



THE MAR THOMA PARISH SHARJAH

PARISH DIRECTORY FORM - 2018

Conditions

Last date of receiving the form : 30th November 2017

1. It is highly recommended to submit the online form, which may be accessed from our church website www.marthomaparishsharjah.com.
2. If online submission is not possible, submit this form and photograph to your Area Prayer Secretary or Directory Convenors.
3. Please fill all details in Capital Letters.
4. The year mentioned in DOB & DOM will not be published, but will be required for your online login purpose.
5. Upload your photo with light background (for family, postcard size and if unmarried, passport size). Please write church ID behind the photo.
(For online Photos: Preferably 300 dpi (Resolution), Minimum Size - 1120 X 850 pixels, type - JPEG / JPG)

* **Mandatory Fields**

Church ID *		Area Prayer Group *	
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Name (Head of the Family) *			
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Pet Name		DOB *	<input type="text"/>	DOM	<input type="text"/>	Blood Group	<input type="text"/>
			DD-MM-YYYY		DD-MM-YYYY		

Company Name			
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PO Box		Emirates		Profession	
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Present Residence Address	Flat Number:		Floor		Bldg Name		Bldg No:	
	Area				City			
	Location (GPS Coordinates or nearest land mark)							

Contact Details	Telephone-Res.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Mobile1 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	E - Mail ID *	<input type="text"/>																

Home Parish *		Place *	
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Permanent Address	HouseName/ No.													
	Post Office						State				PIN			
	Locality/Taluk						Telephone-Res.	00						
	District						Mobile Phone	00						

Other Family Members:

No.	Name	DOB (DD-MM-YYYY)	Profession	Relation	Blood Group

Declaration The details provided above are true to the best of my knowledge.
I understood that the Parish Directory is not Edavaka Sangham Register.

Name & Signature _____
Date

For Office use only

Received the Data Form & Photo on _____. Checked _____. Draft checked _____.

For any further clarification , please contact Directory Convenors:- Final Verified _____.

Mr. Benson P.V (B-129) 050-4396632 or Mr. Johnson Chacko (J-133) 050-6738630

Email: shjmtcdirectory@gmail.com *(For Private Circulation only)*