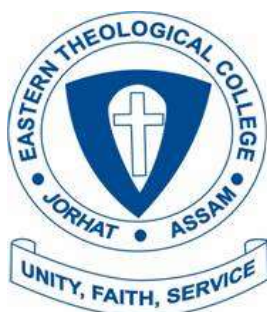


THE EASTERN THEOLOGICAL COLLEGE

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

Phone: 0376-2360853 (Office)

E-mail: etcollege@yahoo.in



**APPLICATION FORM FOR ADMISSION TO
THE MASTER OF THEOLOGY (M.TH.) DEGREE COURSE**

(Read the Form Carefully before filling in)

Affix
Passport Size
Photograph

Branch of Study

(for which admission sought)

SECTION A: PARTICULARS OF THE APPLICANT

1. **Name of the Applicant**
(as per Board/Degree Certificate) (in Capital Letters)

2. **Gender (Male/Female):**Tribe/Community

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

4. **Place of Birth:** Village Dist.State.....

5. **Language Spoken:** Mother Tongue

6. **Marital Status:** Married/Unmarried
If married, name of SpouseNo. of Children

7. **Father's Name**

8. **Mother's Name**

9. **Applicant's Postal Address:**
.....

Telephone: E-mail

SECTION B: ACADEMIC QUALIFICATIONS

10. 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					
Any Other					

11. Papers completed in the Branch of Study for which Admission is sought:

Paper Code No.	Name of Papers	Marks Obtained

12. Language Papers completed (Other than Preliminary)

Paper Code No.	Name of Papers	Marks Obtained

SECTION C: MINISTERIAL AND OTHER EXPERIENCES

13. Experience in Service:

- a) Nature of Work
- b) Duration of Service (Specify date and year) From Till
- c) Place of Work

14. Name and Address of the Employer

.....

15. Books & Articles Published & Language used

No.	Title of Books/Articles	Language

SECTION D: SPONSORSHIP

16. Are you a Private/Sponsored Candidate?

17. If sponsored name and Address of the Person/Church/Institution responsible for financial support:

.....

.....

18. State the Nature of your Sponsorship (Tick one): Full/Partial/None

19. Have you applied for any Scholarship? Yes or No (Tick the appropriate one)

20. If yes, name of the Organization to which you have applied

.....

SECTION E: OPTIONS

21. Have you applied for admission to any other institution? Yes or No.

If yes, where?

.....

22. If accepted by both the institutions what would be your option?

.....

SECTION F: AUTHENTICATION

23. I hereby solemnly declare that all the statements given above are true, complete and correct to the best of my knowledge and belief.

Date

Signature of Applicant

24. I have read the Application Form of Mr/Miss/Mrs/Rev.....
for admission to your College and found to be all accurate to the best of my knowledge and belief. I do recommend /do not recommend the applicant for training for the ministry in the Church.

Seal & Date

Signature.....
Designation.....

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: Cleanliness _____ Nourishment _____
Axillae _____

Glands: Any enlargement in neck _____

Skin: Groins _____
General conditions _____
Tumors of any sort _____

Circulatory System: Heart _____ Varicose Veins _____
Filariasis _____ Pulse Rate _____
Anemia _____ HB: - _____
Blood Group _____ HIV _____

Respiratory System: Asthma _____
Chronic Bronchitis _____
Tuberculosis _____
(LAB; TEST)
(LAB; TEST)
(LAB; TEST)
(LAB; TEST)

Nervous System: Mental condition _____
Sleep _____
Reflexes _____

Eyes, Ears, Nose and Throat:
Distant Vision R _____ L _____
Near Vision R _____ L _____
Hearing _____ -- _____
Nose _____
Voice _____
Tonsils _____

Digestive System: Teeth and gums _____
Tongue _____
Any sign of enlarged liver _____
Spleen _____
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:

IMPORTANT THINGS TO 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 and B.D. (Original copies are to be produced at the time of admission and registration.)
 - c) A testimonial certificate from the head of institution/Pastor/Regional or Executive Secretary.
 - d) A personal testimonial of the applicant.
 - e) The names and addresses of two persons as referees, one must be one of your own teachers during your B.D. studies and another a church leader in a separate sheet.
 - f) A Demand Draft worth Rs.500/ for the Application Form and Prospectus in favor of Eastern Theological College, Jorhat.
4. The Entrance Examination will be held on the _____ at the Eastern Theological College, Jorhat, Assam. The Book list and guideline for the examination are given in a separate sheet.
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 on or before **30th November**.
6. Non-refundable fees of Rs.5000/- be charged from candidates whose candidature is finalized. This amount would be adjusted later with the returning students, but those who do not return would forfeit the amount.