

THE REPUBLIC OF THE UNION OF MYANMAR
MINISTRY OF RELIGIOUS AFFAIRS
DEPARTMENT FOR THE PROMOTION AND PROPAGATION OF THE SASANA
KABA AYE, YANGON

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

Name (IN BLOCK LETTERS) Mr./Ms. _____

Nationality _____

Age and Date of Birth _____

Place of Birth _____

Educational Qualification _____

Profession _____

Previous Experience _____

Present Address _____

Permanent Address _____

Passport No. _____

Issued at _____

Date of Issue _____ Date of Expiry _____

Purpose of Visit _____

Short Visit / Long Visit _____

Date of Arrival in Myanmar _____

Duration of proposed stay _____

Travelling by _____

Signature _____ Date _____