



ST. MARY'S MINOR SEMINARY THANJAVUR-613007 APPLICATION FORM

1. Name of the candidate (in capital letters)	:
2. Name of the Father	:
Mother	:
3. Home address	: S/o
	: Village/Town
	: Post Office
	: District
	: PinTel
4. Date of birth	: Date Month Year
5. Place of birth	:
6. Name of parish	:
7. Date of Baptism	: DateMonthYear
8. a) Is the father alive?	: Yes
b) Is the mother alive?	: Yes
c) If the father is not alive,	
mention the name of the guardian	:
d) State your relationship with the guardian	
9. a) Occupation of the father/guardian	:
b) Annual income of the father/guardian	:
10. Brothers (living)	: ElderYounger
Sisters (living)	: ElderYounger
11. Immovable property : House	: Own rented rented
: Lands	: Wetacres
	: Dryacres
12. Studies:	Fig. 19 September
a) If you are not a graduate,	
STD	YEAR SCHOOL PLACE
1-5	
6-8	
9-10	
11-12	

b)	If you are a gra	aduate:				
	DEGREE	YEAR	COLLEGE	PLA	CE	CLASS OBTAINED
	(with subject)					
	1.	100				
	2.					
C)	Did you discor	ntinue studies at any ti	me?	: Yes 🔲		No.
		If yes, Give Details		: Class	year	School/College
d)	Were you deta	nined in any class?		: Yes 🔲		No.
		If yes, Give Details		: Class	year	School/College
13. a)		g in High School or C	ollege,			
	Where were y	ou staying?		:	lome	☐ Boarding ☐ Elsewhere
	4.7	A STATE OF THE STATE OF		-		(specify)
b)	If you were st Hostel, give de	aying in Boarding or etails:				
	NAME OF T	THE HOSTEL	YEAR	PL	ACE	COURSE STUDIED
	1.	TAR	Little*			
	2.					
14 H	3.	ate your interest in	: Gre	at	Norm	nal No interest
14.110	w would you'l	Singing	: <u>ore</u>			the editor miles were a
		Playing Instruments	: : : :		ā	
		Acting	: 🗆			
		Writing	: 🗆			
		Public Speaking	: 🗆			
		Painting and Drawi	ng :			
		Indoor Games	: 🗆			
		Outdoor Games	: 🗆			
		Gardening	: _			
		Other interests (Sp	ecity) :			10,000, 1,100 pts 400 L
15. H	ealth: a) Ca	ndidate's Health:	: <u>God</u>	<u>od</u>	Norn	nal Poor
		Eye Sight	: 🗖			
		Power of hearing	: 🗀			
		Heart Condition	: 📙			
		Lungs	: [. 二
		In general				

CONFIDENTIAL REPORT FROM THE PARISH PRIEST

Name: Parish:

Dear Father,

Along with the application form, I am sending you this proforma for favour of confidential information from you about the candidate. Please be kind enough to furnish the particulars and return the form together with the filled- in application of the candidate.

	Thank you.		Rector
I. CANDIDATE:		and a grant	Seeda (jase) alt zo Literatur
	Yes	No	Don't know
1. Has the candidate spoken to you earlier about his desire to join the Seminary?			
2. Have you at any time spoken to him about joining the seminary?			
3. Is he regular for Mass and Sacraments?			
4. Does he show interest in learning & teaching Catechism?			
5. Is he a member of the Altar Boys' Association?			
6. Is he a member of the choir?			
7. Are you surprised about his seeking admission into the seminary?			
8. Do you think he has been influenced with worldly motives in taking this decision?			
9. Do you think he has the right temperament required of a candidate to priesthood?10. Do you find him honest & straight forward?			
11. Do you find him trustworthy in money matters?			
12. Does he show willingness and readiness to do manual work?			
13. Does he show inordinate attraction to cinema and TV programmes?			
14. Does he show an inclination for costly clothes and luxury articles?			
15. Is he repectful to parents and elders?			
16. Is he considerate and kind to others?			
17. Is he friendly with all his companions?			

18. Is he inclined to dominate and assert himself in a group?	Yes	No -	Don't know
19. Does he recognize the good in others?			
20. Does he willingly cooperate with others?			
II. FAMILY:			
	Yes	No	Don't know
Does the family enjoy good reputation?			
2. Is the family atmosphere happy and peaceful?			
3. Do the parents instil sense of discipline in children?			
4. Does the family take active part in church activities?			
5. Is the family generous in giving help to church or community activities?			
6. Is the family given to criticize the clerics and religious?		П	
7. Is the family pushing the boy to priesthood?			
8. Is any member of the family given to drinks?			
9. Do the parents suffer from physical or mental disorder?			
10. Is there any other member of the family in religious life?			
11. Does the family have cordial relationship with neighbours and relatives?			
12. Do you think the family is economically well off?			
13. Are the parents regular for Sunday Mass and Sacraments?			
14. Is any member of the family suffering from some hereditary disease?			
15. Are the parents educated?			Development of second
III OVERALL IMPRESSION:			

Place:

Date:

பெற்றோரின் அறிக்கை

அனுபபுனா	:
பெறுநர் :	மேமிகு தஞ்சை ஆயர்
	ஆயர் இல்லம்,
	தஞ்சாவூர் - 613 007.
வழி :	அருட்திரு. அதிபர்
	தூய மரியன்னை இளங்குருகுலம்
	தஞ்சாவூர் - 613 007.
மேன்மைமிகு	ஆயர் அவர்களே,
எங்கள்	ா மகன்தஞ்சை மறைமாவட்ட இளங்குரு மடத்தில்
சேர்ந்து படிக்	க வேண்டுமென்று பெரிதும் விரும்புகிறான். அவன் விருப்பப்படியே நாங்களும் முழுமனுக
சம்பத்ததுடன்	் அவனை குருகுலத்திற்கு அனுப்பி வைப்பதில் மகிழ்ச்சி அடைகிறோம். அவன் குருகுலக்கில்
படிக்கும் கா	லத்தில், எங்களால் இயன்றவரை துணைபுரிவதோடு, அவனுடைய படிப்பிற்கோ.
பயிற்சிக்கோ	எவ்வித இடைஞ்சலாக இருக்கவோ, செயல்படவோ மாட்டோம் என்று
ு றுதுயளாககா வல்லகு குகு	றோம். அவனே குருகுலப் படிப்பைத் தொடர விருப்பமில்லாமல் வீட்டிற்கு வந்தாலும்
அல்லது குருடு கொடா முடிய	தலத்திற்குப் பொறுப்பாயிருப்பவர்கள் அவன் குருகுலப்படிப்பையும், பயிற்சியையும்
அவனை நாங்க	பாது என்று முடிவெடுத்து அனுப்பிவிட்டாலும், எவ்வித எதிர்ப்பும், வெறுப்பும் இல்லாமல் கள் ஏற்றுக்கொள்வோம் என்பதோடு, அதற்கான காரணத்தைக்கேட்டு உரிமை கொண்டாட
நாட்டோம் 6	ான்றும் உறுதியளித்து, இந்த அறிக்கையில் கையெழுத்திடுகிறோம்.
	சு சி. சி. கி. சி. சி. சி. சி. சி. சி. சி. சி. சி. ச
*	
	தங்களின் கீழ்ப்படிதலுள்ள
	1(தந்தை)
ததி:	

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REPORT OF THE MEDICAL OFFICER

Dear Doctor,

Place:

The bearer is an applicant for admission to ST. MARY'S MINOR SEMINARY, THANJAVUR-7. I shall be happy and grateful if you examine him thoroughly and certify as to whether he is physically fit for the hard life of a missionary who is expected to render service to people in or outside the Diocese of Thanjavur.

Thank you.

				Recto	r
		MEDICAL CERT	TFICATE		
		CONTRACTOR OF THE PROPERTY OF		Date:	
No.				Date.	
Name & Address:	2	***************************************			

Past Medical History:					
· · · · · · · · · · · · · · · · · · ·					
			A1.1		
	Age		Abdomen	:	
	Heart		Liver	:	
	Lungs	:	Tonsil	:	
	Throat	:	Goitre	:	
	Ears	:	Height	:	
	Teeth	•	Weight	: 43	
GENRAL HEALTH	& DEVELOP	MENT:			
		LABORATORY T	ESTS		
	Blood H.E.	:	T.C.	:	
	E.S.R.		D.C	:	
	Stool		Sugar	: -	
	Urine Albumen	:			
	Chest X -ray				
I have examine	ed	in	my opinion he is / no	ot physically fit	Tiszel in

Signature of the Doctor

b) Has any member of the fam	ily been		
affected at any time by		Yes	No
	Leprosy	: 🗆	
	T.B	: 🗆	
	Epilepsy	: 🗆	
	Heart Disease	: 🗖	
	Mental Disorder	: 🗖	
16. Have you been a member	of	Yes	No
io. iiuvo you ooon a momoor	Altar Boys Association	. 🗆	
	Parish Choir	: 님	H
	Youth Association	: 님	H
	Pious Association	: H	H
17.5	1 lous Association		
17. Do you have			
a) any of your brother or siste	er who is a priest	¥/ —	No 🗔
or religious?		Yes	No 🖂
If "Yes", Give details of:	D 1 1 1 1	D:	Dinas of namica
<u>Name</u>	Relationship	Diocese/Congregation	Place of service
b) any of your close relative	e who is a priest		
or religious?		Yes	No 🗆
If "Yes", Give details of	f:		
Name		Diocese/Congregation	Place of service
18. Have you applied to this S	aminary aprliar?	Yes 🖂	No 🖂
If "yes",	cililiary carrier:	105	[
1. What is the reason for n	not being selected		••••
2. When did you apply last		:ye	
 a) Have you applied to an Religious Congregation 		Yes 🗀	No 🖂
If "yes",	on carner:	Tes _	1,0
	C1110		
	for not being selected?		
2. When did you app		:	
	gregation to which you appli	led :	
b) Have you been in any of		W [No 🖂
Religious Congregation		Yes	No L
2. If "yes" what is the reason			
Seminary or Religious C	Congregation	:	***************************************
20. Besides your parish prie			
a) 3 priests who know yo	ou well enough to provide	information about you	
NAME		ADDRESS	
1.			
2.			
3.			

) 3 Teachers who are r	not your close relatives:		
NAME		ADDRESS	
1.			
2.			
3.			
	DECLA	ARATION	
I declar	re that the information given abov	e are true to the best of my kno	owledge.
			the candidate
Date:		Sinnature of the	e Parent / Guardian
		OF THE PARISH PRIEST	
Date:	RECOMMENDATION	OF THE PARISH PRIEST	
Date: Place:		OF THE PARISH PRIEST	Signature & Seal
		OF THE PARISH PRIEST	
Place:			
Place:	wing along with the application dul		
Place: PLEASE NOTE: 1. Please send the followard original Certificate Baptism	wing along with the application dul		
Place: PLEASE NOTE: . Please send the followard Original Certificate Baptism Confirmation	wing along with the application dul		
Place: PLEASE NOTE: 1. Please send the followare a) Original Certificate Baptism Confirmation Marriage of Page	wing along with the application dul tes of		
Place: PLEASE NOTE: 1. Please send the followard original Certificate Baptism Confirmation	wing along with the application dul tes of arents Mark list of SSLC	y filled:	Signature & Seal
Place: PLEASE NOTE: . Please send the followare a) Original Certificate Baptism Confirmation Marriage of Pa	wing along with the application dul tes of	y filled: list of Quarely & Half Yealy I	Signature & Seal
Place: PLEASE NOTE: 1. Please send the followard original Certificate Baptism Confirmation Marriage of Pab) Xerox copies of	wing along with the application dul tes of ments Mark list of SSLC Mark list of Hr. Sec Exam/Mark Degree Certificate (in case of grants	y filled: list of Quarely & Half Yealy I	Signature & Seal Examination
Place: PLEASE NOTE: 1. Please send the followare and Original Certificate Baptism Confirmation Marriage of Path) Xerox copies of 2. Declaration of parents 3. A short write up by the	wing along with the application dul tes of ments Mark list of SSLC Mark list of Hr. Sec Exam/Mark Degree Certificate (in case of grants the candidate about his call to pries	y filled: list of Quarely & Half Yealy I	Signature & Seal Examination
Place: PLEASE NOTE: Please send the followard of Paptism Confirmation Marriage of Pab) Xerox copies of Declaration of parents A Short write up by the	wing along with the application dul tes of we will be application dul tes of Mark list of SSLC Mark list of Hr. Sec Exam/Mark Degree Certificate (in case of grants the candidate about his call to priest	y filled: list of Quarely & Half Yealy Induates) sthood in the enclosed form E	Signature & Seal Examination
Place: PLEASE NOTE: 1. Please send the followary of the properties of Partial Confirmation Marriage of Partial Confirmation Marriage of Partial Confirmation Marriage of Partial Confirmation of parents. A short write up by the A Doctor's Certificates. The filled -in application of parents.	wing along with the application dul tes of ments Mark list of SSLC Mark list of Hr. Sec Exam/Mark Degree Certificate (in case of grants the candidate about his call to priest the call the	y filled: list of Quarely & Half Yealy Induates) sthood in the enclosed form E sent to the Rector through the	Signature & Seal Examination
Place: PLEASE NOTE: 1. Please send the followard original Certificate Baptism Confirmation Marriage of Partiage o	wing along with the application dul tes of we will be application dul tes of Mark list of SSLC Mark list of Hr. Sec Exam/Mark Degree Certificate (in case of grants the candidate about his call to priest	y filled: list of Quarely & Half Yealy Induates) sthood in the enclosed form E sent to the Rector through the	Signature & Seal Examination Parish Priest.