

[illegible]

1. Full Name Selamawit Mitiku

2. Identity No. CS/0181

3. Date of Birth 16/12/1989

4. Faculty/College/School InformatICS Department Compl.Science

5. Year of Entrance 2008

6. School name where you completed preparatory Program Soda Comprehensive High School
Region SNNPR Woreda Misirhat Kebele Danota

7. Type of Service you demand _____

8. Estimated cost to be borne by the beneficiary in the academic years below
Year _____

Year	Amount in birr
2004	11
2005	
2006	
2007	
2008	6093.65
2009	6093.65
2010	6093.65
2011	6093.65

Total 2A374-60

9. Advance Payment _____

9. Advance Payment _____ Date _____

10. Receipt No. For the advance Payment _____ Date _____

Prepared By

Approved By _____
Scientific Director