

APPLICATION FORM FOR SYRO-MALANKARA CATHOLIC CANDIDATES

(APPLICABLE FOR ALL COURSES – ADMISSION 2018-19)

(To be filled by the Parish Priest)

Application No. _____

Name of the Candidate: _____

Name of Father: _____

Name of the Mother: _____

Residential Address with PIN Code

Name of the Parish with Address and PIN Code

Name of the Parish Priest (Contact Tel./Mob. No.)

Name of the Archdiocese / Diocese

Year of Passing Class X in Sunday School : _____

Whether Passed Class XII in Sunday School: Yes / No
If Yes, Year of Passing: _____

Any Priest / Nun in the Family: _____

Religious and Church related activities

Activity / Attitude	Poor (0)	Average (1)	Good(2)	Very Good(3)
Regularity in attending Sunday Mass				
Regularity in attending Sunday School Classes				
Participation in Youth Activities of the Church				
Attitude of the family towards the Church				
Any other activities to be mentioned:				

Place: _____

Date: _____ Parish Priest Signature with Parish Seal

NB: Candidates admitted for MBBS Course 2018-19 should execute a Service Bond as informed by the Commissioner for Entrance Examinations, Thiruvananthapuram

SYRO-MALANKARA CATHOLIC COMMUNITY CERTIFICATE

Certified that Sri/Smt/Kum _____ with KEAM 2018 / NEET UG 2018 / LBS / any other Entrance Roll No. (Please specify) _____ with the aforesaid details is a member of the _____ Parish of the Archdiocese / Diocese of _____ Syro-Malankara Catholic Church.

Date: _____ Parish Seal

Name and Signature of the Vicar

Date: _____ Archdiocese / Diocese Seal

Name & Signature of the Archdiocesan / Diocesan Bishop