



**Department of Public Examinations**

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**REQUEST FORM FOR EXAM RELATED SERVICES**

**CANDIDATE INFORMATION**

1. Candidate's full name as in ID card (in **BLOCK** letters)

\_\_\_\_\_

\_\_\_\_\_

2. Present address/Permanent address (including atoll & island)

\_\_\_\_\_

3. Contact number:

\_\_\_\_\_

5. ID card number

A

6. Gender

4. E-Mail Address:

\_\_\_\_\_

7. Date of birth

8. Regarding

CIE

EDEXCEL

SSC

HSC

Centre Number

Centre Name

Candidate Number

UCI Number

9 4     B 0

Session

9. Place a tick  against the amendment to be made.

Name

Gender

DOB

Code

Subject

Endorsement

Replacement of certificate

Error made

To be corrected to

Error made	To be corrected to

Others (please specify)


**Applicant's**

Name: ..... ID No: .....

Sign: .....

Date: ..... Contact number: .....

**FOR OFFICIAL USE ONLY**

Received by:

Counter	Date	Sign
Comments		
.....		
.....		
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C Section	Date	Sign
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Amount recieved .....

Comments

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IT Section	Date	Sign
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Comments

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A Section	Date	Sign
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Comments

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