



Myanmar Private TVET Association

MPTA MEMBERSHIP APPLICATION FORM

All section must be completed and those not applicable must be indicated "NA"

PART A: INSTITUTION DETAILS

1. Full name of institution applying for membership (as printed on company registration or license):
.....
2. Type of institution:
3. Started date of institution:
4. Location:
5. Tel: Fax:
Email: Web:
6. Type of ownership: Company Private-for-Profit
 Other.....

(Attach supporting documents for Section 6)

PART B: INSTITUTION REPRESENTATIVE DETAILS

Institution shall assign one of the senior staff as the "representative" to MPTA. He/she will be the contact person and invited to attend meetings, events and other occasions with different purposes. This section collects personal information of appointed representative personal.

1. Title: Prof / A/P Dr. / Mr. Mrs. / Ms. (Please circle the appropriate)
2. Full name of representative:
3. Gender: Male Female
4. (For Myanmar only) N.R.C No.....
5. (For foreigner only) Passport No.....
Country issued.....Date of expiry.....
Nationality.....Work Permit Validity:.....
6. Residential Address:
7. Tel: Fax:
E-mail:

8. Academic qualifications:

S/N	Qualifications	Institutions / Awarding Bodies
1		
2		
3		
4		
5		

9. Professional qualifications and achievements:

S/N	Qualifications	Institutions / Awarding Bodies
1		
2		
3		
4		
5		

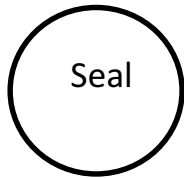
(Attach supporting documents for Section 4, 5, 8 and 9)

PART C: RECOMMENDATION FROM TWO EXISTING MPTA MEMBERS

MPTA MEMBER (1)

- 1. Full name of institution:
- 2. Type of institution:
- 3. Full name of representative to MPTA:
- 4. Membership No:
- 5. Location:
.....
- 6. Tel. No: Fax:
- E-mail:

I recommend this institution for registration as an MPTA member.

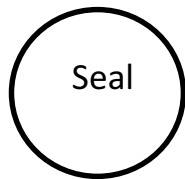


Signature:
Name of Principal:
Date:

MPTA MEMBER (2)

- 1. Full name of institution:
- 2. Type of institution:
- 3. Full name of representative to MPTA:
- 4. Membership No:
- 5. Location:
.....
- 6. Tel. No: Fax:
- E-mail:

I recommend this institution for registration as an MPTA member.



Signature:
Name of Principal:
Date:

- (1) Membership Application Form
- (2) Membership fee Kyats (Receipt No:)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)
- (10)

Received by:

Signature:

Position:

Date: