



**Chinese Language Certificate Courses for Buddhist Monks
 Department of Buddhist Studies
 University of Colombo
 Colombo 03**

Application

- 1. Name in full : Rev.....
 :
- 2. Date of Birth : Year :..... Month :..... Date :.....
- 3. National I.D Number :
- 4. Address (Temple) :
- 5. Telephone Number : Temple :..... Mobile :.....
- 6. E-mail address :
- 7. Present Occupation :
- 8. Educational Qualifications:
- :
- :
- :

I certify that the particulars given above are true and accurate to my knowledge.

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Date

.....

Applicant Signature

**Coordinator
 Chinese Language Certificate Course for Buddhist Monks
 Department of Buddhist Studies
 University of Colombo
 Colombo 03**

You may call at 011 2055487 (during office hours) for further information.