

Buddhist and Pali University of Sri Lanka Bachelor of Arts Degree Examination (Fourth Year First Semester) November/December 2025 Application for Registration

1.	Full name of the Candidate (In block letters):						
	(Foreign monks should state as mentioned in the passport)						
2.	Index Number : Email :						
3.	Telephone Number:						
4.	Personal Address:						
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5.	Degree (Select "√") : Bachelor Honors						
6.	Medium:						
7.	Students are not allowed to change the Subject/Subject Code after the papers selected for Exam.						
	Registered Course Unit		Recommendation of the SAR	Checked by the MA of	Recommendation		
	Subject Code	Subject Name	(Academic & Student Service) Yes/No	the Department	of the Head		
No	n- Credit Subjects						
Thi		Examination (Repeat Subje	Cts) Recommendation				
	Registered Course Unit		of the SAR (Academic &	Checked by the MA of	Recommendation		
	Subject Code	Subject Name	Student Service) Yes/No	the Department	of the Head		

Second Year First Semester Examination (Repeat Subjects) Recommendation Checked by **Registered Course Unit** of the SAR the MA of Recommendation (Academic & the of the Head **Student Service) Subject Code Subject Name Department** Yes/No First Year Second Semester Examination (Repeat Subjects) Recommendation Checked by **Registered Course Unit** of the SAR the MA of Recommendation (Academic & the of the Head **Student Service**) **Subject Code Subject Name Department** Yes/No **Certificate Courses & Advanced Certificate Courses** Recommendation Checked by **Registered Course Unit** of the SAR the MA of Recommendation (Academic & the of the Head **Subject Code Subject Code Student Service)** Department Yes/No I certify that the above-mentioned particulars are true and correct. If there are mistakes in the

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 Amelicant			
Recommendation of the Dean :	Signature of Applicant			
Application of Rev/Mrrecommended/ not recommended.	is			
Name of the Dean :				
Signature of the Dean:				
Official Seal :				
Date :				

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