

UNION OF MYANMAR  
**MINISTRY OF HOME AND RELIGIOUS AFFAIRS**  
DEPARTMENT FOR THE PROMOTION AND PROPAGATION OF THE SASANA  
KABA-AYE YANGON

**APPLICATION FOR THE STUDY OF THE THERAVADA  
BUDDHISM IN MYANMAR**



Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Miss \_\_\_\_\_  
Name (in block letters) surname \_\_\_\_\_

Nationality-----

Age, date of birth -----

Place of birth -----

Educational qualification -----

Profession -----

Experience -----

Present address -----

Parmanent address -----

Passport No. -----

Issued at -----

Date of issue -----

Expiry date -----

Purpose of visit -----

Short visit/ Long study -----

Date of arrival in Myanmar -----

Duration of proposed stay -----

Travelling by -----

Signature -----

Date -----