

APPLICATION FOR THE POST OF SCHOOL TEACHERS

CORPORATE MANAGEMENT OF LATIN CATHOLIC SCHOOLS

DIOCESE OF NEYYATTINKARA

Appl. No

Mark

on your choice

UPST/HST (B.Ed) (Mal./Eng./Physics/Chem./N.S./Maths/Social Science)

LPST (TTC)

Hindi Teacher (Junior/ Senior)

Sanskrit Teacher

Arabic Teacher

Recent

Photo

Kindly Impress the Parish Seal
Covering a portion of the photo)

I. General Information

a) Name of the Applicant (In Block letters) :

b) Full Address :

.....

.....

.....Pincode.....

Mob. No :

Whatsapp :

E-Mail Id :

c) **Name of the Parents** Father :

Mother:

Husband/Wife (If Married) :

d) **Date of Birth as in SSLC** :

Completed age as on 01.01.2025 :

e) **Gender** : Male/Female ☞ Mark on Choice ✓

f) **Dalit Christian** : Yes/No ☞ Mark on Choice ✓

g) **Whether Person with Disabilities** : Yes/No :.....

Types of Disability (Blind, Hearing, Locomotor, Autism/Intellectual, Multiple (a) to (d))	Percentage of Disability

Note:- Disability Certificate issued by the Govt. Medical Board should be attached with application.

h) Is anybody working in this management from your family : Yes/No

i) Marital Status :Married /Single

(If Married): Date of Marriage :.....

j) Whether the Spouse is employed or not :Yes/No.....

(if yes details) :

II. Parish details of the Applicant

a) Name of the Parish/Sub Station :

b) Forane :.....

III. Parish Activities

1. Specify the activities you undertake in the Parish ☞ Mark on Choice ✓

- | | |
|---|--|
| a. KCYM <input type="checkbox"/> | b. Ministry <input type="checkbox"/> |
| c. Parish Council <input type="checkbox"/> | d. KLCA/KLCWA/Both <input type="checkbox"/> |
| e. Forane/Diocesan council <input type="checkbox"/> | f. Vincent D Paul Society <input type="checkbox"/> |
| g. Legion of Mary <input type="checkbox"/> | e. Catechism Teacher <input type="checkbox"/> |

2. Name of your B.C.C Unit :.....

3. Other Parish Activities if any :.....

IV. Academic Qualification

Sl. No	Qualifications	Title With Optional Subject	Register Number with year of Passing	% of Marks	Name of Board/ University
1	SSLC/THSLC				
2	HSE/VHSE				
3	TTC/D.Ed/D.El.Ed				
4	Degree				
5	B.Ed				
6	Master Degree				
7	M.Ed				
8	M.Phil				
9	Ph.D				

Eligibility Certificate Details

Eligibility Certificate (Category)	Conducted by	Subject	Reg No	Month & Year of Passing	Certificate No with Date
K- TET I					
K- TET II					
K- TET III					
K-TET IV					
C-TET Elem.					
C-TET Primary					
SET					
NET					

Note: copy of self attested Educational Certificates to be attached with Application.

I certify that the information given above are true to the best of my knowledge and belief.

Place:

Date:

Signature of the Applicant

V. Recommendation of the Parish Priest

The Applicant is a member of this Parish from Year

Place:

Date:

(Seal)

Name & signature of the Parish priest

Instructions

- A. Qualification (Academisc and Professional with mark list)
- B. Date of Birth (Copy of SSLC Book or its equivalent)
- C. Baptism Certificate
- D. Community Certificate obtained from the Bishop's House
- E. Catechism Certificate
- F. Marriage Certificate (If Married)
- G. If you belong to Dalit Catholic Community produce certificate from the Parish Priest
- H. Age & Qualification as Prescribed by **KEAR**
- I. **Separate application forms should be used to apply for each category**
- J. If PWD (Person with Disabilities) copy of certificate should be produced. (Orthopedically Handicapped (OH), One Arm (OA) One Leg (OL), One Arm & One Leg (OAL), Both Leg (BL), Blindness (B), Lower Vision (LV), Hearing Handicapped (HH), Muscular Weakness (MW).

Fr. Joseph Anil V
Corporate Manager
Latin Catholic Schools
Diocese of Neyyattinkara
Mob:+91 9446216424

ADMIT CARD

(To be filled by Candidate in Capital Letter)

Appl. No

Hall Ticket No

1. Name of the Candidate :.....

2. Address :.....

Pincode.....Mob:.....

E-mail id:.....



Affix your Recent photo

(Kindly Impress the Parish Seal
Covering a portion of the photo)

Signature of the Candidate

Name & Signature of the Parish Priest with Date

.....

(For office use only)

Subject and Date of Written exam :

Date :

(SEAL)

Signature of Corporate Manager