



DHARMARAM VIDYA KSHETRAM

Pontifical Athenaeum of Philosophy, Theology and Canon Law

Bangalore 560029; Tel: 080-41116302; 4111 6333

www.dvk.in; email: registrar@dvk.in

Affix your
Photograph
Here

APPLICATION FOR ADMISSION

1. True copies of mark list, certificates and two passport size and two stamp size photos should accompany the application.
2. In the case of clerics and religious a letter of recommendation from the Bishop/Superior of the candidate and in the case of other applicants, a conduct certificate from a recognized authority is required.
3. The original certificates (including matriculation) must be produced at the time of admission.
4. Duly filled in application forms are to be sent to the Registrar, Dharmaram Vidya Kshetram, Bangalore 560029.

1. Name (as in official records)				
2. Other names (if any)				
3. Male/ Female				
4. Place and Date of Birth				
5. Nationality				
6. Parish and Diocese of Origin (if applicable)				
7. Diocese/ Congregation, Province (if applicable)				
8. Mailing address				
		Pin		
Email:		Telephone:	Mobile:	
9. Permanent address				
		Pin		
10. Ecclesiastical and other Degrees obtained and their Grades				
Degree	Year	College studied	University	Grade/Percentage
11. Proficiency in Languages				
Courses offered	Faculty of Philosophy	Certificate / Diploma / BPh / LPh / MPhil / PhD		
	Faculty of Theology	Certificate / Pastoral Management Course / BTh / LTh (Systematic Theology /Moral Theology/ Biblical Theology / Oriental Theology / Missiology) / ThD		
	Institute of Oriental Canon Law	Diploma / LOCL		
	Vinayasadhana	Diploma / MA / LTh (Formative Spirituality and Counselling)		
	Dharmaram Academy of Distance Education	PG Diploma in Philosophy / Theology/ Biblical Studies/ Spiritual Theology/ Counselling Psychology/ Legal Studies/ Studies in Religions		
12. The course you apply for				
13. Documents Attached				

Place: _____

Date: _____

Signature of the applicant : _____

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FOR OFFICE USE

Admitted in _____

Date: _____

Dharmaram Vidya Kshetram

Student's Personal Data

Name (as per the documents)		
Name (other Names)		
Reg. No.		
Course & Year		2019-2020
Congregation/Diocese		
Province		
Present Address:	Permanent Address:	
Tel:	Tel:	
Email:	Email:	
Parent's Name and Address	Parish and Diocese	
Tel:	Tel:	
Local Guardian's Name & Address	Major Superior's/Bishop's Name & Address	
Tel:	Tel:	
Email:	Email:	

Date:

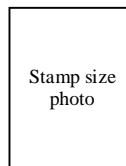
Signature of the student

Office seal and signature

**DHARMARAM VIDYA KSHETRAM
BANGALORE 560 029**

Library/ Identity Card

[All entries should be in Block letters)



Name	
Course	
Present Address	
Telephone No	
Registration Number	
Date of birth	
Blood Group	
Validity	
Signature of the student	