

新加坡佛教总会 Singapore Buddhist Federation

59 Lorong 24A Geylang, Singapore 398583 . Tel: +65 67444635 . Fax: +65 67473618

www.buddhist.org.sg email: siokcheng@buddhist.org.sg

## 成人华文佛学班报名表格

报读年度: \_\_\_\_\_

姓名 (华文)

(英文): \_\_\_\_\_

住宅地址: \_\_\_\_\_  
\_\_\_\_\_

手机号码: \_\_\_\_\_

住宅  
电话

最高学历: \_\_\_\_\_

职业: \_\_\_\_\_

车辆  
号码

电邮: \_\_\_\_\_

性别:  男  女

国籍: 新加坡

其他 \_\_\_\_\_

居民证号码: \_\_\_\_\_

婚姻:  已婚  未婚

出生日期: \_\_\_\_\_

年

月

日

法名: \_\_\_\_\_

剃度 / 皈依寺院: \_\_\_\_\_

剃度 / 皈依师德号: \_\_\_\_\_

剃度 / 皈依日期: \_\_\_\_\_

日期: \_\_\_\_\_

年

月

日

\_\_\_\_\_ 签 名

备注: \_\_\_\_\_  
\_\_\_\_\_

SINGAPORE BUDDHIST FEDERATION

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ADULTS ENGLISH DHARMA CLASS  
REGISTRATION FORM

Course Year : \_\_\_\_\_

Participant's Particulars

Name: \_\_\_\_\_ 姓名: \_\_\_\_\_

NRIC No: \_\_\_\_\_ Nationality : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male / Female

Marital Status: Married / Single

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Vehicle No : \_\_\_\_\_

Tel: (HP) \_\_\_\_\_ (Res) \_\_\_\_\_ Education Level: \_\_\_\_\_

Email Address : \_\_\_\_\_ Occupation: \_\_\_\_\_

Dharma Name: \_\_\_\_\_ Date of Refuge taking: \_\_\_\_\_

Temple of Refuge taking: \_\_\_\_\_

Dharma Teacher: \_\_\_\_\_

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