



(Office Use Only)

| | |
|--------|--|
| Reg.No | |
| Date | |

Catholic NCC

REGISTRATION OF RELIGIOUS INSTITUTIONS

(Please fill in the all Details in BLOCK CAPITAL Letters and ignore the inapplicable fields)

| | | | |
|-----------------------------|---|---------------------|----------|
| Name of the Institute : | | | |
| Permanent Address : | | Temporary Address : | |
| Congregation / Denomination | | | |
| Tel: | Fax: | Email: | Web: |
| Province: | District: | Diocese: | Deanery: |
| Divisional Secretariat: | Pradeshiasabaha: | Gramaseva Division: | |
| Main Institute | Name : Address : Head of the Institute : Signature : | | |
| Category | Seminary <input type="checkbox"/> Religious Brothers <input type="checkbox"/> Social Services <input type="checkbox"/> Apostolic <input type="checkbox"/> Convent <input type="checkbox"/> Education <input type="checkbox"/> Creches <input type="checkbox"/> Home for retired Priests <input type="checkbox"/> Orphanages <input type="checkbox"/> Home for Elders <input type="checkbox"/> Home for Handicapped <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Main Task : | | | |
| Year of Establishment : | | | |
| Other registrations : | Registration No : | Organization : | |
| No of Branches : | | | |

Please attached the Certified Copies of the below documents, with the bishop's / Congregation / Denomination head's certification as a true copy

1. Certified Deed 2. Approved Building Plan 3. Denomination Registration Certificate (NCC)

I hereby apply to register above mentioned institute under the Department of Christian Religious Affairs

Institute Head's Name :

Signature & Official Stamp :

Date:

I hereby recommend / not recommend above application

Bishop's / Congregation / Denomination Head's Name :

Signature & Official Stamp :

Date :

I hereby recommend / not recommend above application (address verification, land ownership and approved building plans)

Grama Niladhari Name :

GN Division :

Signature & Official Stamp : Date :

If not recommended, Please provide reasons.

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I hereby recommend / not recommend above application

(If divisional secretary is not recommended, refer to District Secretary)

Divisional Secretary Name :

Signature & Official Stamp :

Date :

If not recommended, Please provide reasons.

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I hereby recommend / not recommend above application

District Secretary Name :

Signature & Official Stamp :

Date :

If not recommended, Please provide reasons.

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Recommendation of Department of Christian Religious Affairs

I hereby recommended / Not recommended for registration of
..... as a Religious Institute under this Department subject to the
recommendation of the State Intelligence.

Name :

Signature & Official Stamp :

Date :

If not recommended, Please provide reasons.

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I hereby approve / do not approve the above application

Secretary, Buddhasasana, Religious and Cultural Affairs, National Integration, Social Security and Mass
Media

Name :

Signature & Official Stamp :

Date :

If not approved, Please provide reasons.

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