APPLICATION FORM (8 months) RYSHIVANA (2020 – 2021)

Name in full (Cap	pital letters)		• • • • • • • • • • • • • • • • • • • •
Date of Birth and	native Place		••••
The serial numbe	er of the course/ Programme/ F	Retreat you would like to attendRV 01	
Congregation / D	iocese	Abbrevation	
If Priest, Date of	Ordination:		
If Religious, Date	e of Profession:		
Theological Stud	ies Done, if any:		
Secular Degree:			
Present Responsi	bility:		
Full postal Addre	ess for further contact:		
		Email:	
Address of Major	r Superior/ Provincial or Loca	l Ordinary:	

Enclosures: (Only for the 8 months course)

- 1. Recommendation letter from Major Superior / Provincial / Local Ordinary.
- 2. A brief write-up "Why I want to join this course"?
- 3. Health Certificate (that you are fit to do this course).
- 4. Two passport-size photographs.(Recent ones)

Application: Applications should be submitted at the earliest along with the corresponding registration fees. We will notify the confirmation of your seat by allotting reg. no. for you. For valid reasons substitute of persons may be allowed.

Fee Structure: Registration Fee: Rs. 1000/= (non refundable); Course Fees: Rs. 65,000/= total 66,000 (Single); All rooms are self contained with hot water facility. We assign individual rooms in order to help the participants in contemplative prayer.

Send your DD in favour of: The Director, Ryshivana.

RYSHIVANA

Institute of Inner Silence and Contemplation
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