

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 NEW TESTAMENT

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.)

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

**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.

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