

AIZAWL THEOLOGICAL COLLEGE

(Affiliated to the Senate of Serampore College)
Post Box – 167, Aizawl – 796001, Mizoram, India
Telephone: 0389 2361664/2361663/2361134
email: atc.mizoram@gmail.com



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APPLICATION FORM Doctor of Theology (D.Th.) Degree Programme in the Branch of CHRISTIAN THEOLOGY

1. Name of the Applicant (in block letters) _____
2. Date of Birth (Date, Month, Year) _____
3. Gender (Male/Female) _____ Mother Tongue _____ Nationality _____
4. Church Affiliation _____
5. Father's Name _____ Occupation _____
6. Mother's Name _____ Occupation _____
7. Total Annual Income of the family _____
8. Guardian's Name (if applicable) _____
Occupation _____ Annual Income _____
9. Contact Address _____ City _____
District _____ Pin code _____ State _____
Country _____ E-mail (Gmail only) _____
Mobile _____ Aadhaar No. _____
10. Permanent Address (if different from Contact address) _____
Pin code _____ Telephone No. _____
Mobile _____ E-mail _____ Fax _____
11. Is the Applicant single or married? _____
If married
(a) Name of spouse _____ Occupation _____
(b) Number of children (if any): Male _____ Female _____
(c) Is the Applicant planning to bring the family along with him/her for the D.Th. programme?

(d) Would the Applicant come alone if family quarters are not available? _____

12. Academic Record

| Degrees | Name of the College | University | Year of Examination | Year of Completion | Class | Passed and Overall Percentage |
|-------------------------------|---------------------|------------|---------------------|--------------------|-------|-------------------------------|
| B.A./B.Sc., etc. (specify) | | | | | | |
| M.A., M.Sc., etc. | | | | | | |
| B.D./M.Div./B.C.S | | | | | | |
| M.Th. | | | | | | |
| Any other | | | | | | |

13. Title of Thesis at B.D. _____

14. Title of Thesis at M.Th. _____

Any Other _____

15. Details of Research Experience and List of Publications:

16. Details of Work Experience:

17. If employed, give the Name and Address of the Institution (including the Telephone and email id., if any) :

18. Nature and Designation of your work at present in the above mentioned Institution.

19. Proposed Area of Research: Please describe briefly the area in which you hope to do your Research at the D.Th. level.

20. Have you passed Common Entrance Test (CET) conducted by the Serampore College (University)? If yes, mention date and year of passing. _____

21. Have you attended the D.Th. Methodology Seminar organized by SATHRI? If yes, attach photo copy of your certificate. _____

22. Your knowledge of Classical and Modern Languages (Other than English)
Specify the No. of Courses, their Nature (i.e., Preliminary or Advanced) and Level (B.D., M.Th. and /or Any Other) as well as Grades obtained in each Course).

Hebrew _____ Grade : _____

Greek _____ Grade : _____

Latin _____ Grade : _____

German _____ Grade : _____

Indian Language/s other than Mother Tongue _____ Grade : _____

23. Names and Addresses of two persons who can provide Confidential Information about you, one of whom shall be your academic mentor, preferably the Supervisor of your M.Th. Thesis, and a Church Leader.

1) _____

2) _____

24. Financial Support:

1) Are you Financially Sponsored by a Theological College, Church or Institution?

If so, specify _____

(a) The Name and Address of your Sponsor/s (Telephone and email id., if any _____

(b) The Sponsoring Official Documents Enclosed: [Yes] [No] _____

- (c) The Nature of the Sponsorship (Full/Partial) _____
- 2) If not, specify the means of your Financial Support during your Study Period:
- a) Self
 - b) Family
 - c) Others
- 3) If you are expecting a Scholarship from the Mizoram Presbyterian Church Synod, fill in the Scholarship Form.

25. Undertaking of the Applicant:

I, _____, hereby declare that the particulars given above are true to the best of my knowledge and if admitted I shall abide by the Rules and Regulations of the D.Th. Degree Programme of the Senate of Serampore College and those of ATC.

Date: _____

Signature of the Applicant

26. To be filled in by the Head of the Institution in which the Applicant is employed:

I, _____, hereby certify that this Application is being made with consent and permission. I will take the responsibility to see that the candidate is given necessary leave for this study as per the Regulations of the Senate of Serampore College and of ATC.

Date _____

Signature of the Head of the Institution
(Official Seal)

Notes to the Applicant:

1. The candidate should include along with this Application the Attested photocopies of the M.Th. Degree and any other relevant degrees.
2. As per the D.Th. Regulations of the ATC, the candidate should have the working knowledge of the area of his/her specialisation before registration.
3. English being the medium of Doctoral studies, Candidates are expected to be proficient in English.
4. A medical examination certificate is required only for those who are given admission by the Theological Education Board.

FOR SUBMISSION:

1. The completed application form (Hard Copy) should be sent to the Principal, Aizawl Theological College, Post Box 167, Aizawl - 796 001, Mizoram, India.
2. The completed application form can also be submitted through online:
atcademic.doctorate@gmail.com

**AIZAWL THEOLOGICAL COLLEGE: DURTLANG, MIZORAM
CHURCH SPONSORSHIP FORM**

This is to certify that Mr./Miss/Mrs./Rev.
from (Name of Village).....
member of (Church/ Denomination)
is willing to study Doctor of Theology at the Aizawl Theological College (ATC), Durtlang,
Mizoram. 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/Diploma, intend to employ him/her upon the completion of his/her studies at ATC.
2. We will support the candidate financially during his/her studies for this Degree/Diploma, but we may not employ him/her upon the completion of his/her studies at ATC.
3. We intend to employ the candidate upon the completion of his/her studies at ATC but are unable to support the candidate financially during his/her studies.
4. We recommend the candidate for studies at ATC but are unable to support him/her financially during his/her studies.

Date:

Signature

Bishop/President/Director/Moderator/Principal
Official Seal Name of Church/Institution

AIZAWL THEOLOGICAL COLLEGE
Post Box - 167, P. O. Aizawl - 796001, Mizoram, India.

REFEREE'S CONFIDENTIAL ASSESSMENT FORM FOR D. Th. APPLICANTS

Dear friend, this form has been sent to you as a referee of the applicant who is desirous of undertaking D. Th. studies in our college. Kindly fill the form. It will help us to have a better understanding of the applicant. Please send your confidential assessment directly to the Principal, Aizawl Theological College. Post Box - 167, P. O. Aizawl - 796001, Mizoram, India. Thank you.

Applicant's Name : _____

Referee's Name : _____

Referee's Address : _____

Pin Code: _____ **Tel. No.** _____

Referee's Occupation: _____

1. Since how long have you known the applicant? _____
2. What is the nature of your acquaintance or relationship with the applicant?

3. What is your assessment of the character of the applicant? _____

4. Is there anything or incident in the life of the applicant which would disqualify him/her for Christian ministry? _____

5. What is your assessment of the academic capacities of the applicant? _____

6. Do you think the applicant is healthy and fit enough to undergo long hours of reading, writing and practical work? _____
7. Is the applicant's family financially sound enough to support him/her during the period of theological studies? _____
8. What are the strengths of the applicant? _____

9. What are the weaknesses of the applicant? _____

10. If you were to give a general assessment grade for the applicant, what would it be?
(Tick one of the boxes below)

Very Good Good Average Below Average but passable Weak