

**APPLICATION FORM**

**Personal Details**

**1**

**1**

ID:.................................

Full Name (In Khmer) :

Attach Photo

4x6 Here

Full Name (In Latin) :

Date of Birth : Day Month Year

Place of Birth :

Nationality :

Telephone Number : Telegram E-mail

Father’s Name : Phone Number

Mother’s Name : Phone Number

Permanent Address :

Current Address :

**Emergency Contact**

Full Name : Phone Number Relationship

**ACLEDA Bank's Relative Information**

**2**

**1**

Have you got any relatives working for ACLEDA Bank Plc.? □ Yes □ No If yes, please list his/her name below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **ID** | **Location** | **Relationship** |
|  |  |  |  |  |

**Program Apply for and Grade Received**

**3**

**1**

|  |  |
| --- | --- |
| * **Associate in :**   □ 1. Finance & Banking  □ 2. Export-Import Mgt  □ 3. Insurance  □ 4. Logistics  □ 5.Accounting  □ 6. English | * **Bachelor in :**   □ 1. Finance & Banking (Grade Math :….......... Civic:…..........)  □ 2. International Business (Grade Math :….......... History:…..........)  □ 3. Risk Mgt & Insurance (Grade Math :….......... Civic:…..........)  □ 4. Supply Chain Mgt & Logistics (Grade Math :….......... Geo:…..........)  □ 5. Accounting (Grade Math :….......... Civic:…..........)  □ 6. Financial Technology (Grade Math :….......... Physic:…..........)  □ 7. Business IT (Grade Math :….......... Physic:…..........)  □ 8. Computer Science and Engineering(Grade Math :…..... Physic:…....)  □ 9. English for Translation and Intrepreting (Grade English :…......... General Knowledge:.......)  □ 10. English for Business Communication (Grade English :…......... General Knowledge:..........)  □ 11. Teaching English as a Foreign Language (Grade English :…........ General Knowledge:..........) |

|  |
| --- |
| **For offices use only**  English Test :\_\_\_\_\_\_Go to: \_\_\_\_\_\_Program Additional Subject(s) : □ English □ Computer |

**Study Time**

**4**

**1**

**5**

**1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic**   * **Weekday** □ Morning(M1) : 7:45am -10:45am   □ Morning(M2) :11:00am-2:00pm  □ Afternoon : 2:15pm - 5:15pm  □ Evening : 5:30pm - 8:30pm   * **Weekend**   Saturday □ 8:00am - 12:00pm and  1:00pm - 6:00pm  Sunday □ 8:00am - 12:00pm and  1:00pm - 3:00pm | **Computer**  Computer class must be shifted with Academic Class  □ Morning  □ Afternoon  □ Evening  □ Weekend | **English BC**  English class must be shifted with Academic Class  □ Morning  □ Afternoon  □ Evening  □ Weekend | **Math BC**  English class must be shifted with Academic Class  □ Morning  □ Afternoon  □ Evening  □ Weekend |

**Other Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Education** | **High School Name** | **Year of Bac ll** | **Grade** | **Remark** |
| **Main** |
| High School Certification |  |  |  |  |
| Other |  |  |  |  |

**Declaration (All applicants must complete)**

**6**

**1**

ខ្ញុំបាទ/នាងខ្ញុំ សូមបញ្ជាក់ និងអៈអាងថា​ រាល់ព័ត៌មានដែលបានផ្តល់ និងឯកសារដែលបានភ្ជាប់ជាមួយពាក្យសុំចូលរៀននេះ ពិតជាត្រឹមត្រូវ គ្រប់គ្រាន់ និងស្របច្បាប់ ។ ករណីវិទ្យាស្ថានរកឃើញថា ខ្ញុំបាទ/នាងខ្ញុំបានផ្ដល់ព័ត៌មានមិនពិត ក្លែងក្លាយ នៅក្នុង​ពាក្យ​សុំចូលសិក្សា ឬនៅក្នុងការចុះឈ្មោះចូលសិក្សា ដល់​វិទ្យាស្ថាន រាប់បញ្ចូល​ទាំង​បណ្ដល់​សញ្ញាបត្រក្លែងក្លាយដើម្បីទទួលបានសិទ្ធក្នុងការចុះ​ឈ្មោះ​ចូល​សិក្សា ខ្ញុំបាទ/នាងខ្ញុំយល់ព្រមឱ្យវិទ្យាស្ថាន លុបឈ្មោះចេញពីបញ្ជីនិស្សិតរបស់​វិទ្យាស្ថាន និងមិនទទួលឱ្យចូលសិក្សា នៅវិទ្យាស្ថាន​ គ្រប់កម្មវិធីសិក្សាទាំងអស់ ។

I hereby certify that all the information provided and attached documents are true, complete and correct to the best of my knowledge. I understand that any false information and misrepresentations are discovered, I am responsible under the law. I acknowledge that AIB reserves the right to reverse or vary any decision regarding admission made on the basis of incomplete or fake certificate or information.

|  |
| --- |
| Applicant's signature: Date: / / |

**Submission of Application (For office use only)**

**7**

**1**

Received and checked by:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified by:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_