

S.No:



MAHABODHI RESEARCH CENTRE

(Affiliated to Karnataka Samskrit University, Govt. Of Karnataka)

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CENTRE FOR THERAVADA BUDDHIST STUDIES ADMISSION FORM

MRC/ADM/20____ - 20____ / _____ DATE: ____ / ____ / ____

Application for the admission in _____

NOTE: Please fill up the details in Capital alphabets.

- All the details are necessary; any column left empty is not encouraged.
- Please attach all the necessary Documents with the Admission form.
- Please read the Terms and Condition of the Institution Carefully.

Please Affix a
Photo

1. Applicant Full Name : _____

2. Date of Birth : ____ / ____ / ____ Gender : _____

3. Contact Number : (+91) _____

4. Email : _____

5. Qualification : _____

6. Father/Husband Name : _____

7. Contact Number : (+91) _____ Occupation : _____

8. Mother/Wife Name : _____

9. Contact Number : (+91) _____ Occupation : _____

10. Permanent Address : _____

• _____

• _____ PIN _____

11. Present Address : _____

• _____

• _____ PIN _____

S.No:

12. Employment Details : (If yes) _____

Address: _____

_____ PIN _____

Ph: _____ Email: _____

13. Nationality : _____ Mother Tongue : _____

14. Religion : _____ Caste: (_OC / _OBC / _SC / _ST)

15. Information about Highest Education Qualification

- Name Of the School/Centre: _____
- T.C(Migration Certificate) Number & Date : _____
- Course attended & Medium : _____
- Address _____

For Office use only

1. Check list of the Documents to be attached

- [] Proof of Identity.
- [] Marks Sheet
- [] Transfer certificate
- [] Conduct certificate
- [] Fee receipt

2. Enrolment Number _____

3. Course of Enrolled _____

4. Remarks _____

Sd/-
Administrator

Sd/-
Director

Declaration

I Sri/Smt _____ s/o: _____
solemnly declare that the above particulars furnished by me are true and correct to the best of my knowledge.

I agree that I will abide by the following terms and conditions of enrolment:

1. If I enrol in the Current Academic, my enrolment is for that year and subsequent years until completion of Year, subject to payment of the applicable fees for subsequent years at the prescribed dates. The refund and cancellation policy will apply to each subsequent year of enrolment as if there had been a re-enrolment for that subsequent year.
2. I agree that it is a condition of my enrolment that I attend all scheduled classes except where there is a legitimate reason for non-attendance which is acceptable to the Centre (for example, illness supported by a Doctor's Certificate).
3. I agree that I am required to use my best endeavours to meet the requirements of the Centre program selected and to abide by the rules and regulations of the Centre.
4. I understand that if I breach any of the Centres rules or my behaviour is deemed unacceptable by the Centre, or a breach of Terms and conditions, including poor attendance(less than 75%) or unsatisfactory progress, my enrolment may be cancelled.
5. If my enrolment terminates due to a breach of this condition I understand and agree that I may not be entitled to any refund of the tuition fees or other charges paid to the Centre.
6. All lessons and any related material supplied by the Centre are copyright of the Centre and remain the property of the Centre.
7. I agree that I am responsible for my own books, equipment and personal items and I hereby release, indemnify and hold harmless the Centre against all liability and claims for any loss or damage to such items, howsoever caused.
8. I agree to pay the tuition fees and other charges applicable for my course on the due dates as acknowledge and agree that tuition fees may alter from time to time.
9. I understand that a late payment fee per month is payable on accounts which remain unpaid 14 days after the due date for payment.
10. I understand that if after commencing the course, I discontinue the course before completion; I remain liable to pay the full tuition fee and any expenses, costs or disbursements incurred by the Centre.

I confirm that the terms and conditions of this offer have been explained to me.

“Please Sign Below to indicate that you have read and agree to the terms presented in the Terms and Conditions agreement”

Place:

Date:

Signature of the Candidate

Signature of the Administrator