

KRISTU JYOTI COLLEGE

Department of Philosophy

Bosco Nagar, Krishnarajapuram Bengaluru 560036

Ph: 9482331340 (Principal); 6363231127 (Registrar) Email: kjcprincipal@gmail.com; registrarkristujyoti@gmail.com

by your light we see the light

αA	plication	No:	
, ,,	P.1. CG C. C		

Two-Year Basic Course in Philosophy APPLICATION FOR ADMISSION

(Please	e use BLOCK LETTERS)
01.	Surname
02.	Name(s)
03.	Your Name in the Religious Congregation
04.	Date of Birth: DayMonthYear
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, 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:

	Phone No:	E-mail:
14.	- · · · · · · · · · · · · · · · · · · ·	hool Studies, Higher Secondary Studies/ss, etc. Please specify Course, Institution,
	a)	
	d)	
15.	Documents attached	
	equivalent	st and certificate of the Plus-two Course or its Bishop/Provincial / Religious Superior e and 5 of stamp-size)
Date:		
Place:		Signature of the Applicant
Note:		Two-Year Basic Course in Philosophy
	•	Pre-Degree Course or its equivalent. ish, tested by an Entrance Exam.
The C	ollege reserves to itself all rights to add	mission
		The Coordinator, Department of Philosophy, Kristu Jyoti College, Bangalore – 560 036.
	(For offic	ce purposes only)

Admission No: _____

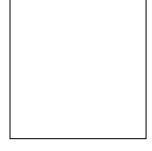


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Application No:	
	Two-Year Basic Course in Philosophy
	DEDCOMAL COLLEDA

PERSONAL SCHEDA		
(Please L	use BLOCK LETTERS)	
I.	General Information:	
	Surname:	
	Name(s):	
	Father's Name:	
	Mother's Name:	
	Birth: Day Year	
	City Country	
	Diocese of Origin:	
II.	Ecclesiastical Curriculum:	
	Name of the Religious Congregation:	
	Religious Congregation's abbreviation:	
	Province:	
	First Profession: Where? When?	
	Perpetual Profession: Where?	
III.	Educational qualifications:	
	a) High School:	
	Certificate:	
	Name of School:	
	Place:	

		ffice purposes only)
Place:		Signature of the Applicant
Date:		
Remarks:	:	
	Phone No:	E-mail:
		Pin Code:
	Address:	
14.		
IV.	Accommodation:	
	Place:	Year of Completion:
	Name of the College:	
	,	Duration:
	d) Other Studies (if any):	
	_	Year of Completion:
	_	Duration:
	c) University Studies:	
	Place:	Year of Completion:
	Confidence	

Admission No: _____