



# AIZAWL THEOLOGICAL COLLEGE

(Affiliated with Senate of Serampore College)  
Post Box - 167, Aizawl - 796 001, Mizoram, India

Affix recent  
Photograph  
(Passport size)

## APPLICATION FORM Bachelor of Divinity (B.D.) Degree Course

1. Name of the applicant (in block letters) \_\_\_\_\_
2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
3. Gender (Male/Female) \_\_\_\_\_ Mother Tongue \_\_\_\_\_ Nationality \_\_\_\_\_
4. Father's name \_\_\_\_\_ Occupation \_\_\_\_\_
5. Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_
6. Total Annual Income of family (income of parents & unmarried brothers & sisters) \_\_\_\_\_
7. Guardian's name (if applicable) \_\_\_\_\_  
Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_
8. Present Address \_\_\_\_\_  
Pin code \_\_\_\_\_ Telephone No. \_\_\_\_\_
9. Permanent Address (if different from present address) \_\_\_\_\_  
\_\_\_\_\_ Pin code \_\_\_\_\_ Telephone No. \_\_\_\_\_
10. Is the applicant single or married? \_\_\_\_\_
11. If married, (a) Name of spouse \_\_\_\_\_  
Qualification \_\_\_\_\_ Occupation \_\_\_\_\_  
(b) Number of children (if any) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(c) Their ages \_\_\_\_\_
12. Educational Qualification of applicant (Academic Record beginning with High School Leaving Certificate Examination or Equivalent)

Course	Year	Division	Board/University

13. Present employment of applicant \_\_\_\_\_
14. Previous employment (if any) \_\_\_\_\_
15. Church (Denomination) affiliation of applicant \_\_\_\_\_
16. Name of local Church to which he/she is attached \_\_\_\_\_  
\_\_\_\_\_
17. Has the applicant ever been suspended/disciplined/penalized by the Church? \_\_\_\_\_  
If Yes, state the reason for the same \_\_\_\_\_
18. Has the applicant ever been convicted in a court of law or does he/she have any court cases pending against him/her? \_\_\_\_ If Yes, state the reason for the same \_\_\_\_\_  
\_\_\_\_\_
19. A short statement of personal Christian experience with special reference to those influences significant for the applicant's decision to pursue B.D. Studies.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Is the applicant willing to work in full-time church service after completion of the course? \_\_\_\_  
If Yes, specify the kind of work (eg. Ordained ministry, evangelism, social service, etc.)  
\_\_\_\_\_
21. Is the applicant being recommended by any church organization? if Yes, name the recommending body \_\_\_\_\_
22. Is the applicant already assured of financial support? \_\_\_\_\_  
a) If Yes, give the name and address of the sponsoring 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. Mizo Synod/Name of local church or any organization/name of person/ etc. \_\_\_\_\_
22. Names and Addresses of Two Responsible Persons who can supply confidential information about the applicant.
- a) \_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_ Tel. No. \_\_\_\_\_
- b) \_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_ Tel. No. \_\_\_\_\_

23. Has the applicant applied to this college before? \_\_\_\_\_

If Yes, when ? \_\_\_\_\_

24. Does the applicant have any relatives who were or are undergoing theological education? \_\_\_\_\_

If Yes, a) name the person (s) \_\_\_\_\_

b) What is the relationship between the applicant and the concerned person(s)

c) Name the course done or being done by the concerned persons, and the place and period of theological studies \_\_\_\_\_

25. Undertaking of the applicant:

***If admitted to Aizawl Theological College, I am prepared to obey any rules which the college authorities may enact from time to time for the good government of the institution. I \_\_\_\_\_ undertake to remain at the college, subject to satisfactory conduct and progress, throughout the whole of my course, and in the event of failure to do so, to refund to the college the amount any scholarship/financial support I may have received.***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of the Applicant**

**NOTE**

1. Recent passport size photograph of the applicant has to be affixed.
2. Attested copies of the **certificates and marks** of the applicant from **H.S.L.C.** or its equivalent onwards must be attached.
3. Attested copy of Baptismal Certificate must be enclosed.
4. If the applicant is already assured of financial support, a letter of agreement from the concerned body/person must be enclosed.
5. Confidential Assessment Forms to be filled by the two "Referees" are enclosed along with this form. These should be given by the applicant to the Referees who should complete and send the same directly to the College. Forms could be filled in either English or Mizo.
6. Confidential Report Forms of the applicant's local church committee and his/her pastor are also enclosed along with this form. These should be filled and sent directly to the college by the concerned Church Committee and Pastor. Forms could be filled in either English or Mizo.
7. A medical examination form too is enclosed with this form. This should be duly filled.
8. The completed application form, along with the medical certificate should be sent to the Principal, Aizawl Theological College, Post Box 167, Aizawl - 796 001, Mizoram, India.



# AIZAWL THEOLOGICAL COLLEGE

Post Box - 167, Aizawl - 796 001, Mizoram, India.

## APPLICATION FOR B.D. ADMISSION

### CHURCH COMMITTEE CONFIDENTIAL REPORT FORM

(to be sent directly and confidentially to the college)

1. Name of the applicant (in block letters) : \_\_\_\_\_
2. Name of Father/Mother and Occupation : \_\_\_\_\_
3. Present Address of Applicant : \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_
5. Status of Applicant's Church Membership
  - (a) Denomination : \_\_\_\_\_
  - (b) Name of local church : \_\_\_\_\_
  - (c) Is the applicant a full-communicant member ? \_\_\_\_\_ Since when ? \_\_\_\_\_
  - (d) Has the applicant ever been suspended from church membership ? \_\_\_\_\_  
If Yes, when and for what reason ? \_\_\_\_\_
  - (e) Responsibilities held by the applicant in the church, previously and presently \_\_\_\_\_  
\_\_\_\_\_
6. Future Service :
  - a) Is the applicant sincerely desirous of serving the church after completing his/her theological studies ? \_\_\_\_\_
  - b) Is the applicant worthy and eligible as per the rules and criteria of the Church to be ordained as a full-time minister ? \_\_\_\_\_
7. Do the parents approve of the applicant's desire to pursue theological studies ? \_\_\_\_\_
8. Is the applicant physically and mentally mature enough to undergo theological training ?  
(Tick one of the boxes below)  
Very Mature  Satisfactorily mature  Could be trained to maturity  Not mature
9. Does the applicant suffer from any physical deformity, or any chronic sickness or disease which has not been publicized ? \_\_\_\_\_
10. Give a brief account of the applicant's Christian life \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Assessment (Tick one of the boxes)
  - (a) He/she has been very active in the church. Physically and mentally he/she is very mature. Good
  - (b) While he/she has been active in the church and is mentally mature, his/her personality is not very impressive. Average
  - (c) Though he/she is not physically and mentally mature, he/she could be trained to become mature. Below Average
  - (d) He/she is not fit physically and mentally for theological training.

Place : \_\_\_\_\_

Signature

Date : \_\_\_\_\_

Chairman: \_\_\_\_\_

Secretary : \_\_\_\_\_

Church : \_\_\_\_\_

# AIZAWL THEOLOGICAL COLLEGE

*Post Box - 167, Aizawl - 796 001, Mizoram, India.*

## APPLICATION FOR B.D. ADMISSION

### PASTOR'S CONFIDENTIAL REPORT FORM

*(to be sent directly and confidentially to the college)*

1. Name of the applicant (in block letters) : \_\_\_\_\_
2. Name of Father/Mother and Occupation : \_\_\_\_\_
3. Present Address of Applicant : \_\_\_\_\_  
 \_\_\_\_\_ Pin Code \_\_\_\_\_ Tel. No. \_\_\_\_\_
4. Status of Applicant's Church Membership
  - (a) Denomination : \_\_\_\_\_
  - (b) Name of local church : \_\_\_\_\_
  - (c) Has the applicant ever been suspended from church membership ? \_\_\_\_\_  
 If Yes, when and for what reason ? \_\_\_\_\_
  - (d) Responsibilities held by the applicant in the church, previously and presently \_\_\_\_\_  
 \_\_\_\_\_
5. Future Service :
  - a) Is the applicant sincerely desirous of serving the church in any full-time ministry after completing his/her theological studies ? \_\_\_\_\_
  - b) Is the applicant worthy and eligible as per the rules and criteria of the Church to be ordained as a full-time minister ? \_\_\_\_\_
6. Do the parents approve of the applicant's desire to pursue theological studies ? \_\_\_\_\_
7. Is the applicant physically and mentally mature enough to undergo theological training ?  
 (Tick one of the boxes below)  
 Very Mature  Satisfactorily mature  Could be trained to maturity  Not mature
8. Does the applicant suffer from any physical deformity, or any chronic sickness or disease which has not been publicized ? \_\_\_\_\_
9. Give a brief account of the applicants' Christian life. \_\_\_\_\_  
 \_\_\_\_\_
10. Assessment (Tick one of the boxes)
  - (a) He/she has been very active in the church. Physically and mentally he/she is very mature. Good
  - (b) While he/she has been active in the church and is mentally mature, his/her personality is not very impressive. Average
  - (c) Though he/she is not physically and mentally mature, he/she could be trained to become mature. Below Average but passable
  - (d) He/she is not fit physically and mentally for theological training.

Place : \_\_\_\_\_

Signature

Date : \_\_\_\_\_

Pastor : \_\_\_\_\_

Pastorate/Church \_\_\_\_\_

## AIZAWL THEOLOGICAL COLLEGE

Post Box - 167, Aizawl - 796 001, Mizoram, India.

### REFEREE'S CONFIDENTIAL ASSESSMENT FORM FOR B.D. APPLICANTS

*Dear friend, this form will be given to you by a person desirous of undertaking B.D. 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, Aizawl - 796 001, 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 any thing 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

\_\_\_\_\_

Date

\_\_\_\_\_

Signature



# AIZAWL THEOLOGICAL COLLEGE

Post Box - 167, Aizawl - 796 001, Mizoram, India.

## HEALTH STATEMENT FOR CANDIDATES FOR ADMISSION (To be filled out by a Physician holding an M.B.B.S. or higher degree; by a Church Hospital Physician)

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

GENERAL PHYSIQUE \_\_\_\_\_ LAST VACCINATION \_\_\_\_\_

### PREVIOUS ILLNESSES

Infectious Diseases \_\_\_\_\_

Malaria \_\_\_\_\_

Kala Azar \_\_\_\_\_

Typhoid \_\_\_\_\_

Dysentery \_\_\_\_\_

Epilepsy or Epileptiform Seizures \_\_\_\_\_

### FAMILY HISTORY

ALIVE

IF DEAD, CAUSE OF DEATH

Father \_\_\_\_\_

Mother \_\_\_\_\_

Brothers \_\_\_\_\_

Sisters \_\_\_\_\_

### ANY HISTORY IN THE FAMILY OF

Diabetes \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Leprosy \_\_\_\_\_

Mental Diseases \_\_\_\_\_

### PRESENT CONDITION

### GENERAL APPEARANCE

Cleanliness \_\_\_\_\_

Nourishment \_\_\_\_\_

### SKIN

General Condition \_\_\_\_\_

Scabies \_\_\_\_\_

Tumours of any sort in any region \_\_\_\_\_

### CIRCULATORY SYSTEM

Pulse Rate \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Anaemia \_\_\_\_\_

Heart \_\_\_\_\_

Varicose Veins \_\_\_\_\_

Filariasis \_\_\_\_\_

RESPIRATORY SYSTEM

Asthma \_\_\_\_\_  
Chronic Bronchitis \_\_\_\_\_  
Tuberculosis \_\_\_\_\_

NERVOUS SYSTEM

Mental Condition \_\_\_\_\_  
Sleep \_\_\_\_\_  
Knee Jerks \_\_\_\_\_

DIGESTIVE SYSTEM

Teeth and Gums \_\_\_\_\_  
Tongue \_\_\_\_\_  
Any sign of enlarged liver or spleen \_\_\_\_\_  
Other abdominal signs \_\_\_\_\_  
Haemorrhoids \_\_\_\_\_  
Diarhoea \_\_\_\_\_

GLANDS

Any enlargement in neck \_\_\_\_\_  
axillae \_\_\_\_\_  
groins \_\_\_\_\_

GENITO-URINARY SYSTEM

Specific Gravity of Urine \_\_\_\_\_  
Albumin \_\_\_\_\_  
Sugar \_\_\_\_\_

EYES, EARS, NOSE AND THROAT

Eyes distant vision R \_\_\_\_\_ L \_\_\_\_\_  
near vision R \_\_\_\_\_ L \_\_\_\_\_  
general condition of eyes lids & conjunctiva  
R \_\_\_\_\_ L \_\_\_\_\_  
Hearing \_\_\_\_\_  
Nose \_\_\_\_\_  
Voice \_\_\_\_\_  
Tonsils \_\_\_\_\_

FITNESS FOR STUDY

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

*Physician's Signature* .....

*Physician's Name* .....

*Post and Qualification* .....

*Date* .....

*Address* .....



**AIZAWL THEOLOGICAL COLLEGE  
DURTLANG, MIZORAM**

**FINANCIAL STATEMENT & APPLICATION FOR SYNOD SPONSORSHIP**  
*(To be attached by the applicants along with Application Form)*

1. Name of the Candidate : .....
2. Name of Father/Mother : .....
3. Occupation of Father/Mother : .....
4. Name of Guardian (if applicable) : .....
5. Occupation of Guardian : .....
6. Family Annual Income: Rs. ....

**CATEGORIES OF SUPPORT GIVEN BY ATC**

*The Synod Theological Education Board is giving four types of support to the candidates:*

1. **Maximum Scholarship:** This covers all the college and hostel fees, including mess fee, pocket money, medical fee, book grant, thesis grant, study tour grant. (In the case of married students who plan to live in the College family quarters, maximum scholarship would cover all college fees and charges for family quarters. They will be entitled to receive mess fee, pocket money, medical allowance and travel allowance (to and from the College at the beginning and end of the course) for their spouses as well. No allowance is given for their children).
2. **Medium Scholarship:** This covers college fees (such as registration, tuition, examination, sports, magazine and association), hostel fees and mess fee. It shall not cover pocket money, book grant, thesis grant, study tour grant. (In the case of married students who plan to live in the college family quarters' charges and double mess fee).
3. **Minimum Scholarship:** This covers mess fee only. All other expenses will be borne by the candidates. (In the case of married students who plan to live in college family quarters, minimum scholarship implies a grant of double mess fee only).
4. **Sponsorship without Financial Support:** This shall be granted to candidates desirous of pursuing theological studies on their own, that is, without expecting any financial support from the Synod.

**FINANCIAL SUPPORT EXPECTED FROM THE T.E.B.**

*(Tick again any one of the names of the support given as under)*

1. **Maximum Scholarship:** Without Maximum Scholarship, I will not be able to study
2. **Medium Scholarship :** I will be able to study with Medium Scholarship
3. **Minimum Scholarship:** I will be able to study with Minimum Scholarship
4. **Sponsorship without Financial Support:** I am ready to study with Sponsorship  
without Financial Support:

Date: .....

Signature of the Candidate