



## Buddhist and Pali University of Sri Lanka

### Certificate Course and Advanced Certificate Course April/May 2024 - Application for Registration

1. Full name of the Candidate: -----

(In Block Letters) -----

2. Registration Number: ----- Index No: -----

3. Telephone Number : ----- E mail Address:-----

4. Personal Address : -----

5. Name of the Faculty: -----

6. Medium of study: -----

#### 7. Certificate Course

|     | Registered Course Unit |      | Recommendati<br>on of the<br>Assistant<br>Registrar<br>(Academic)<br>Yes/No | Checked by<br>the<br>Management<br>Assistant of<br>the<br>Department | Recommend-<br>ation of the<br>Head |
|-----|------------------------|------|---|--|------------------------------------|
|     | Code                   | Name |   |  |                                    |
| 7.1 |                        |      |   |  |                                    |
| 7.2 |                        |      |   |  |                                    |
| 7.3 |                        |      |   |  |                                    |

#### 8. Certificate Course (Repeat Subjects)

|     | Name of the Certificate Course | Checked by | Recommendation of<br>the Head |
|-----|--------------------------------|------------|-------------------------------|
| 8.1 |                                |            |                               |
| 8.2 |                                |            |                               |
| 8.3 |                                |            |                               |

## 9. Advanced Certificate Course

|     | Registered Course Unit |      | Recommendation of the Assistant Registrar (Academic) Yes/No | Checked by the Management Assistant of the Department | Recommendation of the Head |
|-----|------------------------|------|---|---|----------------------------|
|     | Code                   | Name |   |   |                            |
| 9.1 |                        |      |   |   |                            |
| 9.2 |                        |      |   |   |                            |
| 9.3 |                        |      |   |   |                            |

## 10. Advanced Certificate Course (Repeat Subjects)

|      | Name of the Advanced Certificate Course | Checked by | Recommendation of the Head |
|------|---|------------|----------------------------|
| 10.1 |   |            |                            |
| 10.2 |   |            |                            |

I certify that the above-mentioned particulars are true and correct. If there is any mistake in the application, I accept it as my responsibility. I am aware that no alterations will be accepted once the recommendation of the Heads of the Department and the Dean of the Faculty has been made in relation to subject code or name of the course unit. I certify that I have read rules and regulations pertaining to examination procedures as given in the student's record book.

Date: .....

.....  
Signature of Applicant

## 11. Recommendation of the Dean:

Application of Rev/Mr. .... is recommended/ not recommended.  
(Delete inapplicable word)

Date: .....

.....  
Signature of the Dean

(Official Seal)

.....  
Name of the Dean