



**Buddhist and Pali University of Sri Lanka**  
**First Year First Semester Examination**  
**Certificate Course - Application for Registration**  
**July/August 2025**

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

Name of the Certificate Course	Recommendation of the Assistant Registrar (Academic) Yes/No	Checked by the Management Assistant of the Department	Recommendation of the Head

I certify that the above-mentioned particulars are true and correct. If there are any mistakes 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 relation to subjects or name of the question papers or subject code numbers. 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

**08. Recommendation of the Dean:**

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

Date: -----

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Signature of the Dean  
(Official Seal)