)		FRENCH (14)		CHEM. (05)		HARARI (14)		SOCIAL Sc.	
CHEMISTRY(06)		POLLEDU.(15)		BIOLOGY(06)		Agnuak (15)		MATHS SOC.	
GEN. SC.(07)		TIGRIGNA(15)		CIVICS(07)		NEUR (16)		CIVICSÐI.	
BIOLOGY(08)		AF.OROMO(16)		GEO. (08)				TOTAL	
GEOGRAPHY(09)				HISTORY(09)					

2.1. **Grades 6 and 8:**

Name of Applicant: _____
Province / zone _____ School / Exam. center _____

Grade level	year	Age	Reg. No.	Row mark	%ill	Remark
6 th						
8 th						

Record Officer's Name _____ Signature _____
Exam. Record Expert who approves the authenticity of this academic statement:
Name _____ Signature _____

Receipt's name _____ Signature _____ Date _____