



Office use only	
App. No.	

Bhikṣu University of Sri Lanka
Application for University Admission -Academic Year - 2024
Bachelor of Arts (BA) Degree Programme
Foreign Bhikkhu Candidates

1.Name of the Applicant as in the Passport (with initials): Ven.

1.1 Name Denoted by Initials:

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2. Passport Number:

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(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:

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3.1 Nationality:

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3.2 Country:

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4. Contact information in your Country :

4.1 Permanent Address:

4.2 Tel. No. (Mobile):

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4.3 Tel. No. (Residence):

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4.4 Fax :

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4.5 E-mail :

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4.6 Name and Address of the Father / Mother / Master / Guardian :

4.7 Guardian's Relationship to Applicant:

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4.8 Tel. No.(Mobile) :

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4.9 Tel. No. (Residence) :

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4.10 E-mail :

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5. If the candidate is currently residing in Sri Lanka

5.1 Residence Address :

5.2 Tel. No. (Mobile) :

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5.3 Tel. No.
(Residence):

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6. Educational Qualifications:

(Certified copies of detailed result sheets and certified photocopies of certificates should be attached)

6.1 Primary Educational Qualifications

Examination	Institute	Index No.	Year & Month	Subject	Marks or Grade

6.2 Secondary Educational Qualifications

Examination	Institute	Index No.	Year & Month	Subject	Marks or Grade

6.3 Qualification for Buddhist Studies/Pali Language (if any)

Examination	Index No.	Year & Month	Subject	Marks or Grade

7. Language Proficiency :(tick ✓)

Language	Excellent	Good	Fair	Poor
English				

8. Which category do you intend to register for (tick ✓)

Course Category 01	Intensive Course in English and Pali/Sanskrit+ Bachelor of Arts	
Course Category 02	Bachelor of Arts	

I agree to abide by all the rules and regulations of the Bhiksu 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 stage 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

For Office Use Only

I certify that the above details are true and correct and the applicant has selected category in accordance with the admission criteria of the University.

Date:

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Signature of Subject Management
Assistant

This application is approved / not approved.

Date:

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Signature of Asst. Registrar