



វិទ្យាស្ថាន វ៉ាន់ដា
VANDA INSTITUTE

KINGDOM OF CAMBODIA

Nation Religion king

MINISTRY OF EDUCATION YOUTH AND SPORT

3 x 4

ID: _____

APPLICATION FOR ADMISSION

A. Personal Detail

Name and Surname

Full Khmer Name: _____

Full Latin Name: _____

Sex Male Female Marital Status Single Married

Date of Birth:

DD _____ MM _____ YY _____

Place of Birth:

Village: _____ District _____

Commune _____ City/ Pro _____

Current Address:

N° _____ Street _____

Sangkat _____ Khan _____

City/ Pro _____ Phone N° _____

B. Parental Details

Name of Parents

Father's Name _____ Occ _____

Phone N°: _____

Mother's Name _____ Occ _____

Phone N°: _____

Address: _____

Awarding Institutions:

Name of awarding Institution _____

City/ Province _____ Year _____

Contact Address in Case of Emergency:

Address: _____

Phone N°: _____

E-mail Address: _____

Relevant

Employment

Organization Name : _____

Position : _____

C. Enclosure

- A bachelor or master degree in an appropriate field of study
- One receipt
- Three recent photographs (4 x 6)

D. Date and Signature

Date: _____

I promise that I will obey all the regulations and the programming of Institute. If I did contrast to the Institute rule, I insure to the council of office rule.

Notice:

Degree: Master of Auditing

Time Session: - Mon, Tue and Wed

- Sat - Sun

Date: _____ Month _____ Year _____

Admission Checked By: _____

Note

If students need to change something, Please contact to registration office or head office of Institute.

Address: N° 216-218 Mao Tse Toung Blvd. Sangkat Tumnup Toek, Khan Chamkarmon, Phnom

H/P: 012 778 644, 012 836 867, Tel: (855) 23 213 563, Fax (855) 23 213 562, E-mail: vanda@camnet.com.kh, Website: www.vanda.edu.kh