



INSTITUTE MATER DEI

Santa Monica Convent, Old Goa – 403402

Mob: 9021350490 | 7887671562

E-mail: imdoffice19@gmail.com, coordinatorimdgoa@gmail.com

www.institutematerdei.org

Affix your
Photograph
Here

APPLICATION FORM

Reg. No.: _____ **(To be filled by the Office); Academic Year:** _____

1. Full Name as in H. School Cert. (BLOCK LETTERS): _____

2. Religious Name: _____

3. Date of Birth as in H. School Cert.: _____

Place of Birth (Village or Town and State): _____ Blood Group: _____

4. Name and Initials of the Religious Congregation you belong to _____

Province / Region: _____

Date of First Profession: _____ Date of Final Profession: _____

E-mail of Student: _____ Phone: _____

5. Language known: _____

6. Responsibilities held with duration _____

Present Apostolate _____

7. Name and Address of your Major Superior _____

E-mail: _____ Phone: _____

8. **Course applied for: (Please tick off what is applicable)**

A	Diploma in Theology for Temporarily Professed & Perpetually Professed (One Year)	
B	Diploma in Animation Programme for Formators (One Year)	
C	Baccalaureate in Religious Science (BRS) (Three Years)	
D	Psycho-spiritual Integration - A journey towards wholeness and holiness (3 months) (September to December)	
E	Transformative Journey through Scripture (One month)	

9. Academic Record (Fill in where appropriate)

Studies you have completed	Course name or Designation	Year of completion	Name & Place of Institution	Percentage-Grade-Class
Senior Secondary or Pre-University or Equivalent				
Graduate Degrees				
Postgraduate Degrees				
BPh. or Other Studies in Philosophy				
BTh. or Other Studies in Theology				
Diploma in Theology				
Others (Specify)				

10. Documents required at the time of final admission

- Major Superior's Recommendation Letter
- Recent Passport Size 3 Photographs with **white background**
- High School or Secondary School Certificate
- Secular Degree Certificate
- Postgraduate Certificate
- Philosophy Certificate and Mark sheet for the BTh. Applicants
- Theology Certificate (1Yr) and Mark sheet for the Formation Programme Applicants
- Medical Fitness Certificate
- Registration Fee Rs. 1,000/-

11. Fees to be paid by online transaction

The Bank Details:

A/c Name : Institute Mater Dei
A/c No. : 0321101003826
Bank Name : Canara Bank
Branch : Old Goa
IFSC CODE : CNRB0000321
MICR CODE : 403015014

❖ Kindly inform the transfer details for our reference. Last date for payment of fees is **June 30th**.

Place:

Date:

Signature