



**CHURCH OF SOUTH INDIA
COIMBATORE DIOCESE**

Phone: 0422 2223605, 0422 2221655

HIGHER / ELEMENTARY EDUCATION

Application for Registration for Appointment of the Diocesan Institutions

FOR OFFICE USE ONLY

Category of Post Registered:	Sex: Male / Female
BT Assistant - Subject	Registration No.
PG Assistant	Date of Registration
Physical Education Teacher / Director	Registration Fee
Art and Craft	Receipt No.
Lecturer / SGL	Date of Passing the
Asst. Prof. / Readers / Prof.	Qualifying Exams for the post
	Date of Renewal

1 PERSONAL

(I) Name of the Candidate (In block letters) :.....

(II) Date of Birth, Age :.....

(III) Community :.....

(IV) Name & Place of the Church :.....

(V) Duration of Church Membership :.....

(VI) Marital Status :.....

(VII) Name of the Spouse (if Married) :.....

(VIII) Present Address (Mobile Number, Mail ID) :.....

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(IX) Permanent Address (Mobile Number, Mail ID) :.....

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II PARENTAGE

(I) Name of the Father :.....

Occupation :.....

Place of employment :.....

Place of residence :.....

- (II) Name of Mother :
- Occupation :
- Place of Employment :
- (III) Name & Place of the Church, where the parents are members :
- (IV) State the duration of Church membership of the parents :
- (V) Members of the family already in Diocesan service :
- (VI) Whether the certificate of the Presbyter is enclosed :

III ACADEMIC PARTICULARS

- (I) Mention the category of the post for which your name may be considered :
- (II) (a) Highest General Academic Qualification :
- (b) Professional Qualification :
- (C) Any other Extra or Co- Curricular / Atteainments :
- (d) Extra or Co- Curricular / exam / Training etc. :
- (e) Additional qualification, Skills Training if any :

IV

Course of study	Name of Institution	Main Subject	Ancillary Subject	Total Marks /Class	Medium of Education	Year of Passing
Xth						
XIIth						
Graduation						
Post Graduation						
Professional Course DTE						
B.Ed / M.Ed						
Additional Qualification						
Special Training						

Total years of Experience if any

Years of Qualifying service

Institution	Duration	Recognized or not

V. SOURCE OF INCOME PARTICULARS

Income of the Father / Mother / Husband :

Income of Unmarried Brothers :

Income of Unmarried Sisters :

Any other Income :

Declaration

1. I hereby declare that the above details are true to the best of my knowledge.
2. I hereby agree to serve in anyone of the schools within the CSI Coimbatore Diocese if selected and appointed abide by the rules and regulations of the Diocesan.

Signature of the Candidate

Note:

1. The Registration is not a guarantee for job within a prescribed time limit.
2. A senioroty cum priority list will be prepared on the basis of objective norms and will be considered.
3. Xerox copies of the academic certificates and other testimonials to be enclosed.

PRESBYTER'S CERTIFICATE

- 1 Name of the Candidate :
- 2 Name of the Church :
- 3 Whether the candidate is a subscribing member :
in your Church, if so for how many years
- 4 Present subscription card number :
- 5 whether the parents are members, if so the :
duration of membership
- 6 How many of the members in the family are :
employed in the Diocese
- 7 How many are having sources of regular earning :
- 8 Do you endorse the income declared by the :
candidate
- 9 Character and conduct :
- 10 Special remarks - mention reason if any for :
special consideration

Seal

Signature of the Presbyter