

# AIZAWL THEOLOGICAL COLLEGE

(Affiliated to the Senate of Serampore College)  
Post Box – 167, Aizawl – 796001, Mizoram, India  
Telephone: 0389 2361664/2361663/2361134  
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## APPLICATION FORM Doctor of Theology (D.Th.) Degree Programme in the Branch of COUNSELLING

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 M.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. Titles of Thesis at B.D. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Titles of Theses 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, at the D.Th. level, the area in which you hope to do your Specialised Research.)

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20. 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 : \_\_\_\_\_

Aramaic \_\_\_\_\_ Grade : \_\_\_\_\_

Syriac \_\_\_\_\_ Grade : \_\_\_\_\_

Greek \_\_\_\_\_ Grade : \_\_\_\_\_

Arabic \_\_\_\_\_ Grade : \_\_\_\_\_

Latin \_\_\_\_\_ Grade : \_\_\_\_\_

Sanskrit \_\_\_\_\_ Grade : \_\_\_\_\_

Pali \_\_\_\_\_ Grade : \_\_\_\_\_

German \_\_\_\_\_ Grade : \_\_\_\_\_

French \_\_\_\_\_ Grade : \_\_\_\_\_

Indian Language/s other than Mother Tongue \_\_\_\_\_ Grade : \_\_\_\_\_

21. 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) \_\_\_\_\_

\_\_\_\_\_

22. 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

**Note:** Give necessary details. In the case of Financial Support from Private Bodies, the College requires legally binding Guarantee Letter/s

3) If you are expecting a Scholarship from the Mizoram Presbyterian Church Synod, fill in the Scholarship Form.

**Notes:**

- (i) The number of College Scholarships is very limited and will be given to the most deserving candidates only.
- (ii) Candidates should declare all sources of financial support. Complete transparency is expected.
- (iii) Quarters, if available, will be provided for the candidate, spouse and children. In case of any need for an attendance, permission should be sought from the College authority. An Official Letter from the local pastor of the candidate is required stating the family status.

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

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. 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 Dean

**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. Weight : .....
- e. Pulse : .....
- f. Visual : .....
- g. General Appearance : .....
- h. Respiration : .....
- i. Distant Vision : .....
- j. Near Vision : .....

2. Physical Assessment:

- a. Respiratory System : .....
- b. Cardiovascular System : .....
- c. Nervous System : .....
- d. Endocrine System : .....
- e. Circulatory System : .....
- f. Gastro Intestinal Tract : .....
- g. Genito urinary Test : .....

3. Laboratory Findings:

- a. Stool Routine : .....
- b. Urine Routine : .....
- c. Blood Routine : .....

4. Fitness for Study :

.....  
.....

5. Do you consider that the candidate has any physical condition which would seriously interfere with his/her carrying out a rigorous study: .....

Date.....

Signature  
Official Seal

**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



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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.

**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