

## APPLICATION FORM

### The MBT 15<sup>th</sup> BUDDHIST NOVITIATE PROGRAMME 2018 for ADULTS

“Leading Life Towards a Brighter Path”

1 December - 9 December 2018

The Organizing Secretary  
Buddhist Novitiate Programme  
Mahindarama Buddhist Temple  
2, Jalan Kampar  
10460 PENANG

Stick  
Photo  
Here

Dear Sir,

I wish to apply as a candidate for the 15<sup>th</sup> Buddhist Novitiate Programme, I append below my particulars, which to the best of my knowledge is correct and true. I undertake to abide by the spirit, aims and objectives of the BUDDHIST NOVITIATE PROGRAMME. (Note: Please complete this form in **Block Letters**. \*Delete whichever is not applicable).

### PERSONAL PARTICULARS

Name:		Pali Name:	
Date of Birth:		NRIC / Passport No:	
Age:	Marital Status:	Nationality:	
Address: (Home)			
Occupation:		Academic Qualifications:	
Email Address:		Robe size:	
Contact No: House:                    /    Office:                    /    Mobile			
Religious organization associated:			
Is this the first time participating in this novitiate programme? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Where:		No of years participated:	
Purpose of joining MBT Novitiate programme:			

### DHAMMA / MEDITATION EXPERIENCE

Do you have any meditation experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Meditation:	

Please indicate your level of interest in the following areas by ticking (√) in the appropriate box.

	Meditation	Pali suttas	Pali Chanting	Vinaya (Monastic Discipline)	Dhamma Studies	Dhamma Sharing
High						
Medium						
Low						
Zero						

### MEDICAL HISTORY

Do you suffer from any serious illnesses (such as mental disorders, diabetes, epilepsy, cardiovascular disorders, gastro disorder, etc.) or disabilities?  Yes  No

If Yes, please elaborate:

Medication taken:

### CONTACT PERSON IN CASE OF EMERGENCY:

Name:	Relationship:
Address:	
Contact No:	
Clinic / Hospital:	

I, \_\_\_\_\_, the undersigned hereby declare that the above information is true and I am willing to abide by the Organizing Committee's advice and the programme's rules and regulations, otherwise I shall leave the programme on my own accord. I also understand that the organizers will not be responsible for any mental or physical injury incurred during this programme.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PARENT'S / GUARDIAN'S CONSENT (For those under 18 years old)

I, \_\_\_\_\_ hereby permit my \*child / ward to participate in the above mentioned BUDDHIST NOVITIATE PROGRAMME.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

檳城瑪興達拉麻佛寺第 15 屆成人短期出家 2018 年申請表

“領導人生邁向更光明的道路”

2018 年 12 月 1 日至 9 日

籌委會秘書

佛教短期出家活動

瑪興達拉麻佛寺

2, Jalan Kampar

10460 PENANG



敬啟者,

我想申請參加第 15 屆佛教短期出家活動，並以正確且真實的資料填寫以下表格。我承諾將遵守短期出家活動的精神，宗旨和目標。(請以大寫母填寫；\*刪除不適用的)

個人資料

姓名：		姓名（巴利文）：	
出生日期：		身份證號碼/護照號碼：	
年齡：	婚姻狀況：	國籍：	
住址：			
職業：		教育程度：	
電子信箱：		袍子尺寸：	
聯絡號碼：			
住家：		/ 辦公室：	
		/ 手機：	
所參與的宗教組織名稱：			
首次參加少年短期出家活動嗎？ <input type="checkbox"/> 是 <input type="checkbox"/> 否			
如否，那曾經參加過哪里的活動呢？		參加過的次數：	
參加此短期出家的目的是：			

法會/禪修經驗

你可有禪修的經驗？ <input type="checkbox"/> 有 <input type="checkbox"/> 無
禪修類型：

就你的兴趣，请在以下适合的格子中打勾(√)

	禅修	巴利文经	诵巴利文经	道场戒律	学习佛法	分享佛法
兴趣浓厚						
兴趣一般						
兴趣低						
不感兴趣						

**医疗背景**

你可曾患过严重疾病，如精神疾病、糖尿病、癫痫、心血管疾病、肠胃等疾病或有障碍？  
 有  无

如有，请叙述：

服用的药物名称：

**紧急事故联系人：**

姓名：	关系：
地址：	
联络电话：	
诊所 / 医院：	

我，\_\_\_\_\_在此签名声明以上资料属实，并将遵守主办单位所拟定的所有规则，否则我将自行退出此短期出家活动。我了解主办单位将不会为活动中发生的任何精神或身体伤害负责。

签名：\_\_\_\_\_

日期：\_\_\_\_\_

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**家长/监护人同意书（供 18 岁以下的参加者填写）**

我，\_\_\_\_\_允许我的\*孩子/受监护人参与以上所述的少年短期出家活动。

签名：\_\_\_\_\_

日期：\_\_\_\_\_