



Buddhist and Pali University of Sri Lanka
Certificate Course and Advanced Certificate Course
May/June 2025 - 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

Name of the Certificate Course	Checked by	Recommendation of the Head

8. Certificate Course (Repeat Subjects)

Name of the Certificate Course	Checked by	Recommendation of the Head

9. Advanced Certificate Course

Name of the Advanced Certificate Course	Checked by	Recommendation of the Head

10. Advanced Certificate Course (Repeat Subjects)

Name of the Advanced Certificate Course	Checked by	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

11. Recommendation of the Dean:

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

Date: -----

Signature of the Dean

(Official Seal)