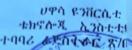
Hawassa University Institute of Technology Associate Registrar Office







Hawassa University

Benefic	iary's	Cost sharin	g Information
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	a dest sharing information	10 10 10 10 10 10 10 10 10 10 10 10 10 1
1.	Full Name Selamanit Mitiku	Marversty motivate
á.	Identity No. CS/0181	
3,	Date of Birth 16/12/19/89	
4.	Faculty/College/College	Department Co. 2 c
ъ.	Year of Entrance 2002	Department Cumpi Science
5.	School name where you completed preparatory Program	Sada Comprehensive hish School
	Worlda Salarda	
١.	Type of Service you demand	
1.	Estimated cost to be borne by the beneficiary in the acad	emic woons below
	Year Amount in birr	terme years below
	_ 2004 _ // /	
	- 2005	
÷	2006	
	_ 2007	
	_ 2008 hera; he	

6092-65 6093-65 Total 2A374 - 60

In words Thenty Sour Housand three hundred Seventy Sour & Sixty cent 9. Advance Payment_ Date_

10. Receipt No. For the advance Payment 11611 Date

6093.65

6093.65

Wordeno

2009

2010

2011

Approved By do Todo (Pho