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POSTGRADUATE INSTITUTE OF PALI AND BUDDHIST STUDIES
UNIVERSITY OF KELANIYA

Registration for postgraduate studies - Academic year – 2027

Application form (for Foreign Students)

* Tick the course ✓

Previous Registration Number at this Institute **(If any)**

01. Postgraduate Certificate Programs

1	Certificate Course in English for Buddhist Studies (One Year)	
2	Certificate Course in Pali for Postgraduate Buddhist Studies (One Year)	
3	Certificate Course in Chinese for Postgraduate Buddhist Studies (One Year)	

02. Postgraduate Diploma Programs

1	Postgraduate Diploma in Pali (One Year)	
2	Postgraduate Diploma in Buddhist Studies (One Year)	

03. Master's Degree Programs

1	Master of Arts in Pali (One year)		
2	Master of Arts in Pali (Two Year)		
3	Master of Arts in Buddhist Studies (One Year)	Full Time	
		Part Time	
4	Master of Arts in Buddhist Studies (Two Year)		
5	Master of Arts in Buddhist Counseling (One Year)		

1. Personal Details

Title ☐ Rev.Sir ☐ Rev. Madam ☐ Mr. ☐ Mrs. ☐ Miss

Full Name (As per Passport)

Dharma Name (if applicable)

Country

Passport No Date of Expiry D D M M Y Y Y Y

Date of Birth D D M M Y Y Y Y

Address (in Sri Lanka)

Address (in home Country)

Contact No (in Sri Lanka) (in Home Country)

E-Mail

2. VISA

Entry Visa

Whether **entry visa** Required ☐ Yes ☐ No

*Should attach a copy of the passport and a Security Clearance Certificate obtained from home country within last three months, for Entry Visa.

Details of Present Visa

Type of Visa _____

Valid Until _____

3. Occupation

Designation

Name of the Employer

Address

Contact Number E-mail Address

5. Particulars of First Degree

Name of Degree

University/Institute

Country Type of the Degree Internal ☐ External ☐ Online ☐

Year of Graduation Class obtained Special ☐ General ☐

Duration of the Course

Subjects

6. Postgraduate Qualifications (if any)

Name of Degree

University/Institute

Year of Graduation Duration of the course

Subjects

7. If the applicant does not have a University Degree, give details of any other qualification which may be considered for admission to this course. *(Deemed as equivalent to a recognized degree only)*

Qualification

_____

_____

Institute

_____

Year Duration of the course

_____

Subjects

_____

_____

8. Any other relevant information, if any

_____

_____

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N.B Copies of relevant certificates should be attached.

9. Declaration

I certify that the above particulars are true and correct and if selected I shall abide by all the rules and regulations of the Institute.

_____

Signature of Applicant Date

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Recommendation of the Course Coordinator/ Head of Department / Director

_____

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_____

Name **Signature**

_____

Date

_____