

APPLICATION FOR ADMISSION

Application No. _____

- M.Th.(2 Years) M.A.(2 Years) Diploma (1 Year)
 Part-time From.....To.....

Space for
passport size
photograph

(PLEASE USE BLOCK LETTERS FOR FILLING UP)

1. Name of the Applicant : _____

2. Address : _____

_____ PIN: _____

Phone : _____ E- Mail : _____

3. Date of Birth
 D D M M Y Y Y Y

4. Place of Birth : _____

5. Educational Qualification : _____

6. Ministerial Experience : _____

7. Status of the Applicant : Lay Religious Priest

8. Name Of the Religious Congregation : _____

Province of Religious Congregation : _____

Date of Temporary Vows:
 D D M M Y Y Y Y

Date of Perpetual Vows :
 D D M M Y Y Y Y

Present Ministry _____

9. Name and Address of the Major Superior: _____

_____ PIN: _____

Phone : _____ E- Mail : _____

Date
 D D M M Y Y Y Y

Signature of the Applicant

Please enclose the following:

1. Personal letter of the applicant the reasons for doing this course.
2. Letter of endorsement from the Major Superior.
3. Two Passport size photos.
4. Registration fee of Rs. 250/- by M.O or D.D

Send the duly filled Application Form along with enclosures to the following address:

The Director
Sanyasa
Carmelaram P.O.
Bangalore - 560 035. INDIA