Form 2

INFORMATION REQUIRED FOR PRINTING ON GOA ARCHDIOCESE DIRECTORY

FOR RELIGIOUS COMMUNITIES ONLY

 **[Please write in Capital letters]**

**[Tick Mark in the box where necessary]**

|  |  |
| --- | --- |
| **Sr.** | **Particulars** |
| 1. | Name of the Community: Click here to enter text. |
| 2. | Abbreviation of the Congregation: Click here to enter text. |
| 3. |  **Address :** Click here to enter text. Click here to enter text. Click here to enter text. Pin Code: Click here to enter text.**Contact no:** Click here to enter text. **Community Mb:** Click here to enter text.**Community Email Id:** Click here to enter text.**Community Website:** Click here to enter text. |
| 4. | Name of the Superior [ ]  / In-Charge [ ] : Click here to enter text.**Superior Contact no:** Click here to enter text. **Superior** **Mb**: Click here to enter text.**Superior Email Id :** Click here to enter text. |
| 5. | Members of the Community:1. Click here to enter text. 11. Click here to enter text.
2. Click here to enter text. 12. Click here to enter text.
3. Click here to enter text. 13. Click here to enter text.
4. Click here to enter text. 14. Click here to enter text.
5. Click here to enter text. 15. Click here to enter text.
6. Click here to enter text. 16. Click here to enter text.
7. Click here to enter text. 17. Click here to enter text.
8. Click here to enter text. 18. Click here to enter text.
9. Click here to enter text. 19. Click here to enter text.
10. Click here to enter text. 20. Click here to enter text.
 |
| 6. | If Formation House attached ⭢ Total Number of Candidates: Click here to enter text. |
| 7. | Any other information: Click here to enter text. Click here to enter text. |

\*Note:

⮚ Kindly download the form, type the details in the space provided and email it back to dcscmgoa@gmail.com

*Director,*

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**(DCSCM),**

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