

MINISTRY OF EDUCATION

TECHER EDUCATION DEPARTMENT
P. O. BOX 50093
LUSAKA

CONFIRMATION OF SCHOOL CERTIFICATE/COLLEGE/GCE RESULTS FOR TEACHER TRAINING COLLEGES

COLLEGE:.....

Section 1 and 2 to be filled by the applicant

SECTION 1:

Surname:..... Other Names:.....

School/Centre:..... Grade:.....

Year of Examination:..... Exam. Number:.....

SECTION 2:

(SECTION 3 for ECZ use only)

	Subjects on Document	Grades on Document	Grades on Examination Council of Zambia Record
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Student's Signature.....

Date:.....

Contact Address:

.....
.....
.....

***Attach a photo copy of your results**

COMMENTS:

RESULTS INDICATED IN
SECTION 2 ARE GENUINE/NOT

Name:.....

Signature:.....

Date:.....