



Maitriyana Buddhist University

REGISTRATION FORM

MAITRIYANA BUDDHIST UNIVERSITY (MBU)

Names: _____

Last Name: _____

National Identification Number: _____

Birth-date: _____

Full Postal Address: _____

Phone: _____

Email: _____

Profession: _____

Studies: _____

Chosen Degree: _____

Reasons and Expectations: _____

Means of Payment: _____

Agree with Internal Regulations of the MBU:

<https://maitriyana.in/statues/>

Picture:

