

AIZAWL THEOLOGICAL COLLEGE

(Affiliated to the Senate of Serampore College)
Post Box – 167, Aizawl – 796001, Mizoram, India
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APPLICATION FORM Diploma in Clinical Pastoral Counseling (D.C.P.C)

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 any) _____
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 _____
11. Is the applicant single or married? _____ If yes, Is the applicant planning to bring family along with him her for BD Programs. _____
12. Educational Qualification of applicant (Academic Record beginning with High School Leaving Certificate Examination or Equivalent)

S/N	Name of Institution	Degree	Year of Completion	Division of % of marks

13. Previous Occupation (if any): _____
14. Status in the Church (Ordained/Lay): _____
- (a) If **ordained**, attach letter of assurance from Head of Church/Bishop that you will be granted leave if selected for study. Letter must also indicate the date of ordination and the kind of ministry you have been exercising since ordination.
- (b) If **lay**, attach letter from the pastor in-charge of pastorate or other competent authority indicating any leadership role of responsibilities you have held in the church in the church and the period for which you have exercised such leadership (minimum 3 years).
15. Is the applicant being sponsored by any church organization? Yes/No: _____
If Yes, attached certificate of sponsorship.
16. Is the applicants already assured of financial support? _____
- (a) If Yes, give the name and address of the sponsorship body/person _____
- (b) If No, is the applicant seeking support from any source? _____ If the applicant is seeking such support, kindly name the source (eg. Mizoram Synod/Name of the Local Church or any organization/Name of the person/etc. _____
17. Two reference persons who can supply confidential information about you (preferable one is church leader):
- 1) Name: _____
- Address: _____
- Phone: _____
- 2) Name: _____
- Address: _____
- Phone: _____
18. Have you suffered any physical illness requiring hospitalization? Yes/No: _____
If Yes, give details of each instance (Please submit ATC Health Statement Form (yellow) along with this application form)
19. Give reason (s) why the applicant apply for D.C.P.C. at Aizawl Theological College
- _____
- _____
- _____
- _____
- _____
- _____
- _____