



**Application Form for Insight Meditation Practice
International Buddhist Studies College (IBSC)
Mahachulalongkornrajavidyalaya University**

No. of Time.....Academic Year.....

From the Date.....Month.....to the Date.....Month.....Year.....(Total.....Days)

At.....Sub-district.....District.....Province.....

First Name.....Ordination Name.....Surname.....

Birth Date.....Month.....Year.....Age.....Vassa.....

Day/Month/Year of Ordination/...../..... Student ID. No.Year

Class.....

Master's Degree Doctoral Degree Field of Studies.....

Present Address..... No.Road.....

Sub-district.....District.....Province.....Postal Code.....

Phone/Mobile Phone No.E-mail.....

Other information related persons should know:

1. The amount of practice days

- Available to join the whole Program
- Not available to join the whole Program, but will join for.....days during.....
(Traveling days are not included) because (state reason).....

2. Transportation

- To go and get back by the arrangement of the University
- Only to go by the arrangement of the University
- Only to get back by the arrangement of the University
- To go and get back by own transportation

3. Health Normal Congenital Disease of.....(Note: For the one who has any kind of neurosis disorders that may hinder to the practice, please urgently inform IBSC along with the presenting of the doctor's certificate.)

4. Emergency Case Relative or the person whom can be conveniently contacted is:

First-Last Name.....Phone No.

5. Required Food during Practice Vegetarian food (in case of necessity) As arranged

I promise that "I will strictly follow the rules and regulations of the Program that IBSC has specified".

Signed.....

(.....)

Applicant

...../...../.....