

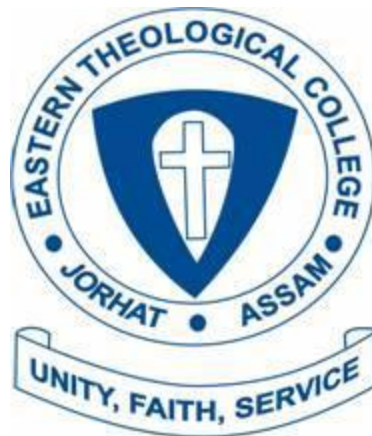
THE EASTERN THEOLOGICAL COLLEGE

Affiliated to Serampore College (University)
RAJABARI, JORHAT – 785 014, ASSAM

Phone: 0376-2932045 (Office)

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Website: www.etcollege.in



**APPLICATION FORM FOR ADMISSION TO
THE DOCTOR OF THEOLOGY (D.TH.) DEGREE COURSE**

(Read the Form Carefully before filling in)

Affix
Passport Size
Photograph

Branch of Study: Tick any one

- 1. New Testament ()
- 2. Christian Theology ()
- 3. History of Christianity ()

SECTION A: PARTICULARS OF THE APPLICANT

1. **Full Name**
(In block letters as per your academic records)

2. **Gender:**

3. **Marital Status:**

4. **Tribe/Community:**

5. **Date of Birth:** Date Month..... Year
(as per Board/Degree Admit Card)

6. **Language Spoken:** Mother Tongue

Other Languages 1)

2)

3)

7. **Church Affiliation**.....

8. **Permanent address:**

.....
.....
.....

Telephone: Mobile:

9. Correspondence address:

.....

Telephone: Mobile:

E-mail

10. Family information:

For Unmarried Candidates			For married Candidates		
Father's Name/ occupation:			Father's Name/occupation:		
Mother's Name/ Occupation:			Mother's Name/ Occupation:		
			Spouse's Name/Occupation:		
Names of Siblings	Age	Gender	Name of Children	Age	Gender

11. Do you plan to bring your family to the College, if family accommodation is available?

Yes/ No

12. Give the names and complete addresses (including mobile number and email ID) of the following persons, and submit recommendation letters from them.

(a) Pastor/Church Leader

.....

(b) Professor under whom you studied

M.Th:.....

SECTION B: ACADEMIC QUALIFICATIONS

13. Educational Qualifications:

Examinations Passed	School/College	University	Year of Passing	Class/ Division	Reg. No.
HSLC					
BA/B.Sc./B.Com					
MA/M.Sc./M.Com Or equivalent					
B.Th.					
B.D.					
M.Th.					
Any Other					

a) Your present occupation and position:

.....

b) Of which local church are you a member? Give Name and Address:

.....

.....

.....

c) Are you ordained? Yes/No If yes, the date of ordination: Date Month Year

.....

.....

.....

NOTE:

1. The applicant should answer every question with care in order to provide correct information.
2. Any incomplete/wrong statement may lead to disqualification for admission.
3. The following documents should be sent along with this form:
 - a) Four Passport size recent photos of the applicant.
 - b) Two Xeroxed copies of Admit Card, Certificates and Mark sheets of HSLC, BA/B.Sc./B.Com. and/or B.Th, B.D. and M.Th (Original copies are to be produced at the time of admission and registration.)
 - d) A testimonial certificate from the head of institution/Pastor/Regional or Executive Secretary.
 - d) A personal testimonial of the applicant.
 - e) A Demand Draft worth Rs.1000/ for the Application Form and Prospectus in favor of Eastern Theological College, Jorhat.
4. The Interview will be held on the 1st of March 2018, at the Eastern Theological College, Jorhat, Assam.
5. The complete Application Form along with the required documents and bank draft must be sent by a registered post to reach the office of the Principal, Eastern Theological College.
6. Last date for submission of application: 15th February 2018.
7. The fees for application form are non-refundable.

SECTION C: SPONSORSHIP

This is to certify that

Mr./Ms./Mrs./Rev.....

from member of.....

..... has been Sponsored by our Church/Institution for D.Th. Studies at the Eastern Theological College, Jorhat, Assam. By Sponsorship we mean: (Please indicate one of the following statement by ticking)

- 1. We will support the candidate financially during his/her studies for this Degree, intend to employ him/her upon completion of his/her studies at ETC
- 2. We will support the candidate financially during his/her studies for this Degree, but we may not employ him/her upon completion of his/her studies at ETC
- 3. We intend to employ the candidates upon completion of his/her studies at ETC but are unable to support the candidate financially during his/her studies
- 4. We recommend the candidate for studies at ETC but are unable to support him/her financially during his/her studies at ETC or to employ him/her upon completion of his/her studies at ETC

Date:
.....

Signature
Bishop/President/Director/Ex. Secy

Official Seal

Name of Church/Institution/Association

Note: Private Candidates are required to submit Sponsorship letter from family/parents

SECTION D: MEDICAL CERTIFICATE

THE EASTERN THEOLOGICAL COLLEGE

Health Statement of Candidates for Admission

(To be filled in by a Physician with a minimum qualification of M.B.B.S)

Name (In Block) _____

Date of Birth _____ Year: _____ Height _____ Weight _____

General Physique _____

Previous Illness:

Infectious diseases:- _____

TB _____

STD _____

Alcoholism _____

Drug Abuse _____

Malaria _____

Typhoid _____ Seizures _____

Family History:

Father (Name) _____ Age _____ Dead/Alive _____

Mother (Name) _____ Age _____ Dead/Alive _____

Brothers (Only numbers) _____

Sisters (Only numbers) _____

General Appearance: Glands:

Cleanliness _____ Any enlargement in neck _____

Nourishment _____

Axillae _____

Skin: Groins _____

General conditions _____

Tumors of any sort _____

Circulatory System:

Heart _____

Respiratory System _____

Varicose Veins _____ Asthma _____

Filariasis _____ Chronic Bronchitis _____

Pulse Rate _____ Tuberculosis _____

Anemia _____ (LAB; TEST)

HB: - _____ (LAB; TEST)

Blood Group _____ (LAB; TEST)

HIV _____ (LAB; TEST)

Nervous System:

Mental condition _____ **Eyes, Ears, Nose and Throat:**

Sleep _____

Reflexes _____ Distant Vision R _____ L _____

Digestive System: Near Vision R _____ L _____

Teeth and gums _____ Hearing _____ -- _____

Tongue _____ Nose _____

Any sign of enlarged liver _____ Voice _____

Spleen _____ Tonsils _____

Other abdominal signs

Hemorrhoids

Genito-Urinary System:

Specific gravity of urine _____ (LAB; TEST)

Albumen _____ (LAB; TEST)

Sugar _____ (LAB; TEST)

Fitness for Study:

Do you consider that the candidate has any physical condition, which would seriously interfere with his/her carrying out a rigorous programme of study?

Date _____

Physician's Signature

Position & qualification (Address)

Seal: