



# AIZAWL THEOLOGICAL COLLEGE

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

FORM NO. \_\_\_\_\_

## APPLICATION FORM B.D. (HINDI) Degree Course

Affix recent  
Photograph  
(Passport size)

1. Name of the applicant (in block letters) \_\_\_\_\_
2. Father's name \_\_\_\_\_ Occupation \_\_\_\_\_
3. Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
5. Gender (Male/Female) \_\_\_\_\_ Mother Tongue \_\_\_\_\_ Nationality \_\_\_\_\_
6. Total Annual Income of the family \_\_\_\_\_
7. Church Affiliation \_\_\_\_\_
8. Contact Address of the Applicant \_\_\_\_\_  
Pin code \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_  
WhatsApp No. \_\_\_\_\_ Email (Gmail only): \_\_\_\_\_
8. Permanent Address (if different from contact address) \_\_\_\_\_  
Pin code \_\_\_\_\_ Telephone No. \_\_\_\_\_
9. Is the applicant single or married? \_\_\_\_\_ If yes, Is the applicant planning to bring family along with him her for BD Programe. \_\_\_\_\_
10. Educational Qualification of applicant

Course	Year	Division	Board/University

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

Signature of the Applicant

### Notes to the Applicant:

1. HSSLC/B.A. Certificate & Marksheet must be attached.
2. Church Recommendation and recent Passport size photo 1 copy

### FOR SUBMISSION:

1. The completed application form should be sent to the Principal, Aizawl Theological College, Post Box 167, Aizawl - 796 001, Mizoram, India.
2. The completed application form can also be submitted through online:  
**atcademic.graduate@gmail.com**



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## 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

	distant vision	R _____	L _____
Eyes	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* .....