

Buddhist and Pali University of Sri Lanka

Application for University Admission - Academic Year - 2023/2024

Foreign Candidates

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8. Qualification for Pali Language (if any)

Examination	Index No.	Year & month	Subject	Marks or Grade

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

9. 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

10. Knowledge of other Languages :

Examination	Index No.	Year & month	Subject	Marks or Grade

11. Specify which category intending and register for (put \checkmark)

Course Category	1	2

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

	Subjects
1	Pali Language
2	Buddhist Philosophy 🔲 Buddhist Culture 🗖
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 of cancel any award granted to me. I do also state hereby that I shall accept such a decision as final and conclusive.

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	e 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