

## KRISTU JYOTI COLLEGE

Department of Theology (Aggregated to the Faculty of Theology of the Pontifical Salesian University, Rome) Bosco Nagar,

Krishnarajapuram Bengaluru 560036.

Ph: 9482331340 (Principal), 6363231127 (Registrar) Email:

kjcprincipal@gmail.com registrarkristujyoti@gmail.com

by your light we see the light

Anr	lication	No.	
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## The Bachelor of Theology (B.Th.) Course APPLICATION FOR ADMISSION

(Please	use BLOCK LETTERS)
01.	Surname
02.	Name(s)
03.	Your Name in the Religious Congregation
04.	Date of Birth: DayMonth
05.	Place of Birth
06.	Parish of Origin
07.	Diocese of Origin
08.	Religious Congregation
09.	Province
10.	Name of the Superior
11.	Designation (e.g. General / Provincial etc.) of the Guardian / Point of Reference, to whom future communications may be sent
12.	Address of the Guardian / Point of Reference
13.	Address of the Applicant:
	a) Permanent:
	Phone No: E-mail:
	b) Local:

14.	Educational Qualifications (Uni (Please specify Course, Instituti	versity Studies, Philosophy, Theology etc.) on, Place & Duration)
	a)	
	b)	
	c)	
	d)	
	*	
15.	Documents attached	
		ark-list and certificate of the Philosophy Course ertificate and mark list of Plus-two Course or its
		ertificate and mark list of B.A. or its equivalent f the Bishops/ Provincial / Religious Superior ort-size and six of stamp-size)
	[]	
Data		
Date:		
Place:		Signature of the Applicant
Note:	Requirements for Admission	to B.Th.
a)	The completion of the Bac	esthood: -Degree/plus-two Course or its equivalentChelor of Philosophy Course or a two / three year Course of -Studentate or Major Seminary.
b)	For Non-Clerical Students:	
,	The completion of the B.A	
	requirement may be fulfi	quate Course of Philosophy in a Recognized Institute (This lled by participating in an Intensive Summer Course in
	An adequate knowledge of	Dominican Fathers at Bangalore or any such course. FEnglish.
The C	ollege reserves to itself all rights	to admission
		The Principal,
		Department of Theology,
		Kristu Jyoti College, Bangalore – 560 036.

Phone No: ..... E-mail: ....

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Adn	การ	SIOT	ı No:	

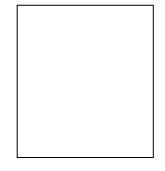


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Appl	lication	No:	

The Bachelor of Theology (B.Th.) Course PERSONAL SCHEDA		
Please ι	use <b>BLOCK</b> LETTERS)	
I.	General Information:	
	Surname:	
	Name(s):	
	Father's Name:	
	Mother's Name:	
	Birth: Day Month	
	City State Country	
	Diocese of Origin:	
II.	Ecclesiastical Curriculum:	
	Name of the Religious Congregation:	
	Religious Congregation's abbreviation:	
	Province:	
	First Profession: Where?	
	Perpetual Profession: Where?	
III.	Educational Qualifications:	
	a) High School:	
	Certificate:	
	Name of School:	
	Place: Year of Completion:	

1	b) Higher Secondary School / Pre-University:
	Certificate:
	Name of School / College:
	Place: Year of Completion:
	c) University Studies:
	Degree:
	Name of the College:
	Place:
	d) Other Studies (if any):
	Degree:Duration:
	Name of the College:
	Place:
	e) Philosophy:
	Degree:
	Name of the College/Institution/Seminary:
	Place:Year of Completion:
	f) Theology:
	Degree:Duration:
	Name of the College/Institution/Seminary:
	Place:
IV.	Accommodation:
	Institution:
	Address:
	Pin Code:
	Phone No.:
Remarks:	
Date	
Place	Signature of the Applicant

## (For office purposes only)