KRISTU JYOTI COLLEGE

(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

Please affix your photo here

By Your Light
We See The Light

Application No: _____

The Licentiate (L.Th.) Course
APPLICATION FOR ADMISSION

SPECIALISATION: …….....

(Please use **BLOCK LETTERS**)

01. Surname as in Aadhaar/Passport…….....

02. Name(s) as in Aadhaar/Passport.....

03. Your Name in the Religious Congregation/Diocese .....
(if you have a *different* name)

03. Specify whether diocesan/religious priest, religious brother, religious sister or lay person.
(Tick the appropriate one)

05. Date of Birth (As in your SSLC book): Day.....Month ..... Year.....

06. Place of Birth .....

07. Parish of Origin .....

08. Diocese of Origin .....

09. Religious Congregation/Diocese.....

10. Province (if Religious) .....

11. Name of the Superior/Bishop.....

12. Designation (e.g. General / Provincial/Bishop etc.) of the Guardian / Point of Reference, to whom future communications may be sent .....

13. Address of the Guardian / Point of Reference

……..……..…….....

.....

Mobile: ..... Phone No:.....

E-mail: .....

14. Address of the Applicant:

a) Permanent:.....

.....

Mobile..... Phone No: .....

E-mail: .....

b) Local:.....

.....

Mobile..... Phone No: .....

E-mail: .....

15. Educational Qualifications (University Studies, Philosophy, Theology etc.) (Please specify Course, Institution, Place & Duration)

a).....

.....

b).....

.....

c).....

.....

d).....

.....

16. Present Apostolate/Status.....

17. Specify your specialisation in LTh: Catechesis / Youth Ministry / Liturgy (tick the appropriate one)

18. Documents attached (Tick the ones attached to this form)

- One copy of the mark list and Certificate of the Philosophy Course
- One copy of the mark list and certificate of the Theology Course
- One copy of the Plus-Two Course Certificate or its equivalent
- One copy of the B.A. Certificate or its equivalent
- Letter of Recommendation of the Bishop/Provincial Superior
- Photographs (three of passport-size and ten of stamp-size)

Date: ....

Place: ..... Signature of the Applicant

(Signature & Seal of the Guardian)

.....

Note:

Requirements for Admission: The candidate should have:

- Completed a two/three year course of Philosophy in a religious studentate or major seminary.
- Completed a Bachelor's degree in Theology (B.Th) in a studentate of Theology or Seminary.
- Candidates who have completed a three-year Diploma in Theology from a Seminary may be admitted after undergoing a qualifying examination.

The College reserves to itself all rights to admission

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(For office purposes only)

Admission No: _____

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Application No: _____

The Licentiate (L.Th.) Course
PERSONAL SCHEDA

(Please use **BLOCK** LETTERS)

I. General Information:

Surname as in Aadhaar/Passport: …….……

Name(s) as in Aadhaar/Passport: ……..

Father's Name: ……..

Mother's Name: …….

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

City …….. State …….. Country ……...

Diocese of Origin: ……..

II. Ecclesiastical Curriculum:

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

Religious Congregation's abbreviation: ……...……

Province: …….....

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

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

Priestly Ordination: 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: _____