University of Co-operative and Management, Sagaing

Department of Commerce

MFM Programme

Application Form

Name Age:	
Date of Birth	Photograph
Gender Male Female	Thotograph
N.R.C No.	
Father's Name သမဝါယမနှင့်စီမံခန့်ခွဲမှပညာတက္ကသိုလ်(စစ်ကိုင်း)	
Nationality & Religion Race	
Marital Status Single Married	
Correspondence Address	
(ဆက်သွယ်ရန်လိပ်စာ)	
Permanent Address	
(အမြဲတမ်းနေရပ်လိပ်စာ)	
Telephone Office Fax:	
Res: E-mail	

Academic Record (ပညာရပ်ဆိုင်ရာရရှိခဲ့သည့်ဘွဲ့ /ဒီဂရီလက်မှတ်မှတ်တမ်း)

Sr. No.	Degree/Diploma/Certificate	Institution	Year of Graduate	Remarks
1				
2				
3				

(Please attach the copy of graduation certificate with the application)

	Experience Job (လက်ရှိအင	လုပ်အကိုင်)				
Job Title ((ရာထူး)					
Organizat	ion					
Year of S	Services					
⁽ လုပ်သက်	့ အတွေ့အကြုံ ⁾					
Address		Office				
			ဝါယမနှင့်စီမံခန့်ခွဲမှုဖ	ာညာတက္ကသိုလ်(စစ်ကိုင်	<u>, </u>	
Telephon	e No.	Office	20 to 10 to	ပညာ စီးပွား		
		Residence			<mark>-</mark>	
Fax		Office	-	Y JAN	<u></u>	
		Residence		7	}	
E-mail		Office			1	
	. ***	Residence				
		M	1	it employmen <mark>t</mark>)	1 //	
•		၁ အလု <mark>ပ်အ</mark>	ကိုင်ဆိုင်ရာမှင	က်တမ်း/ လက်ရှိပ	<mark>ာ</mark> မ်းဆောင်နေသည့်	အလုပ်တာဝနဲ
မှ စတင်မေ	ဖ၁်ပြရနဲ)		1800		1	
Sr. No.	Employ	er	Location	Job Title	From(mm/yy)	To(mm/yy)
1						
2						
2						
3						
4						
5						

Two letters of Recommend	lation	
` -	of the two persons who will give letters of recommendation for yo Academic) (Workplace)	ou.)
(i) Name	(ii) Name:	
Position		
Organization	Organization	
Address	Address	
Write a short paragraph on	how you expect the MFM degree to contribute to year career.	
TO THE BEST OF MY I	KNOWLEDGE, THE INFORMATION IN THIS APPLICATION	N IS A
	ACCURATE ACCOUNT.	
,		
Applicant's Signature	 Date	