

Department of Hindu Religious and Cultural Affairs

248-1/1, Galle Road, Colombo -04.

Phone: +94 11 2552641 Fax: +94 11 2552825

| Office Use Only |
|-----------------|
| MIC No : HA// |
| Issued Date:/20 |

APPLICATION FORM FOR A HINDU MONK'S IDENTITY CARD

| Instructions: Step 1 : | Form MUST be written in BLOCK letters or typed / Printed and Signed by | | | | | | | | |
|------------------------------------|---|--|--|--|--|--|--|--|--|
| applicant. Step 2 : Step 3 : | Applicant ensures all requires documentation is enclosed. Forward the completed application and supporting documentation to The Director. | | | | | | | | |
| Photograph: | Include two clear colour 22mm X 33 mm size photos (Sri Lankan N. I. C. size), taken within the last one month, showing applicant's head and shoulders. One photo pasted on the relevant cage, and the Head of the Institution must sign the top of the photograph verifying the photograph to be a true likeness of the applicant. Other photo to be annexed. | | | | | | | | |
| Documentation | n: Enclose a copy of one of the following acceptable documents showing of name and date of birth. * Birth Certificate * N. I. C. / Valid Pass port | Head of the Institution must sign the top of the photograph | | | | | | | |
| | (First Name) | 2 Say | | | | | | | |

| | 1. Name | (First Name) | | | | | | | | | | | | | 2. Sex (Select X Mark) | | | | | |
|--------------------------------|-------------------------------------|--------------|---|------|--------|--------|-------|-------|-------|-------|-------|--|--------|---|------------------------|-------|--|------|---|---|
| Section 1 Personal Information | | (Las | (Last Name) | | | | | | | | | | | | M F | | F | | | |
| | 3. Date of Birth | D | D D M M Y Y Y 4. Place of Birth 5. Citizenship | | | | | | | | | | | | | | | | | |
| | 6. N. I. C. No. / Passport No | | | | | | | | | | | 7. Date of Issue(N.I.C /Passport No) | D | D | M | M | Y | Y | Y | Y |
| | 8. Present Address | | (No, Street) 9. District 10. Area of Divisional Secretary 11. Area of Gran | | | | | | | | | | | | ama | Nila | dhari | | | |
| | 12. Permanent | (No, | (No, Street) (City | | | | | | | | | | | (City) | | | | | | |
| Pers | Address | 13. | Dist | rict | | | 1 | 4. A | rea c | of Di | visio | nal Secretary | 15 | D M M City) 1. Area of Gran City) 5. Area of Gran 19. Date | ıma l | Nilac | lhari | | | |
| | 16. Contact No | (Ho | me) | | | | | | | | | 17. E - Mail | | | | | | | | |
| | (should be given) | (Mo | bile) | | | | | | | | | | | | | | hip M Y Y Y Grama Niladhari Trama Niladhari | | | |
| | I hereby solemnly dec knowledge. | clare t | hat 1 | he d | letail | ls fui | rnish | ied o | above | e by | те с | are true and cor | rect (| and | to ti | he be | | f my | | |
| | 18. Signature | 19.] | | | | | | | | | | | Date | te | | | | | | |
| | 10. Signature | | | | | | | | | | | | | | | / | · | /2 | 0 | |

| <u></u> | 12. Name | | 13. Registraion No (Our Department) | | | | | | | | | | | | |
|---|--|------------------|-------------------------------------|--------------|-----------|---------|------|--|--|--|--|--|--|--|--|
| Section 2 Certification of the Institution | 14. Branch (| if any) | 15. Contact No | | | | | | | | | | | | |
| | 16. Mailing | (No, Street) | | (City) | | | | | | | | | | | |
| | Address | (State) | (Z | ip Code) | (Country) | | | | | | | | | | |
| | 17. Web | | 18 | 18. E - Mail | | | | | | | | | | | |
| | I certify the identified Hindu Monk is attached to this Institution for the last years and the details furnished are true and correct. | | | | | | | | | | | | | | |
| | 19. Signatur | e & Rubber Stamp | | 20. Date | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| u o | 1. Sets of photocopy a. Birth Certificate b. N. I. C. / Valid Passport 2. Other relevant documents | | | | | | | | | | | | | | |
| Section 3 | a | | | | | | | | | | | | | | |
| Section 3 Documentation | b The information given is checked and found correct. | | | | | | | | | | | | | | |
| | Date:/20 Signature of Subject Officer | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Section 4 Approval | Recommend | ed By | Signature | (Asst. Di | rector) | Date | | | | | | | | | |
| Sect App | Approved B | у | Signature | (Di | rector) | r) Date | | | | | | | | | |
| | | | | 1 | | | | | | | | | | | |
| Section 5 Issue | Issued By | Name | | Signature | | | Date | | | | | | | | |
| Sect. Iss | Received By | Name | | Signature | | | Date | | | | | | | | |