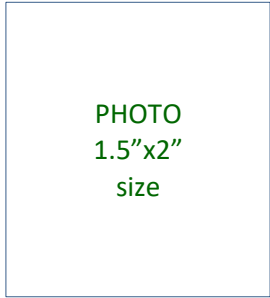




**KACHIN THEOLOGICAL
COLLEGE & SEMINARY**
Ma Kaji Shakung Shalat Hpaji
Diploma Program



MARAI HKUM HTE SENG AI LAM NI (PERSONAL INFORMATION)

Jawng Shang Shaning : _____ Jawng Shang Shata : _____

Mying : _____ Shangai Nhtoi : _____

Mung Chying Masat : _____ Hpaji Madang : _____

Dinghku : Nde De / Ma : _____ Ningrum Ningtau : _____

Kawa Mying : _____ Kanu Mying : _____

Buga Hpung : _____ Ginwang : _____

Makam Masham (Denomination) : _____

Telephone : _____ Email : _____

Hkringdat : _____

ECCD Sara tai sharin lakmat lu ai _____ Nhtoi : _____

Shara : _____

Ma Shalet Magam gun ai shaning yawng : _____

ECCD MAGAM GUN MAHKRUM MADUP

Buga Hpung	Shaning	Magam Lit

Ma Shalet Hpaji A Ntsa Mu Mada Ai Lam

Jawng jarik gaw lap 457500 re. **Module I** hta lap 260500 rai nna, **Module II** hta Lap 197000 hku garan bang mai ai. (nga jarik hte lu sha jarik n lawm ai.)

Tang madun ai ni yawng jaw ai hpe sakse hkam nngai. Chyum dakkasu a tara, Sara Kongsi a dawdan ai hku hkan sa na matu mung myit hkrum nngai.

Jawng shang na wa/jan a ta masat

Nhtoi : _____

JAHPRING SHATSUP RA AI LAM

- Hpaji madi shadaw laika/ lakmat (Yawm dik tsang shi (10) htai yu ai wa rai na.)
- 1.5"x2" sumla langai hpe shawk shawn laika hta shakap shalawm na.
- Madi shadaw laika ni
 - (1) Buga Hpung Up
 - (2) Ginwang Amu Madu
 - (3) Hkam kaja lam
 - (4) Sara tai lakmat kanan (ECCD Teacher's Training Certificate)
- Shawk shawn laika jahtum bang na nhtoi – August, 31

SHAWK SHAWN LAIKA SHAGUN YA NA HKRINGDAT

Director of Admissions & financial Aids Department

Kachin Theological College & Seminary
P.O. box. 02 Nawng Nang, Myitkyina 01011
Kachin State, Myanmar
Phone : 09254223430 (Admission Director)
Phone. 0947002067 (Office)

MEDICAL CERTIFICATE

Basic Information

Applicant's Name _____

Date of Birth _____ Gender Male Female

Height _____ (inches) Weight _____ (Kg)

Blood Type _____ General Appearance _____

Required Laboratory Tests

Hepatitis A _____ Hepatitis B _____

Hepatitis C _____ TB _____

Chest X-ray _____ HIV _____

The Applicant has the following abnormal conditions not mentioned above

Examining Physician : _____

License No. : _____

Address : _____

Note: Attach Original Lab Result Paper.

Matsing

Tsi jep mahtai laika majing hpe shalawm bang ya rit. Ndai laika n lawm ai ni hpe hkapla na n rai.