



# DIVYABODHANAM

## Growing in the Wisdom of God

Photo

### APPLICATION FOR DOCE ADMISSION

Reg. No. & Year of POCE

1. Name of the Applicant:

2. Full Address (write below clearly with Pincode and in Block Letters)

(A) Permanent Address:

(B) Present Address:

(C) Email ID:

(D) Phone No:

Mob:

3. Age & Date of Birth:

4. Sex:

5. Married/Single:

6. Parish:

7. Diocese:

8. Unit:

9. Educational Qualification:

10. Sunday School Education:

11. Profession, if any:

12. Blood Group:

13. Medium of Instruction Preferred: English / Malayalam

14. Activities in the Church Involved

15. Signature of the Parish Priest / Vicar who recommends

Please enroll me for this **D.O.C.E Certificate Course** of Divyabodhanam Programme. I shall abide by the instructions given in the prospectus.

Place:

Signature of Applicant

Date:

Name.....

Please Note

1. Completed applications are to be sent along with **Rs.275/- (Course Fee)** to the **Registrar, Divyabodhanam, Orthodox Theological Seminary, P.B.No.98, Kottayam – 686 001, Kerala. India.**  
**For Bank Transfer A/c.No. 57008470329, IFS Code: - SBIN0070484**

2. Textbooks, Calendar, Registration Cards etc. shall be sent to the candidates, soon after receiving course fees from them. .

3. Students have to pay for the text books and they are eligible to get a discount of 30% for the text books.

#### FOR OFFICE USE ONLY

Name of the student.....Reg. No.....

Regular / Correspondence

Date:

Registrar's Signature