**KRISTU JYOTI COLLEGE**

**Department of Theology**

**(Aggregated to the Faculty of Theology of**

**the Pontifical Salesian University, Rome)**

**Bosco Nagar, Krishnarajapuram Bengaluru 560036.**

**Ph: 9449362433 (Principal), 7795234212 (Registrar)**

**Email:**

**kjcprincipal@gmail.com**

**registrarkristujyoti@gmail.com**

 ***by your light***

***we see the light***

Application No: \_\_\_\_\_\_\_\_\_

# 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 ……………………………...……………… (if you have a *different* name)

04. Date of Birth: Day……….….…...Month ……..…....……….….. Year ………………

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:

1. Permanent: ..………………………………………………………….....................

 ……………………………………………………….……….................

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

 b) Local: ..…………………………..…………………………...................................

 …………………………………………….………….............................

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

14. Educational Qualifications (University Studies, Philosophy, Theology etc.)

 (Please specify Course, Institution, Place & Duration)

 a). ………...………………………………………………..………………………..

……………………….…………………………………..…………………………

b)……………………………………...……………………………………………..

……………………………………………………………..………………………..

c) .………...………………………………………………..………………………..

……………………….…………………………………..…………………………

d)……………………………………...……………………………………………..

……………………………………………………………..………………………..

15. Documents attached

 [ ] Two attested copies of the mark-list and certificate of the Philosophy course

[ ] Two attested copies of the Certificate and mark list of Plus-two Course or its equivalent

 [ ] Two attested copies of the Certificate and mark list of B.A. or its equivalent

 [ ] Letter of Recommendation of the Bishops/ Provincial / Religious Superior

 [ ] Photographs (three of passport-size and six of stamp-size)

 [ ] ……………………………

 [ ] ……………………………

Date: ……………….. ……………………………………….

Place: ………………. Signature of the Applicant

------------------------------------------------------------------------------------------------------------

Note:

 **Requirements for Admission to B.Th.**

a) For Students proceeding to the Priesthood:

* The completion of the Pre-Degree/plus-two Course or its equivalent.
* The completion of the Bachelor of Philosophy course or a two / three year Course of Philosophy in a Religious Studentate or Major Seminary.

b) For Non-Clerical Students:

* The completion of the B.A. or its equivalent.
* The completion of an Adequate Course of Philosophy in a Recognized Institute (This requirement may be fulfilled by participating in an Intensive Summer Course in philosophy organized by Dominican Fathers at Bangalore or any such course.
* An adequate knowledge of English.

The College reserves to itself all rights to admission

 The Principal,

 Department of Theology,

 Kristu Jyoti College,

 Bangalore – 560 036.

**(For office purposes only)**

Admission No: \_\_\_\_\_\_\_\_\_

**KRISTU JYOTI COLLEGE**

**Department of Theology**

**(Aggregated to the Faculty of Theology of**

**the Pontifical Salesian University, Rome)**

**Bosco Nagar, Krishnarajapuram Bengaluru 560036.**

**Ph: 9449362433 (Principal), 7795234312 (Registrar)**

**Email:**

**kjcprincipal@gmail.com**

**registrarkristujyoti@gmail.com**

***by your light***

***we see the light***

# Application No: \_\_\_\_\_\_\_\_\_

# The Bachelor of Theology (B.Th.) Course

# PERSONAL SCHEDA

(Please use **BLOCK** LETTERS)

1. **General Information**:

Surname: ……………………………………………………………………………

Name(s): ……………………………………………………..……………………..

Father’s Name: ……………………………………………………………………..

Mother’s Name: …………………………………………………………………….

Birth: Day ………………….. Month……………………….. Year ……..…….…..

 City ………………….. State ………………….. Country ………………...

Diocese of Origin: ……………………………………..

1. **Ecclesiastical Curriculum**:

Name of the Religious Congregation: ……………………………………………...

Religious Congregation’s abbreviation: ………………………………...………….

Province: ……………………………………………................................................

First Profession: Where? …………….….………….. When? …………...…...

Perpetual Profession: Where? ………………..………….. When? …………….....

 **III.** **Educational Qualifications**:

 **a)** **High School:**

 Certificate: ……………………………………………………………………………...…..

 Name of School: ………………………………………………………………….………..

 Place: ……………………………………..……...... Year of Completion: ………..…...…

 **b) Higher Secondary School / Pre-University:**

 Certificate: ……………………………………………………….....................……………

 Name of School / College: …………………..…………….…....................….....................

 Place: …………………………………………………Year of Completion: ……...…..…..

 **c) University Studies:**

 Degree: ………………………………………………...Duration: ……………….

 Name of the College: ……………………………………………………………...

 Place: ………………………………………..Year of Completion: ………...........

 **d) Other Studies (if any):**

 Degree: ………………………………………………...Duration: ……………….

 Name of the College: ……………………………………………………………...

 Place: ………………………………………..Year of Completion: ………..…….

 **e) Philosophy:**

 Degree: ………………………………………………...Duration: ……………….

 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.: ……………………….E-mail: ..…………….…..……………………..

Remarks:

Date ……………………............ ………………………………………

Place……………………………. Signature of the Applicant

**(For office purposes only)**

Admission No: \_\_\_\_\_\_\_\_\_