

Candidate Full Name: (in Block Letters)		Exam Session:	
Date of Birth:		Name of School:	
NRC/ Passport No:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:			
Telephone:		Email:	

--	--

LEVEL 2	Fee: MMK 51,610
----------------	------------------------

<input type="checkbox"/> Book-keeping and Accounts (2015 Syllabus)	20093	
--	-------	--

<input type="checkbox"/> Other _____		
--------------------------------------	--	--

LEVEL 3	Fee: MMK 61,535
----------------	------------------------

<input type="checkbox"/> Advanced Business Calculation (2015 Syllabus)	3003	
--	------	--

<input type="checkbox"/> Accounting (2015 Syllabus)	20104	
---	-------	--

<input type="checkbox"/> Cost and Management Accounting (2015 Syllabus)	20111	
---	-------	--

<input type="checkbox"/> Other _____		
--------------------------------------	--	--

<p>British Council Fair Collection Notice</p> <p>British Council and its partners will use the information that you are providing for processing your request in Myanmar. We may want to use your information to send you details of our activities, services, events (including social events) which you might find of interest. We may also contact you to seek your feedback on our services and for market analysis.</p> <p>Disclaimer</p> <p>The British Council and the Examination Boards take all reasonable steps to provide continuity of service. We feel sure you will understand, however, we cannot be held responsible for any interruptions caused by circumstances beyond our control. If examinations or their results are disrupted, cancelled or delayed, every effort will be made to resume normal or service as soon as possible. The British Council's liability will be limited to the refund of the registration fee or re-testing at a later date.</p> <p>I make this entry according to the provisions of the published regulations and disclaimer which I have studied. I understand that I shall be allow to sit only for those subjects which I have entered on this form.</p> <p>Signature of Candidate: _____ Date: _____</p>	
<p>For office Use Only</p>	
Cashier: _____	Receipt No.: _____ Date: _____