

NAGANANDA INTERNATIONAL INSTITUTE FOR BUDDHIST STUDIES

Registration for Examination / Application for recorection of exam papers Masters, Postgraduate Diploma, Bachelors, Diplomas, Certificate Courses

01. Name of the Academic Programme:.....

02. Medium :.....

03. Examination :.....

04. Attempt First Repeat Medical

05. Year of study :..... 06. Registration Number:.....

07. Name with Initials:.....

(Block Capitals)

08. Name in Full

Rev	Mr.	Mrs.	Miss
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(Block Capitals):.....

.....

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09. Contact Number

Tel No.

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Mobile No.

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10. NIC / Passport Number:.....

11. E-mail Address :.....

12. Payments made for the Year

Registration Fee (Amount) : Rs.....

Course Fee (Amount) : Rs.....

Exam Fee (Amount) : Rs.....

Recorrection fee (Amount) : Rs.....

❖ Note: Admission will be issued only after making due payments.

13. Give your subject for the examination for which entry is sought:
The exact title of the paper should be given

Subject	Subject Code	Year	Semester	Mid/Final	Attempt	Attendance	Signature of Head of Department/ Dean confirming that the candidate has followed the course satisfactorily and is eligible to sit the examination.
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

14. Have you postponed sitting this examination due to illness supported by medical certificate or any other grounds. If so give the particulars.

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15. Are you sitting for any other examination this year? If so what is the other examinations?

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I certify that the above information is correct. I am aware that my application shall be rejected, if any of the information given above is incorrect.

...../...../2024

Date

.....

Signature