

SRI LANKA INTERNATIONAL BUDDHIST ACADEMY (SIBA)

Pallekele, Kundasale 20168 ,Sri Lanka Tel: 94-(0) 81-2421693 Fax: 94-(0)81-2421692

Email: sibageneral@gmail.com

Web: www.sibacampus.com

Application Form (Please fill in this form completely using capital letters)

FOR OFFICE USE ONLY

Batch

No.

Weekdays

Weekends

Course applied for

Name of Temple:

Name of the Denomination:

			PHOTOGRAPH
		L	
PERSON	AL PARTICULARS		
Name (As in Passport for Foreign Student / A		n Student)	
Intake			
Date of Birth			
Gender Male Female	Marital Status:	Married	Single
Place / Country of Birth Nationality			
Religion			
NIC No. or Passport No.			
Correspondence Address	Permanent Address		
Telephone No.	Fax No.		
Mobile-phone No.	E-mail:		
•			
If you are an ordained person, please fill in the	e particulars below:		
Name of Preceptor:	_		
Date of Ordination:			

EDUCATIONAL QUALIFICATIONS (attach certified copies of Certificates)				
Name of Examination: Na	me of Institution:	Year		
1.				
1.				
2.				
2.				
2				
3.				
4.				
If foreign stu HIGHEST QUALIFICATION OBTAINE	ident please indicate the locat D IN ENGLISH	tion		
Name of Examination	DIVENSE	Year		
1. 2.				
3.				
Documents to be attached:		cate/s		
TEACHER / PARENT / GUARDIAN Name of Parent / Guardian				
Correspondence Address:				
Telephone No.	Fax No.			
Mobile-phone No.	E-mail			
,				
CHECKLIST OF SUPPORTING DOCUMENTS REQUIRED AND TO BE ATTACHED TO				

CHECKLIST OF SUPPORTING DOCUMENTS REQUIRED AND TO BE ATTACHED TO THE COMPLETED APPLICATION FORM			
Two (2) copies of passport-sized photograph			
Photocopies of the passport containing details of passport number, personal particulars and			
photograph (Foreign students only)			
Photocopy of the National Identity Card (Both Sides)			
Photocopy of the Birth Certificate			
Certified copies of all certificates and relevant examination results			
Personal medical health report			
Certified copy of Monk / Nun Identity Certificate/Card (Ordained persons only)			
Certification of good character by the abbot of a temple or a state official			

DECLARATION				
I,				
Date: Applicant's Signature:				

FOR OFFICE U	JSE	Officer	Comments
Date Received			
Application accepted	Yes No		
Accommodation offered?	Yes No		
Financial support offered?	Yes No		
Batch Number			
Admission Number			
Recommendation of Admission, Examin & Evaluation Office	ations		
Recommendation o Registrar	f the		
Approval of the Rec	ctor		
Date			

 ${\bf NOTE:}$ Incomplete application form, documents and uncertified certificates shall not be accepted.