

AIZAWL THEOLOGICAL COLLEGE

Affiliated with Senate of Serampore College
Post Box – 167, Aizawl – 796001, Mizoram, India
www.Aizawltheologicalcollege.edu.in

Recent
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DIPLOMA IN CLINICAL PASTORAL COUNSELING (D.C.P.C) APPLICATION FORM

1. Name of the Applicant (in block letters): _____
2. Postal Address: _____
Phone: _____ email: _____
3. Date of Birth: _____ Place of Birth: _____
4. Gender (Male/Female): _____ Occupation: _____
5. Father's Name: _____ Occupation: _____
6. Mother's Name: _____ Occupation: _____
7. Total Annual Income of the family (parents, unmarried siblings): _____
8. Marital Status (single/married): _____
If married, Name of Spouse: _____
Number of Children: _____ Age: _____
9. Denomination: _____
10. Academic Qualification (HSSLC and above):

S/N	Name of Institution	Degree	Year of Completion	Division of % of marks

11. Present Occupation: _____

12. Previous Occupation (if any): _____
13. Status in the Church (Ordained/Lay): _____
- (a) If **ordained**, attach letter of assurance from Head of Church/Bishop that you will be granted leave if selected for study. Letter must also indicate the date of ordination and the kind of ministry you have been exercising since ordination.
- (b) If **lay**, attach letter from the pastor in-charge of pastorate or other competent authority indicating any leadership role or responsibilities you have held in the church in the church and the period for which you have exercised such leadership (minimum 3 years).
14. Is the applicant being sponsored by any church organization? Yes/No: _____
If Yes, attached certificate of sponsorship.
15. Is the applicants already assured of financial support? _____
- (a) If Yes, give the name and address of the sponsorship 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. Mizoram Synod/Name of the Local Church or any organization/Name of the person/etc. _____
16. Two reference persons who can supply confidential information about you (preferable one is church leader):
- 1) Name: _____
Address: _____
Phone: _____
- 2) Name: _____
Address: _____
Phone: _____
17. Have you suffered any physical illness requiring hospitalization? Yes/No: _____
If Yes, give details of each instance (Please submit ATC Health Statement Form (yellow) along with this application form)
18. Give a two page description of the most formative influence and experiences in your growth as a believer.

I have read the brochure of the DCPC Programme and request to be enrolled as an applicant. I am enclosing a demand draft for Rs. 100/- in favor Aizawl Theological College, payable at SBI, Aizawl.

Signature of Applicant