### 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



Affix Recent Photograph (Stamp Size)

# APPLICATION FORM Doctor of Theology (D.Th.) Degree Programme in the Branch of HISTORY OF CHRISTIANITY

| 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 applica   |                           |                        |  |  |  |  |
|     | Occupation  |                           | Annual Income          |  |  |  |  |
| 9.  | Contact Address   |                           | City                   |  |  |  |  |
|     | District  | Pin code                  | State                  |  |  |  |  |
|     | Country   | E-mail (Gmail o           | nly)                   |  |  |  |  |
|     | 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 ma   | arried?                   |                        |  |  |  |  |
|     | (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 M.Th. programme? |                           |                        |  |  |  |  |
|     | (d) Would the Applicant co  | me alone if family quarte | ers are not available? |  |  |  |  |

### 12. Academic Record

| Degrees                       | Name of the College | University | Year of Examination | Year of<br>Completion | Class | Passed and<br>Overall<br>Percentage |
|-------------------------------|---------------------|------------|---------------------|-----------------------|-------|-------------------------------------|
| B.A./B.Sc., etc.<br>(specify) |                     |            |                     |                       |       |                                     |
| M.A., M.Sc., etc.             |                     |            |                     |                       |       |                                     |
| B.D./M.Div./B.C.S             |                     |            |                     |                       |       |                                     |
| M.Th.                         |                     |            |                     |                       |       |                                     |
| Any other                     |                     |            |                     |                       |       |                                     |
| 13. Titles of The             | esis at B.D         |            |                     |                       |       |                                     |

| Titles of Theses at M.Th.  |
|--|
| Any Other  |
| Details of Research Experience and List of Publications  |
|  |
|  |
| Details of Work Experience :   |
|  |
|  |
| If employed, give the Name and Address of the Institution (including the Telephone and email id., if any). : |
| Nature and Designation of your work at present in the above mentioned Institution                            |
|  |

| 20. | Your knowledge of Classical and  | Modern Languages (Other than English)   |              |  |  |  |  |
|-----|--|---|--------------|--|--|--|--|
|     | Specify the No. of Courses, their Nature (i.e., Preliminary or Advanced) and Leve  |   |              |  |  |  |  |
|     | (B.D., M.Th., and /or Any Other) as well as Grades obtained in each Course).   |   |              |  |  |  |  |
|     | Hebrew   | Grade :   |              |  |  |  |  |
|     | Aramaic  | Grade :   |              |  |  |  |  |
|     | Syriac   | Grade :   |              |  |  |  |  |
|     | Greek  | Grade :   |              |  |  |  |  |
|     | Arabic   | Grade :   |              |  |  |  |  |
|     | Latin  | Grade :   |              |  |  |  |  |
|     | Sanskrit   | Grade :   |              |  |  |  |  |
|     | Pali   | Grade :   |              |  |  |  |  |
|     | German   | Grade :   |              |  |  |  |  |
|     | French   | Grade :   |              |  |  |  |  |
|     | Indian Language/s other than Math  | or Tongue Crade :   |              |  |  |  |  |
|     | indian Language/s other than Moth  | er Tongue Grade :   | <del> </del> |  |  |  |  |
| 21. | Names and Addresses of two pe  | rsons who can provide Confidential Infor  | mation abou  |  |  |  |  |
| 21. | Names and Addresses of two pe  |   | mation abou  |  |  |  |  |
| 21. | Names and Addresses of two pe  | rsons who can provide Confidential Informacademic mentor, preferably the Super          | mation abou  |  |  |  |  |
| 21. | Names and Addresses of two pe<br>you, one of whom shall be your  | rsons who can provide Confidential Informacademic mentor, preferably the Superer.       | mation abou  |  |  |  |  |
| 21. | Names and Addresses of two pe<br>you, one of whom shall be your<br>M.Th. Thesis, and a Church Lead   | rsons who can provide Confidential Informacademic mentor, preferably the Superer.       | mation abou  |  |  |  |  |
| 21. | Names and Addresses of two pe<br>you, one of whom shall be your<br>M.Th. Thesis, and a Church Lead   | rsons who can provide Confidential Information academic mentor, preferably the Superer. | mation abou  |  |  |  |  |
| 21. | Names and Addresses of two pe you, one of whom shall be your M.Th. Thesis, and a Church Lead  1)   | rsons who can provide Confidential Information academic mentor, preferably the Superer. | mation abou  |  |  |  |  |
|     | Names and Addresses of two pe you, one of whom shall be your M.Th. Thesis, and a Church Lead  1)   | rsons who can provide Confidential Information academic mentor, preferably the Superer. | mation abou  |  |  |  |  |
|     | Names and Addresses of two per you, one of whom shall be your M.Th. Thesis, and a Church Lead 1)  2)  Financial Support:  1) Are you Financially Sponsored | rsons who can provide Confidential Information academic mentor, preferably the Superer. | mation abou  |  |  |  |  |

19. Proposed Area of Research: (please describe briefly, at the D.Th., level, the area in

| (b) The Sponsoring Official Documents Enclosed: [Yes] [No]   |  |  |  |  |  |
|--|--|--|--|--|--|
| (c) The Nature of the Sponsorship (Full/Parti  | al)  |  |  |  |  |
| <ul><li>2) If not, specify the means of your Financia</li><li>a) Self</li><li>b) Family</li><li>c) Others</li></ul>  | I Support during your Study Period:                      |  |  |  |  |
| <b>Note</b> : Give necessary details. In the case of F College requires legally binding Guarante   | • •  |  |  |  |  |
| <ol><li>If you are expecting a Scholarship from the<br/>in the Scholarship Form.</li></ol>   | ne Mizoram Presbyterian Church Synod, fill               |  |  |  |  |
| •  | financial support. Complete transparency                 |  |  |  |  |
| I,particulars given above are true to the best abide by the Rules and Regulations of the E Serampore College and those of ATC.   | t of my knowledge and if admitted I shall                |  |  |  |  |
| Date: Sig  | nature of the Applicant                                  |  |  |  |  |
| 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 Sig   | nature of the Head of the Institution<br>(Official Seal) |  |  |  |  |

### **Notes to the Applicant:**

- 1. This Application should reach the Dean, Doctoral Studies of ATC on or before
- 2. A copy of the Receipt or Demand Draft indicating that the Registration Fee is sent to the Senate Office should be enclosed along with this Application.
- 3. The candidate should include along with this Application the Attested photocopies of the M.Th. Degree and any other Degree.
- 4. 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.
- 5. English being the medium of Doctoral studies, Candidates are expected to be proficient in English.
- 6. Please go through the D.Th. Regulations of the Senate of Serampore College

To be filled in by the Dean of Doctoral Studies on behalf of the Synod Theological Education Board:

- I. The Applicant is admitted/not admitted the D.Th. Degree Programme
- II. The following person/s is/are appointed as the candidate's Supervisor/s:
  - 1.
  - 2.
  - 3.

Alternatives:

- 1.
- 2.
- 3.

| Date | Signature of the Dear |
|------|-----------------------|
|      |                       |

#### Address of the Senate of Serampore College:

Registrar Senate of Serampore College P.O. Serampore 712201 Hooghly District West Bengal

## AIZAWL THEOLOGICAL COLLEGE DURTLANG: MIZORAM HEALTH AND FITNESS CERTIFICATE

To be completed by the Applicant

| 1.  | Name of the Applicant  |
|-----|--|
| 2.  | Age and Date of Birth  |
| 3.  | Place of Birth   |
| 4.  | Contact Address  |
| 5.  | Present Address  |
|     |  |
| 6.  | Name of Parents/Spouse/Guardian  |
| 7.  | Past History:  a. Do you have any Chronic Illness? Yes/No If yes, specify:  b. Allergy? Yes/No If yes, specify:  c. Heart Problem? Yes/No If yes, specify:  d. Tuberculosis? Yes/No If yes, specify: |
| 8.  | Have you had any Surgery? Yes/No  If yes, Specify the year and the surgery:  |
| 9.  | Have you been hospitalised recently? Yes/No  If yes, give reason:  |
| 10. | Medication being taken, date and dosage:   |

### **PHYSICIAN'S EXAMINATION**

| 1. | a.   | Height                   | :  |  |  |  |
|----|------|--------------------------|--|--|--|--|
|    | b.   | Blood Pressure           | :  |  |  |  |
|    | C.   | Eye sight                | ·  |  |  |  |
|    | d.   | Weighte                  | :  |  |  |  |
|    | e.   | Pulse                    | :  |  |  |  |
|    | f.   | Visual                   | :  |  |  |  |
|    | g.   | General Appearance       | :  |  |  |  |
|    | h.   | Respiration              | :  |  |  |  |
|    | i.   | Distant Vision           | :  |  |  |  |
|    | j.   | Near Vision              | :  |  |  |  |
|    |      |                          |  |  |  |  |
| 2. | Phy  | Physical Assessment:     |  |  |  |  |
|    | a.   | Respiratory System       | :  |  |  |  |
|    | b.   | Cardiovascular Syste     | m :  |  |  |  |
|    | C.   | Nervous System           | :  |  |  |  |
|    | d.   | Endocrine System         | :  |  |  |  |
|    | e.   | Circulatory System       | :  |  |  |  |
|    | f.   | Gastro Intestinal Trac   | et :   |  |  |  |
|    | g.   | Genito urinary Test      | :  |  |  |  |
|    |      |                          |  |  |  |  |
| 3. | Lab  | Laboratory Findings:     |  |  |  |  |
|    | a.   | Stool Routine :          |  |  |  |  |
|    | b.   | Urine Routine :          |  |  |  |  |
|    | C.   | Blood Routine :          |  |  |  |  |
|    |      |                          |  |  |  |  |
| 4. | Fitn | ess for Study:           |  |  |  |  |
|    |      |                          |  |  |  |  |
|    |      |                          |  |  |  |  |
|    |      |                          |  |  |  |  |
| 5. | Do   | you consider that the    | candidate has any physical condition which would seriously |  |  |  |
|    | inte | erfere with his/her carr | ying out a rigorous study:                                 |  |  |  |
|    |      |                          |  |  |  |  |
|    |      |                          |  |  |  |  |

Date.....

Signature

### 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 have 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.

| Apı | plicant's Name  | :               |                  |         |                |         |      |             |
|-----|---|-----------------|------------------|---------|----------------|---------|------|-------------|
| Ref | feree's Name  | :               |                  |         |                |         |      |             |
| Ref | feree's Address   | :               |                  |         |                |         |      |             |
|     |   | Pin Code:       | Te               | l. No   | <b>-</b>       |         |      |             |
| Ref | eree's Occupation   | n :             |                  |         |                |         |      |             |
| 1.  | Since how long h  | nave you known  | the applicant? _ |         |                |         |      |             |
| 2.  | What is the n   | ature of your   | acquaintance     | or      | relationship   | with t  | he   | applicant?  |
| 3.  | What is your ass  | essment of the  | character of the | appli   | cant?          |         |      |             |
| 4.  | Is there anything or incident in the life of the applicant which would disqualify him/her for Christian ministry? |                 |                  |         |                |         |      |             |
| 5.  | What is your asse   | essment of the  | academic capac   | ities ( | of the applica | nt?     |      |             |
| 6.  | Do you think the writing and pr   |                 | •                | _       | _              | -       |      | _           |
| 7.  | Is the applicant's family financially sound enough to support him/her during the period of theological studies?   |                 |                  |         |                |         |      |             |
| 8.  | What are the stre   |                 |                  |         |                |         |      |             |
| 9.  | What are the wea  | aknesses of the | applicant?       |         |                |         |      |             |
| 10. | If you were to g<br>(Tick one of the  |                 | assessment grad  | de fo   | r the applica  | nt, wha | ıt w | ould it be? |
|     | Very Good   | Good ☐ Ave      | erage 🗍 Belov    | v Ave   | erage but pass | sable   |      | Weak 🗔      |