



KUTI STAY APPLICATION FORM

PERSONAL DETAILS

Name	_____	Nationality	_____
Tradition	_____	Monastic Years	_____
Address	_____		

Birth Date	_____	IC/Passport	_____
Contact no.	_____	Issue Date	_____
Email Add	_____	Expiry Date	_____
Emergency Contact Person (Name/Telephone No)	_____		

REFERENCES (Previous stay in other monasteries)

	Name of monastery	Country	Duration
1.			
2.			
3.			

OTHER INFORMATION

Purpose of stay	_____		
Duration of stay	From _____	To _____	(months)
Health Status	Good / Fair / Poor (if poor, please elaborate)		
Food Choice	Vegetarian / Non Vegetarian. Specific Abstinence :		
Commitment	I have been given the Terms and Conditions of stay and fully understood it and will act and comply accordingly including all amendments and revision therewith.		
Signature	_____		Date _____

For Official Use Only

Introduced by	_____	Remarks	_____
Approved by	_____	Date	_____
(Name)	_____		