## International Theravada Buddhist Missionary University Yangon, Myanmar

## Application form for Admission

| 1. Name                                     |  |
|---|--|
| 2. Male / Female                            |  |
| 3. National Registration or                 |  |
| Passport No.                                |  |
| 4. Date of birth                            |  |
| (Vāsa for Monks)                            |  |
| 5. Place of birth                           |  |
| 6. Father's name                            |  |
| 7. Citizenship                              |  |
| 8. Marital Status                           |  |
| 9. Religion                                 |  |
| 10. Permanent Home Address                  |  |
| 11. Fax, E.mail, Tel.                       |  |
| 12. Postal Address                          |  |
| 13. Academic qualification &                |  |
| Year  |  |
| 14. Language                                |  |
| (Level & proficiency)                       |  |
| 15. Present employment                      |  |
| 16. Dip. / B.A.(A) / B.A(B) /               |  |
| M.A(I) & Academic year                      |  |
| I affirm that all above-mentioned sta       | tements made by me on this form are correct. I understand that     |
| any inaccurate statement will render my app | plication invalid. I promise to abide by the rules and regulations |
| laid down by the University and the Govern  | ment of the Union of Myanmar.                                      |
| \$  |  |
|   | Applicant's signature  |
|   | Date   |
|   |  |

N.B.

A student who joins the University is required to bring a proper medical certificate recently taken from any recognized medical authority certifying physical and mental fitness. Tuition, boarding and messing for foreign students will be provided free by the University. Travelling expenses will not be born by the University.