



**SML Institute of Health Sciences,
Management and Technology, Yangon, Myanmar
Faculty of Business Management
Application form**

Photo 1.5 x 1

COURSE								
MBA, Healthcare Management							Intake	
							SML:Reg:No.	
							Registration Date	
							Class Roll No.	
STUDENT INFORMATION								
Name (Block Letter)	Date of Birth (As per High School Certificate)	Place of Birth	Sex		National Registration No.	Race	Religion	
			M	F				
State / Region	Township / City	Email			Contact Phone	Blood Group		
CURRENT ADDRESS				PERMANENT ADDRESS				
FATHER'S INFORMATION								
Name	Occupation	National Registration No.	Race	Religion	Contact Phone			
CURRENT ADDRESS			PERMANENT ADDRESS					
MOTHER'S INFORMATION								
Name	Occupation	National Registration No.	Race	Religion	Contact Phone			
CURRENT ADDRESS			PERMANENT ADDRESS					
OTHER GUARDIAN INFORMATION								
Name	Relation	Occupation	National Registration No.	Race	Religion	Contact Phone		
CURRENT ADDRESS				PERMANENT ADDRESS				

LAST EDUCATION RECORD			
Degree		Roll No.	University
SUBJECTS AND GRADING			
	Subject	Grade / Mark (%)	Total Score/ (Average) / cGPA
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

The above information has been read carefully and signed as follows		
Student		Parent / Guardian
Signature		
Name		
Contact Phone		
OFFICE REMARK		
	Recipient	Officer (Registrar)
Signature		
Name		
Designation		
Department		



**SML Institute of Health Sciences,
Management and Technology, Yangon, Myanmar
Faculty of Health Science Technology
Application Form**

Photo
1.5 x 1

COURSE							
Foundation Only					Intake		
Diploma in Medical Laboratory Technology (DMLT)					SML: Student ID		
Diploma in Medical Imaging Technology (DMIT)							
Diploma in Dialysis Therapy (DDT)					Registration Date		
BScMLT							
BScMIT					Class Roll No.		
BScDT							
STUDENT INFORMATION							
Name (Block Letter)	Date of Birth (As per High School Certificate)	Place of Birth	Sex		National Registration No.	Race	Religion
			M	F			
State / Region	Township / City	Email			Contact Phone	Blood Group	
CURRENT ADDRESS				PERMANENT ADDRESS			
FATHER'S INFORMATION							
Name	Occupation	National Registration No.	Race	Religion	Contact Phone		
CURRENT ADDRESS				PERMANENT ADDRESS			
MOTHER'S INFORMATION							
Name	Occupation	National Registration No.	Race	Religion	Contact Phone		
CURRENT ADDRESS				PERMANENT ADDRESS			

OTHER GUARDIAN INFORMATION						
Name	Relation	Occupation	National Registration No.	Race	Religion	Contact Phone
CURRENT ADDRESS			PERMANENT ADDRESS			
LAST EDUCATION RECORD						
Course	Roll No.	Exam: Centre	Score			
			English	Physics	Chemistry	Biology
The above information has been read carefully and signed as follows						
Student			Parent / Guardian			
Signature						
Name						
Contact Phone						
OFFICE REMARK						
	Recipient		Officer (Registrar)			
Signature						
Name						
Designation						
Department						