

未出家前之经历 Pre-ordination Experience:

出家之因缘与愿望 Cause and aspiration for ordination:

紧急联系人
Emergency contact:

关系
Relationship:

联络号码
Contact number:

特殊疾病 Special health condition
无 No 有 Yes

高血压 High blood pressure
 糖尿病 Diabetes
 心脏病 Heart disease

失眠症 Insomnia
 胃肠症 Gastro-intestinal
 贫血 Anemia
 晕眩 Dizziness

说明 Details:

附注 Additional Remarks:

1. 本表所列各项，中英文请以正体字（不会写英文者，本会可以代填）填妥，附户籍胜本、护照影印本、体检表及离婚证书（如有配偶而未办离婚手续者，不予报名受戒）。即日起至2026年8月15日以前，寄至以下地址（带底线文字）。Please complete this form in legible English and Chinese handwriting and submit photocopies of your national identification card, passport, health report and divorce certification (married applicants will be rejected) before 15 August 2026 to the following address: “传戒委员会 / TRIPLE PLATFORM COMMITTEE, PU TI BUDDHIST TEMPLE (121C PUNGGOL ROAD SINGAPORE 546637)”。
2. 本会收到报名表，经审查后，通知前来受戒。未接到通知者，请勿前来报到。Accepted applicants will be notified. Please do not report for the event if no official notification was received.
3. 本表须经剃度师长签名盖章，否则不予受理。Applications without the stamp and signature of the ordination master will be rejected.

审查意见:

个人照费用：
Fee for personal photo

元

超薦费：
Fee for Deliverance of Suffering Beings

元

1. _____氏历代祖先
2. 个人累世冤亲债主

洗衣费：
Laundry Fee

元

报到经办人: