

# POSTGRADUATE INSTITUTE OF PALI AND BUDDHIST STUDIES UNIVERSITY OF KELANIYA

Registration for postgraduate studies - Academic year - 2025

**Application form (for Foreign Students)** 

\* Tick the course  $\checkmark$ 

Previous Registration Number at this Institute (If any)

## 01. Postgraduate Certificate Programs

1	Certificate Course in English for Buddhist Studies (One Year)	
2	Certificate Course in Pali for Postgraduate Buddhist Studies (One Year)	
3	Certificate Course in Chinese for Postgraduate Buddhist Studies (One Year)	

### 02. Postgraduate Diploma Programs

1	Postgraduate Diploma in Pali (One Year)	
2	Postgraduate Diploma in Buddhist Studies (One Year)	

## 03. Master's Degree Programs

1	Master of Arts in Pali (One year)					
2	Master of Arts in Pali (Two Year)					
2		Part-Time				
3	Master of Arts in Buddhist Studies (One Year)	Full-Time				
4	Master of Arts in Buddhist Studies (Two Year)					
5	Master of Arts in Buddhist Counseling (One Year)					

## 1. Personal Details

Title [	]	Rev.S	ir		Rev. I	Madan	n	[	N	Mr.		Mı	s.		Miss					
Full Name	(As	per I	Passp	oort)																
Dharma Na	ame	(if ap	plica	able)																
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Country																				
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in Sri Lanka	ι) L												L							
E-Mail																				
VISA																				
Entry Visa	a																			
Whether <b>entry visa</b> Required Yes No *Should attach a copy of the passport and a Security Clearance Certificate obtained from home country within last three months, for Entry Visa.																				
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## 3. Occupation

6.

	Designation				
	Name of the Employer				
	Address				
	Contact Number	E-m	ail Address		
5.	Particulars of First Degree				
	Name of Degree				
	University/Institute				
	Country	Type of the Degree	Internal	External	Online
	Year of Graduation	Class obtained	Spec	cial Gener	al
	Duration of the Course				
	Subjects				
6.	Postgraduate Qualifications (if any)				
	Name of Degree				
	University/Institute				
	Year of Graduation		Duration of t	the course	
	Subjects				

7. If the applicant does not have a University Degree, give details of any other qualification which may be considered for admission to this course. (*Deemed as equivalent to a recognized degree only*)

Qualification		
Institute		
Year	Duration of the course	
Subjects		

## 8. Any other relevant information, if any

**N.B** Copies of relevant certificates should be attached.

## 9. Declaration

I certify that the above particulars are true and correct and if selected I shall abide by all the rules and regulations of the Institute.

Signature of Applicant

Date

For office use Only

### Recommendation of the Course Coordinator/ Head of Department / Director

Name

Signature

Date