



NIIBS

**Nāgānanda International Institute for Buddhist Studies
Examination Division
APPLICATION FOR A TRANSCRIPT**

Student Information:

Name With Initials: Ven/ Rev/ Mr./ Ms.....

Full Name:

Requested University or Institute Letter: [Copies should be attached]

NIIBS Registration Number:

NIC/Passport Number:

Registered Faculty/School/Unit:

Name of course:

Date of Convocation: (If any)

Contact No (Res):

Contact No (Mobile):

Postal Address:

Email:

Other: (If any)

I confirm that the information entered herewith is correct.

.....

DATE

.....

SIGNATURE

OFFICE USE ONLY

This can be issued/ cannot be issued.

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Assistant Registrar – Examination

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Date