

**PUSHPAGIRI GROUP OF INSTITUTIONS, TIRUVALLA**  
**APPLICATION FORM FOR SYRO-MALANKARA CATHOLIC CANDIDATES**  
**(APPLICABLE FOR ALL COURSES – ADMISSION 2016-17)**

*(To be filled by the Parish Priest)*

Application No. \_\_\_\_\_

Name of the Candidate : \_\_\_\_\_

Name of Father : \_\_\_\_\_

Name of Mother : \_\_\_\_\_

Residential Address & PIN Code : \_\_\_\_\_  
 \_\_\_\_\_

Name of the Parish with Address & PIN Code : \_\_\_\_\_  
 \_\_\_\_\_

Name of the Parish Priest (Contact Tel./Mob. No.) : \_\_\_\_\_

Name of the Archdiocese / Diocese : \_\_\_\_\_

Year of Passing Class X in Sunday School : \_\_\_\_\_

Whether passed Class XII in Sunday School : Yes / No      Year of Passing: \_\_\_\_\_

Any Priests / Nuns in the family : \_\_\_\_\_

**Religious and Church related activities (to be filled up by the Parish Priest)**

Activity / Attitude	Poor 0	Average 1	Good 2	Very Good 3
Regularity in attending Sunday Mass				
Regularity in attending Sunday School Classes				
Participation in Youth Activities of the Church				
Attitude of the family towards the Church				
Any other activities to be mentioned:				

Name of Parish Priest : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Parish Seal

NB: Candidates admitted for MBBS Course 2016-17 should execute a Service Bond as informed to the Commissioner for Entrance Examinations, Thiruvananthapuram.

# SYRO-MALANKARA CATHOLIC COMMUNITY CERTIFICATE

(APPLICABLE FOR ALL COURSES IN THE INSTITUTIONS UNDER  
PUSHPAGIRI MEDICAL SOCIETY)

Certified that Sri/Smt/Kum\_\_\_\_\_ with

KEAM 2016 / NEET UG 2016 / LBS / Any other Entrance Roll No. (please specify)

\_\_\_\_\_ Son / Daughter of Sri / Smt.

\_\_\_\_\_ of \_\_\_\_\_

House \_\_\_\_\_

(Address) is a member of the \_\_\_\_\_ Parish

of the Archdiocese / Diocese of \_\_\_\_\_

Syro-Malankara Catholic Church.

Date:

Parish Seal

Name and Signature of  
the Vicar.

Archdiocese / Diocese Seal

Name & Signature of the Archdiocesan /  
Diocesan Bishop