



Buddhist and Pali University of Sri Lanka

Application for University Admission - Academic Year - 2019/2020

Foreign Candidates

Rev. Mr.

1. Name of the Applicant (with initials):

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1.1 Name Denoted by Initials:

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2. Passport Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Attach a Certified copy of the Passport)

2.1 Date of Issue:

Date	Month	Year

2.2 Date of Expire

Date	Month	Year

3. Date of Birth :

Date	Month	Year

Age:

3.1 Nationality:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3.2 Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Contact information in your own Country :

4.1 Permanent Address :

4.2 Tel. Number (Mobile) :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4.3 Tel. Number (Residence) :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4.4 E-mail :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4.5 Name and Address of the Parents :

4.6 Tel. Number :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4.7 E-mail :

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5. Details of Sri Lanka : (If staying in Sri Lanka)

5.1 Residence Address :

5.2 Tel. Number (Mobile) :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5.3 Tel. Number (Residence) :

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5.4 Name and Address of the Guardians :

5.5 Tel. Number (Mobile) :

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5.6 Tel. Number (Residence) :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5.7 E-mail :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Educational Qualifications:

(Certified copies of detailed results,certified photocopies of certificates should be annexed)

6.1 Results of the G.C.E. (Advanced Level) Examination or any other relevant exam

Index Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Year :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

	Subject	Grade	Medium
1			
2			
3			
4			
5			

6.2 Educational Qualifications: (Similar to Advanced Level Examination in Sri Lanka)

(Certified copies of detailed results,certified photocopies of certificates should be annexed)

Examination	Index No.	Year & month	Subject	Marks or Grade

7. Qualification for Pali Language (if any)

(Certified photocopies of certificates with detailed results should be annexed)

Examination	Index No.	Year & month	Subject	Marks or Grade

8. Qualification for Buddhist Studies (if any)

(Certified photocopies of certificates with detailed results should be annexed)

Examination	Index No.	Year & month	Subject	Marks or Grade

9. Knowledge of other Languages :

Examination	Index No.	Year & month	Subject	Marks or Grade

10. Specify which category intending and register for (put ✓)

Course Category	1	2

11. Select the subjects that you willing to follow during the 1st year

	Subjects
1	Pali Language
2	Buddhist Philosophy <input type="checkbox"/> Buddhist Culture <input type="checkbox"/>
3	
4	
5	
6	Buddhist Counselling
7	Compulsory English / Preliminary Course in English

I agree to abide by all the rules and regulations of the Buddhist and Pali University of Sri Lanka.

I certify that the particulars furnished by me in this application are true and correct. I am aware that if the particulars given herein are proved to be false and inaccurate, the university has the authority to cancel my registration at any state and alter or cancel any award granted to me. I do also state hereby that I shall accept such a decision as final and conclusive.

Date:
.....
Signature of Applicant

Attestation:-

I certify that the above candidate, known to me personally, placed his signature in my presence today.

Date:
.....
Signature of Attestor

Name of Attestor:

Designation and Address of Attestor:
.....
.....

Official stamp of Attestor:

For Office Use Only

1	Application No	
2	Application Fee	
3	Receipt No	
4	Date of Paid	
5	Date of issued	
6	Signature of issuing	

Asst. Registrar (Academic & Student services)

I certify that the above details are true and correct in accordance with the admission Criteria of the University.

Date:
.....
Signature of Subject Clerk

Subject Clerk,

This application is approved/not approved.

Date:
.....
Signature of Asst. Registrar