PRELIMINARY APPLICATION FORM

FOR ENROLEMENT AS A STUDENT FOR

THE DIPLOMA COURSE IN BUDDHIST STUDIES

DEPARTMENT OF PALI AND BUDDHIST STUDIES, UNIVERSITY OF KELANIYA, SRI LANKA

IN COLLABORATION WITH

MALAYSIAN BUDDHIST ACADEMY, KUALA LUMPUR, MALAYSIA

This form must be duly completed and sent to the Senior Assistant Registrar (Academic), Faculty of Humanities, University of Kelaniya, Sri Lanka as early as possible. Candidates will be informed in due course if selected.

| 01. | Academic year for which registration is sought: | | |
|-----|---|--|--|
| 02. | Name in Full (BLOCK LETTERS) | | |
| 03. | Date of Birth | | |
| 04. | Religion | | |
| 05. | Nationality | | |
| 06. | Passport / ID No. | | |
| 07. | Country of Birth | | |
| 08. | Country of | | |

| | | Certificate | Institution | Year | |
|----------------------|---|----------------|-------------|------|--|
| 13 | (a) Educational Qualifications (Please attach certified copies of certificates) | | | | |
| | studied | | | | |
| | which | hich applicant | | | |
| | of Inst | itution in | | | |
| 12 | Name and Address . | | | | |
| | | | | | |
| | | | | | |
| | of Parents/Guardian | | | | |
| 11 | Name and Address | | | | |
| | ii. | Email | | | |
| | i. | Telephone | | | |
| 10. | Address in Malaysia: | | | | |
| | ii. | Email | | | |
| | i. | Telephone | | | |
| 09 Permanent Address | | | | | |

| (b) Other Qualifications: | |
|---|--|
| | |
| | |
| | |
| (c) Highest Examination Passed in I | English / proficiency in English: |
| | |
| | |
| | |
| | |
| I certify that all particulars given me in this | s form are true and accurate. I am also aware that if |
| any particulars given by me in this applica | ation are found to be false or inaccurate, prior to my |
| admission, my application will be rejected | , and that if such information is found to be false or |
| inaccurate, after my admission, I will be | e dismissed from the Higher Educational Institution |
| concerned. | |
| | |
| | |
| | |
| Date: | Signature of Applicant: |
| You may attach extra papers if necessary | ary. |

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