



KRISTU JYOTI COLLEGE

Department of Philosophy

Bosco Nagar,

Krishnarajapuram

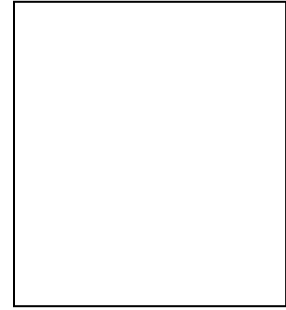
Bengaluru 560036.

Ph: 9449362433 (Principal), 6363231127 (Registrar)

Email:

kjcprincipal@gmail.com

registrarkristujyoti@gmail.com



**by your light
we see the light**

Application No: _____

Two-Year Basic Course in Philosophy 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: DayMonth 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:
 - a) Permanent:
.....
Phone No: E-mail:
 - b) Local :

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

1. Educational Qualifications (High School Studies, Higher Secondary Studies/
Pre-University, University Studies, 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 Plus-two Course or its
equivalent

Letter of Recommendation of the Bishop/Provincial / Religious Superior

Photographs (three of passport-size and 5 of stamp-size)

.....

.....

Date:

Place:

.....
Signature of the Applicant

Note:

Requirements for Admission to the Two-Year Basic Course in Philosophy

- The completion of the Plus-two/Pre-Degree Course or its equivalent.
- An adequate knowledge of English, tested by an Entrance Exam.

The College reserves to itself all rights to admission

The Coordinator,
Department of Philosophy,
Kristu Jyoti College,
Bangalore – 560 036.

(For office purposes only)

Admission No: _____



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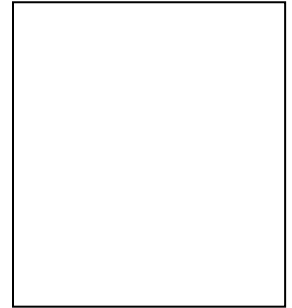
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Two-Year Basic Course in Philosophy

PERSONAL SCHEDA

(Please use **BLOCK LETTERS**)

I. General Information:

Surname:

Name(s):

Father's Name:

Mother's Name:

Birth: Day Month..... Year

CityState Country

Diocese of Origin:

II. 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:

IV. Accommodation:

Institution:

Address:

.....

..... Pin Code:

Phone No:E-mail:

Remarks:

Date:

Place:

.....

Signature of the Applicant

(For office purposes only)

Admission No: _____