

## ማይክሮሊንክ የኢንፎር ሚሽን ቴክኖለሚእና ቢዝነ ስ ኮሌጅ መቐለ

### MicroLink Information Technology business Coll Mekelle Branch

#### Application Form for TVET/Diploma Program

	FOR USE BY THE RECORDS:  Application Accepted/Rejected  ne registrar Officer:	Photo	
Remar	nrk:		
	FOR USE BY THE REC		
		GISTRAR ONLY	
Name <sub>.</sub>	eSignature:	Date	
4.	I the undersigned applicant hereby declare that all the inform authentic. if any of them found to be untrue and forged I wil college may take against me. Accounting to the college's p kind of refund.	nation testimonials provided above by me are true accept any disciplinary (including dismissal) that policy, I agree that once paid, I shall not ask for	the
	Level II Level III	Level IV	
	CDrafting DConstruction management EElectrical and Technology		
	BBasic Clerical Works (Accounting)	` '	
	A Information Technology Support S		
3.	Program applied for Indicate your choice by marketing $(\checkmark)$ in the s		
	EGSEC Result/ Preparatory result		
1.	Last School/College/University Attended		
	Tel. (Res) (Off)		
	Residence: City Woreda	_ KebeleH.No	
	NamePlace	of work	
5.	5. Person to be contacted in case of Emergency:		
	P.O.Box Tel		
	Address:-City WoredaKebele		
	Place of birth:		
2	Date of birth//		
	Name of the Applicant:	Sex(E/M)	



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### MicroLink Information Technology business Coll Mekelle Branch

## **Application Form for**

## **Degree Program**

1.	Name of the A	applicant:				Sex	(F/M)
2.	Date of Birth:		_/	_/			
3.	Place of Birth:	·					
4.	Address City:		Woreda_	Kebele	H.No		
	i)	P.O.Box		Tel:		(Mandato	ry)
5.	Person to be c Name		se of Emerge	•			
	Place	of work:					
	Reside	ence: City		_Woreda	Kebele	H.No	
	Tel.(R	es)		(Off.)_			
6.	Last School/Co (Attac	· ·	•	/Student Copy/D	Diploma/Degree)		
7. Progr	am applied for						
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For the	registrar Offi	-	w ne je cie a				
Name			S	ignature	Date		
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#### MicroLink Information Technology business Coll Mekelle Branch

Coll

E-mail: mekbranch@microlinkcollege.com/.mekbranch@ethionet.et/websitewww..microlinkcollege.com 20344-41-55 96/97

#### **Application Form for Distance Program**

1.	Name of the A	.pplicant:					Sex	(F/M)
2.	Date of Birth:		/	_/				
3.	Place of Birth:							
4.	Address City:_		Woreda		Kebele	H.No		
	ii)	P.O.Box		Tel:			(Mandato	ry)
5.	Person to be co		se of Emerger	•				
	Place	of work:						
	Reside	ence: City		Woreda	ı	Kebele	H.No	
	Tel.(R	es)			(Off.)			
6.	Last School/Co (Attac	-	sity of Transcripts/	Student	Copy/Diplo	oma/Degree)		
7. Prog	ram applied for							
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Name_			Si	gnature		Date _		
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Remai	Applio	cant Accepted	d/Re je cte d					
For the	e registrar Offi	ce:						
Name_			Si	gnature		Date _		_