

GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR MINISTRY OF HOME AND RELIGIOUS AFFAIRS DEPARTMENT FOR THE PROMOTION AND PROPAGATION OF THE SASANA KABA-AYE YANGON

			STUDY OF THE THERAVADA BUDDHISM MUST BE FILLED AND IN BLOCK LETTER	
	1.	PERSONAL INFORMATION		РНОТО
		NAME IN FULL :		111010
		FATHER'S NAME IN FULL :		
		MOTHER'S NAME IN FULL :		
		NATIONALITY:	SEX:	
		DATE OF BIRTH :	PLACE OF BIRTH :	
		OCCUPATION:		
	2.	PASSPORT		
		A. NUMBER:	B. DATE OF ISSUE :	
		C. PLACE OF ISSUE :	D. ISSUING AUTHORITY :	
		E. DATE OF EXPIRY :		
	3.	CONTACT INFORMATION		
		A. ADDRESS :		
		B. CITY:	C. STATE :	
		D. NEIGHBOURHOOD/COUNTY :		
		E. COUNTRY:		
		F. CEP/ZIP CODE (LEAVE BLANK IF DOEST NOT	:	
		G. TELEPHONE (INCLUDE COUNTRY AND AREA	CODE :	
	H. E-MAIL:			
4. TRAVEL INFORMATION				
A. PURPOSE OF ENTRY IN MYANMAR: B. ADDRESS IN MYANMAR: C. SHORT VISIT/LONG STUDY D. DURATION OF PROPOSED STAY				
		А	TTENTION TO APPLICANT	
	A.	Applicant shall abide by the Laws of the Republic of the Union of Myanmar and shall not interfere in the internal affairs of the Republic of the Union of Myanmar.		
B. Legal action will be taken against those who violate or contravene any provision of the existing laws, rules and			rules and regulations of the	
	٥.	Republic of the Union of Myanmar.		
	C. The validity of the Entry Visa is 3 (Three) Months from the issuing date and cannot be issued with later date than the date of			
	processing. Applying for the Entry Visa must be done at least one month before de date of arrival in Myanmar.			nmar.
	I haraby declare that I fully understand the above mentioned conditions, that the newticulars given are true and correct and that I will			
	I hereby declare that I fully understand the above mentioned conditions, that the particulars given are true and correct and that I wi not engage in any activities irrelevant to the purpose of entry stated herein.			
		mot engage many according a more runt to the purp		
		DATE:		TURE OF
				ICANT
		(F	OR OFFICE USE ONLY)	
		VICANO	DATE.	
		VISA NO	DATE:	
		VISA AUTHORITY:		
		PLACE:		
		DATE	CIONATURE OF OFFICER	N CHARCE
		DATE:	SIGNATURE OF OFFICER I	N CHAKGE