



DEPARTMENT OF CATECHESIS, ARCHDIOCESE OF ERNAKULAM-ANGAMALY

DIPLOMA RESIDENTIAL COURSE

REGISTRATION FORM: 2026-2027

XI

XII

NAME (In Block Letters)
as given in Govt. document

BAPTISMAL NAME

NAME OF PARENTS

HOUSE NAME

KUDUMBA REGISTER No.

ADDRESS

PARISH AND FORANE

SEX

☐ Male

☐ Female

STD X Reg. Number :

STD X Mark:

Year

MOBILE No. & Email

The Reason to attend the residential course :

Approval of Parish Priest and remarks if any :

Parish Seal

Signature (Vicar)

For the Plus 2 Students only

STD XI Reg. Number :

Place of Study :

Year

STD XI Mark (Out of 100):

Outreach/ Assign. Mark (Out of 25):

FOR OFFICE USE ONLY:

Reg. No. :

Date :

Registration Bill No.

Remarks :

Director