

- e) Gender : Male/ Female ☞ Mark on choice ✓
- f) Dalit Christian : Yes/No ☞ Mark on choice ✓
(If Yes, Dalit certificate to be attached with application)
- g) Whether Person with Disabilities: Yes/ No:
(If Yes fill in the given below):

Type of Disability (OH/OA/OL/OAL/BL/B/LV/HH/MW etc)	Percentage of Disability

Note: Disability Certificate issued by the Govt. Medical Board should be attached with application.

- h) Is anybody working in this management from your family: Yes/No
(If Yes fill in the given below):

Name of Person working with designations	Name of School

- i) Marital Status : Married / Single
(If married) : Date of Marriage :
- j) Whether the spouse is employed or not : Yes/ No
(If Yes details) :

II. Parish details of the Applicant

- a) Name of the Parish/Sub-Station :
- b) Forane :

III. Parish Activities

1. Specify the activities you undertake in the parish ☞ Mark on your choice ✓

- | | |
|--|--|
| a. KCYM <input type="checkbox"/> | b. Ministry <input type="checkbox"/> |
| c. Parish Council <input type="checkbox"/> | d. KLCA/KLCWA/Both <input type="checkbox"/> |
| e. Forane/ Diocesan Council <input type="checkbox"/> | f. Vincent D Paul Society <input type="checkbox"/> |
| g.. Legion of Mary <input type="checkbox"/> | h. Catechism Teacher <input type="checkbox"/> |

3. Name of your B.C.C. Unit :

4. Other Parish Activities if any :

V. Academic Qualifications

Sl.No.	Qualifications	Title with optional subject	Register Number	% of marks	Name of Board/University
1	SSLC				
2	HSE/VHSE				
3	Degree				
4	Master Degree				
5	M.Phil				
6	Ph.D				
7	TTC/D.Ed				
8	B.Ed				
9	D.L. Ed.				
10	M. Ed				

Eligibility Certificate Details

Eligibility Certificate	Conducted by	Reg No.	Month & Year of passing	Certificate No	Date of Certificate
K- Tet I					
K- Tet II					
K- Tet III					
K-Tet IV					
C- Tet Elem.					
C- Tet Primary					
SET					
NET					

Note: Copy of Educational Certificates to be attached with application.

I Certify that the information given above are true to the best of my knowledge and belief.

Place :

Date :

Signature of the Applicant

Name & Signature of Parish Education Secretary

VI. Recommendation of the Parish Priest

The applicant is a member of this Parish from Year

Place:

Date :

(Seal)

Name & Signature of the Parish Priest

Instructions

Self-attested copies of the certificates to prove the following should be attached

- A. Qualifications (Academic and Professional with mark list)
- B. Date of Birth (Copy of SSLC Book or its equivalent)
- C. Baptism
- D. Community Certificate obtained from the Bishop's House
- E. Catechism certificate
- F. Marriage Certificate (If married)
- G. If you belong to Dalit Catholic Community produce certificate from the Parish Priest
- H. Age & qualifications as prescribed by **KEAR**
- I. **Separate application forms should be used to apply for each category**
- J. If PWD (Person with Disabilities) copy of certificate should be produced.
Orthopedically Handicapped (OH), One Arm (OA), One Leg (OL), One Arm & one Leg (OAL), Both Leg (BL), Blindness (B), Lower Vision (LV), Hearing Handicapped (HH), Muscular Weakness (MW).

Fr. Joseph Anil V
Corporate Manager
Latin Catholic Schools
Diocese of Neyyattinkara
Mob: +91 9446216424

ADMIT CARD

(To be filled by candidate in CAPITAL LETTER)

Appl. No. :

Hall Ticket No:

1. Name of the Candidate :

2. Address :

Pin code..... Phone:.....



Affix your photo here

Signature of the Candidate

(Kindly impress the Parish seal covering a portion of the photo)

Name & Signature of the Parish Priest with Date

.....

(For office use only)

Subjet and Date of written exam :

1. Sub: Date:.....

2. Sub: Date:.....

(SEAL)

Signature of Corporate Manager