



BABY BIRTH ASSISTANCE FORM

Name Ma mi mi Zin  
 Business Unit MAC  
 Department BTC (MOY)  
 Position/ Rank Senior Staff  
 Location MOY

HR would like to request award money.....20,000.....Kyats/USD for Baby Birth Assistance of U/Daw.....mi mi Zin.....from UMG.

Date of Birth 17. 4. 2025  
 Time of Birth 7:00 AM  
 Place of Birth Mandalar Hospital  
 Male/Female male

Prepared By                      Check By                      Approved By                      Received By

Sign				
Name	Mya Te Khat	Htet Htet Zaw	Ma Seint <sup>2</sup> Thu	
Position	Senior Staff	ADH	AGM	
Dept;	Administration	Administration	Management	

Remark;Please submit with Birth Certificate