NĀGĀNANDA INTERNATIONAL INSTITUTE FOR BUDDHIST STUDIES

Application to Register for Examinations

Faculty :…….

01. Name of the Academic Programme you have been registered:

……

02. Registration Number of the Applicant : ……

03. Name with Initials: ……

(Block Capitals)

04. Name in Full (Block Capitals)

Thero	Theri.	Mr.	Ms

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05. Permanent Address: ……

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06. Contact Numbers:

Tel No. | | | | | | | | | | |

Mobile No. | | | | | | | | | | |

Email address:

……

07. NIC / Passport Number:……..

08. E-mail Address:……

09.The Year and Semester of the Examination your apply: Year: …….. and Semester: ……..

(Eg: Year : ..Second.. and Semester : …First...)

10. No. of subjects you apply to sit at this examinations - First Attempt ☐ Medical ☐ Repeat ☐

11.Payments made: Bank : **Sampath Bank**

Branch : **Makola**

Account No. : **0207 1000 0760**

Type	Amount Paid (Rs)	Method of Payment (through Bank/Online)	Date of Payment
Registration Fee			
Exam Fee			
Course Fees			

❖ **Note: Examination Admission Card will be issued only after making all the required payments in full.**

12. Write your subjects for which you apply, in separate given tables:
1st Attempt in "1st Attempt" table**/Medical or Special Reason in "Medical Grounds/Special Reasons"** table**/Repeat in "Repeat"** table
(The exact title of the paper should write)

1st Attempt

Applicant should fill		*Faculty should fill* *			
Name of the Course Unit / Module	**Code of Course Unit / Module**	*% of Attendance+*	*Signature of the officer who checked +*	*Recommended Not recommended*	*Signature of the Course Coordinator/ Head of the Department*

***** Please get this part filled by the faculty

\+ To be filled by the Management Assistant

Attempt on Medical Grounds/Special Reasons

Applicant should fill (Medical certificate/s or Special Reason have to be to submitted and prior approval should have been obtained by the faculty)		*Faculty should fill *			
Name of the Course Unit / Module	**Code of Course Unit / Module**	Reference of approval received by the faculty for the Medical Certificate / Special Reasons+	*Signature of the officer who checked+*	*Recommended / Not recommended*	*Signature of the Course Coordinator/ Head*

***** Please get this part filled by the faculty

\+ To be filled by the Management Assistant

Repeat Attempts

Applicant should fill			*Faculty should fill* *		
Name of the Course Unit / Module	**Code of Course Unit / Module**	**Write the No. of attempts you have sat previously for this subject**	*Certified the details: Signature of the officer*	*Recommended / Not recommended*	*Signature of the Course Coordinator/ Head*

* Please get this part filled by the faculty

Declaration by the Applicant

I hereby certify that all the information provided by me in this application is true, complete, and accurate to the best of my knowledge and belief.

I further declare that I have read, understood, and am fully aware of all the Examination Rules, Regulations, By-laws, and Instructions issued by the Institute.

I agree to abide by all such rules and regulations throughout the examination process. I understand that any breach or violation of these rules may constitute an examination offence and that I shall be subject to the disciplinary procedures of the Institute.

I acknowledge and accept that any decision taken by the Institute or its authorized disciplinary authorities regarding an examination offence shall be binding on me, and I agree to accept and comply with any penalty or punishment imposed in accordance with the applicable Rules, Regulations, and By-laws.

Name of the Applicant : Rev./Mr/Ms ……..

Registration No. : …… Contact No. …….

Email Address : …….

……..

Date ……. Signature of the Applicant

FOR OFFICE USE ONLY

To be filled ONLY by the Finance Division

Certification of the Finance Division

Name of the Applicant: - Rev./Mr./Ms.……

Registration No.: ……..

Details of the Payments

Type	Amount Paid (Rs)	Method of Payment (Bank/Online)	Date of Payment
Registration Fee			
Exam Fee			
Course Fee			

I certify that this Applicant has **paid/not paid** the above-mentioned payments.

Checked By: ……. Certified by: …….

Signature and name — Bursar

Finance Division — Finance Division

……/……./……. ……/……./…….

Date — Date

To be filled ONLY by the Faculty

Recommendation of the AR of the Faculty

Recommended / Not recommended to proceed with examination arrangements and **issue the Admission Card** to this applicant.

……. …….

Assistant Registrar — Date

Approval of the Dean of the Faculty

Approved / Not approved to proceed with examination arrangements and **issue the Admission Card** to this applicant.

……. …….

Dean — Date