



**JOHN PAUL II PONTIFICAL THEOLOGICAL  
INSTITUTE FOR MARRIAGE AND FAMILY SCIENCES**

**APPLICATION FOR ADMISSION**

1. Full name: .....

2. Birth date: .....

3. Mailing Address.....

.....

.....Pin: .....

4. Phone No:..... Email Address: .....

5. Course for which application is submitted:

Licentiate in Family Theology  Licentiate in Family Science

Family Ministry  Pastoral Counselling

6. Higher Secondary Education      Place and Name of the Institution      Total  
Marks

S.S.L.C. ....

Plus, II .....

7. List in chronological order all colleges and universities attended including professional schools.

Name of the Institution	Year		Degree Received / Expected
	From	To	

8. Current Occupation:

9. How do you intend to finance your studies at the Institute

10. Give your reasons for studying for the Course pointing out your career goals and indicating which personal vocation or educational experiences have influenced your choice (Write on separate paper)

Place .....

Date .....

Signature of the Applicant

**NB: 1. Letter of Recommendation from the Bishop/Religious Superior to be sent directly to:**

The Vice President

Pontifical John Paul II Theological Institute for Marriage & Family Sciences  
CANANA, Thuruthy P.O, Kottayam Dist., Kerala, India. 686535

**2. Registration fee (Rs. 1500) can be paid through the following account:**

BANK: STATE BANK OF INDIA (SBI)

BRANCH: Thuruthy

Account Holder's Name: Director & Asst. Director

Address: Institute for Studies on Marriage and Family

Account No: 57042156560

IFSC Code: SBIN0070370