



AIZAWL THEOLOGICAL COLLEGE

(Affiliated with Senate of Serampore College)

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

FORM NO. _____

Affix recent
Photograph
(Passport size)

APPLICATION FORM B.TH. / B.D. (HINDI) Degree Course (Tick the Course Applied for)

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 the family _____

7. Guardian's name (if applicable) _____

Occupation _____ Annual Income _____

8. Present Address of the Applicant _____

Pin code _____ Telephone No. _____

9. Permanent Address (if different from present address) _____

Pin code _____ Telephone No. _____

10. Is the applicant single or married? _____

11. Educational Qualification of applicant

Course	Year	Division	Board/University

12. Church (Denomination) affiliation of applicant _____

13. Name of local Church to which he/she is attached _____

Date

Signature of the Applicant

Cont....

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. Church Recommendation from Pastor or local Church Committee should be attached.
4. A medical examination form is enclosed with this form. This should be duly filled.
5. There will be eligibility test for all the applicants.
6. All the applicants will be personally interviewed by Theological Education Board.
7. The completed application form should be sent to the Principal, Aizawl Theological College, Post Box 167, Aizawl - 796 001, Mizoram, India.



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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
Address

Date

