



DEPARTMENT OF BUDDHISM
SRI LANKAN BUDDHIST CULTURAL CENTRE

Application Form for Admission to Programmes 2021/22

For Official Use Only

Ref. No	
Date	
Remarks	

A. PROGRAMME APPLIED

<input type="checkbox"/> Theravāda Buddhism	<input type="checkbox"/> Buddhist Counseling	<input type="checkbox"/> Vipassanā Meditation	<input type="checkbox"/> Meditation for Beginners
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B. PERSONAL INFORMATION

Surname			
Given Names			
Contact Number			
E-mail Address			
Correspondence Address			
H.K.I.D./Passport No.		Date of Birth	
Nationality			

C. QUALIFICATIONS OBTAINED

Highest Educational Qualification Obtained	
Institution	
Country	
Language of Instruction	

D. WORKING EXPERIENCE

Company	
Position	
Major Responsibilities	
Employment Period	

E. BUDDHIST BACKGROUND/EXPERIENCE

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F. COMMUNITY/SOCIAL SERVICES

Company	<input type="text"/>
Position	<input type="text"/>
Major Responsibilities	<input type="text"/>
Employment Period	<input type="text"/>

G. ADDITIONAL INFORMATION

Provide the reasons for applying the programme.

H. DECLARATION

I declare that the information provided is true and complete.

I understand that any misrepresentation will result in my application being disqualified.

Accept

Decline

Date:

Signature/Applicant:
Name

RESET