

**ANNEX 2 : APPLICATION FORM**



Office of the RAVTE Secretariat  
Rajamangala University of Technology Thanyaburi  
39 Moo 1, Rangsit-Nakhon Nayok Road,  
Khlong Hok, Khlong Luang, Pathumthani, 12110  
Thailand

**Applicant's Information/Invitation**

**Types of Membership**  Personal  Institution

Title (Mr./Mrs./Ms./Others) \_\_\_\_\_ Position (optional) \_\_\_\_\_

Full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Affiliation/Institution \_\_\_\_\_ Faculty/College \_\_\_\_\_

Address \_\_\_\_\_ Country \_\_\_\_\_

Website \_\_\_\_\_ Contact E-mail \_\_\_\_\_

Other contacts or social apps (optional) \_\_\_\_\_

Please indicate how you / your organization will; actively contribute to achieve mutual recognition and mutual learning; provide transparent information on quality; and facilitate internationalization

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Reference person (RAVTE EB/GA member): \_\_\_\_\_

Affiliation / Institution \_\_\_\_\_

Signature \_\_\_\_\_

( \_\_\_\_\_ )

Date \_\_\_\_\_