

THE SOCIETY OF MISSIONARIES OF MARY IMMACULATE



MMI-EAST AFRICAN PROVINC

THE PROVINCIAL
Post Box No: 67367
Boko -Dovya, Dar es Salaam
Tanzania – East Africa
Phone: +255683055326
E-mail: mmiprovincialtan@gmail.com
mmitanza@gmail.com
Website:

MMI APPLICATION FORM

Name: _____ Surname: _____

Name of the Father: _____ Surname: _____ Alive _____

Name of the Mother: _____ Surname: _____ Alive _____

Parent Resident Address: _____ Profession: _____

Are your parents living together? _____

If they are not living together, explain,

Date of Birth: _____ Place of Birth _____

Your Tribe _____ Name of Your Village _____

Date of Baptism: _____ Parish _____

Date of First Communion: _____ Place _____

Date of Sacrament of Confirmation: _____ Place _____

Your Parish: _____ Diocese: _____

Name your Parish Priest and His Address: _____

Your Present

Address: _____

Cell Phone Number: _____

Where did you study? Write place and date!

Primary School: _____ Upto _____ Place _____

Secondary School: _____ Upto _____ Place _____

Skills School: _____ Upto _____ Place _____

Which Training you Learned? _____

Place _____ When: _____

Since, when you finished schooling, did you do any work?

Place _____ When _____

What is your position in your family on the basis of birth: _____

How Many Boys? _____

Since what stage did you get the idea of entering into the religious life? _____

Whom did you consult with? _____

Do you feel your Vocation in your prayer? _____

Do your parents agree with your vocation to religious life? _____

Have you been a member in any other religious communities?

Yes _____ No _____ If

yes; Please explain the your reasons to leave that congregation _____

Are you bearing the responsibility of looking after the parents and your younger one at home?

Do you have any hereditary disease in your family like?

Mental Illness _____

Epilepsy _____

DECLARARION

TO WHOM SO EVER CONCERN

I, _____ here above mentioned, are true and so with my parents
and my own will, I apply to join to be a member in **the Society of Missionaries of Mary**

Immaculate.

Thanking you!

Signature of Candidate: _____

Signature of Parents: Father _____ Mother _____

Signature of Parish Priest: _____ Seal of Parish: _____

Place _____ Date _____

Recommendation letter from your Parish Priest:

Basic Needed Things

Dress: Kindly come with enough dresses for two years. (Good dress as religious).

- | | |
|---------------------|---------|
| 1. Shirts | - 5 |
| 2. pants | - 5 |
| 3. Inner wears | -5 sets |
| 4. Formal Shoes | |
| 5. Games Shoes | |
| 6. Slippers | |
| 7. Towel | -2 |
| 8. Hand kerchief | -5 |
| 9. Sweater | -1 |
| 10. Bed sheet | - 3 |
| 11. Pillow cover | - 3 |
| 12. Toilet Articles | |

Books:

- English Bible
- Divine office(daily prayer book)
- Family prayer book
- Exercise Note Books
- Pens

Original Certificates of:

- Birth Certificate
- Baptism and Confirmation Certificate
- First Holy Communion Certificate
- Medical Certificate
- All the Educational Certificates
- Recommendation Letter from the Parish Priest
- Introduction Letter from the Local Bishop

NT: For Small uses and hospital for two years as Candidates come with TSH 100,000.

Instruction:

- ❖ Application should be duly completed and submitted
- ❖ Basic necessary things has to be taken care by the candidate
- ❖ Medical certificate from qualified medical officer
- ❖ If the candidates finds with series illness or sickness he will be sent back to home.
- ❖ If candidates finds misbehavior in his conduct he will be sent back to home.
- ❖ If the candidate is sent home due to misbehavior or any other serious illness or willingly leaves the formation, he has to bear the travel expenses
- ❖ For two years all expenditure will be borne by the parents
- ❖ From 3rd year on wards the congregation will bear expense for toilet articles.

MEDICAL EXAMINATION FORM

NAME: _____

AGE:.....

DATE OF BIRTH:

SEX:.....

PAST MEDICAL HISTORY

YES /NO

History of Diabetes in the family

YES /NO

History of Epilepsy in the family

YES /NO

History of Asthma in the family

YES /NO

History of Mental illness in the family

YES /NO

History of Hypertension in the family

YES /NO

History of Cancer in the family **PERSONEL**

YES /NO

HISTORY:

Have you suffered from illness in the past?

YES /NO

If yes which illness? _____

Do you have any illness now?

YES /NO

If yes state which illness _____

Are you allergic to any drug food or other allergens?

YES /NO If yes

state _____

PHYSICAL EXAMINATION:

General Examination.....

.....

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WeightHeight.....

Full Blood Picture.....

Hb:.....Hct (PCV).....

WBC.....Differential.....
N.....M.....L.....

E.....

ESR Blood Group

HIV.....

.....

Cardiovascular System:

Pulse

State of Blood Vessels

Cardiac Examination:

.....

Respiratory System:

.....

.....

Gastrointestinal system:

.....

Genital urinary system:

L.M.P.

Regular Yes..... No.....

Dysmenorrheal Yes No

Signature

Name of the Hospital

Medical Officers

Date:

Place: