



TRINITY THEOLOGICAL COLLEGE
Affiliated to the Senate of Serampore College (University)
Post Box -168, Thahekhu, Dimapur- 797112, Nagaland
Email: ttcweb1992@gmail.com
www.ttc.edu.org

(FORM-A)

A recent
Photograph

APPLICATION FOR ADMISSION

Academic Year _____

Admission sought for M.Th. in (✓One)

☐ Old Testament ☐ New Testament ☐ Religion (Primal Religion)

Please fill the form in BLOCK LETTERS

1. PERSONAL PARTICULARS

☐ Male ☐ Female ☐ Single ☐ Married (Marriage certificate to be enclosed)

First Name (as per the academic record) :

Last Name :

Date of Birth :

Tribe:

Father's Name:

Occupation :

Mother's Name:

Occupation:

Permanent Address:

State:

Pin code:

Country:

Corresponding Address:

Telephone no:

Email id:

Spouse Name (if married)

No. of Children:

Name of your local Church:

Denomination:

Address of your local church :

Mother Tongue:

2. ACADEMIC RECORDS

i. List the subjects/papers of your B.D. degree course belonging to the M.Th. branch you are applying for:

Sl. No.	Name of the papers/subjects	Grade

ii. M.Th. qualifying paper of the Senate if any:

Sl. No.	Name of the papers/subjects	Grade

iii. Title of thesis in your B.D Course:

iv. Synopsis of Thesis (about 150 words)

[separate sheet of paper to be used]

v. Have you published any article(s) or book(s) either in English or in a regional language? Yes/No If yes, give details and send a copy of the published material.

vi. Give any other relevant information regarding your academic journey/experience/performance:

[separate sheet of paper to be used]

3. MINISTRY AND LEADERSHIP ABILITIES:

Write in brief your ministerial experience and leadership abilities (letter from the employer to be enclosed)

[separate sheet of paper to be used]

4. Names and addresses of Three persons who can provide confidential information about you. These persons shall be:

a. Principal /President/ Bishop /Head of the Institution under whom you are presently serving.

b. Two Teachers under whom you studied your B.D.

Name:	Designation :
Phone no:	Email :

Address:

Name:	Designation :
Phone no:	Email :

Address:

Name:	Designation :
Phone no:	Email :

Address:

FINANCE

PLEASE STATE THE SPONSOR FOR YOUR STUDIES

- ☐ SELF/FAMILY/PARENTS
- ☐ GUARDIAN
- ☐ ASSOCIATION/ORGANISATION
- ☐ CHURCH
- ☐ OTHERS

(Financial guarantee letter by the sponsor to be duly filled and enclosed)

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MEDICAL FITNESS CERTIFICATE

Please fill the form in BLOCK LETTERS with blue or black pen

NAME _____ - _____

BLOOD GROUP _____ EYESIGHT RIGHT/LEFT _____

MEDICAL HISTORY _____

KNOWN DISEASE _____

KNOWN MEDICAL ALLERGIES _____

KNOWN PREVIOUS SURGERY _____

GENERAL REMARKS _____

I, Dr _____ hereby certify that I have examined Mr. / Ms _____

And cannot discover that he/she has any disease (communicable or otherwise), constitutional weakness or bodily infirmity
except _____

I consider him/her physically and mentally Fit/ Unfit for studies as a residential student. His/ her age according to her statement is
_____ and by appearance about _____ years.

DATE _____

SEAL

PHYSICIAN'S SIGNATURE

PLACE _____

NAME _____

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FINANCIAL GUARANTEE FORM

Please fill the form in BLOCK LETTERS with blue or black pen

NAME OF THE STUDENT_____

COURSE OF STUDY_____DURATION_____

This is to confirm that_____will financially
sponsor the above named student for the full course study in Trinity Theological College.

NAME_____

POSITION/DESIGNATION/RELATION WITH THE STUDENT

FOR/ON BEHALF OF (with seal of the organization/institution)

SIGNATURE

SEAL

DECLARATION

I _____, hereby declare that the particulars given above are true to the best of my knowledge. I also solemnly pledge before God and witness that I will abide by the rules and regulations of the college. I shall promote and maintain the spirit of unity and love in the institution, I shall diligently study to be well equipped for God's ministry.

UNDERTAKING BY STUDENTS AND PARENTS/GUARDIANS

1. My/our ward is above 18 years old and is responsible for his/her own actions.
2. My/our ward is not enrolled/will not enroll in any other college/institution during his/her study at Trinity Theological College.
3. My/our ward is not employed in any Government or private establishment.
4. I am legally and morally responsible for any actions for which the college reserves the right to take any action deemed appropriate without any prior information to the parents/guardians.
5. I declare that the college administration reserves the right in their judgment for any disciplinary action if my doctrine is contrary to the spirit and statement of the institution.
6. Any information to parents/guardians with regard to disciplinary action will be intimated through postal service.

SIGNATURE OF THE APPLICANT

SIGNATURE OF THE PARENTS/GUARDIANS

WITNESS: PASTOR AND A MATURED PERSON

NAME

SIGNATURE

NAME

SIGNATURE

Please read the checklist and tick before you submit to make sure you have enclosed all the required documents.

REQUIREMENT CHECKLIST

- ☐ Duly filled and signed application form
- ☐ Personal testimony and commitment to service (about 200 words)
- ☐ Pastor's recommendation letter from the local church
- ☐ Recommendation letter from the Executive Secretary/ Bishop
- ☐ Duly filled and signed financial guarantee form by the sponsor
- ☐ Duly filled and signed medical fitness certificate

Photocopies of the following documents:

- ☐ Mark sheet and Degree Certificate from the University
- ☐ Marriage certificate (if married)
- ☐ Letter from the employee (if previously employed)
- ☐ Letters of recommendation from two Teachers, under whom you studied for your B.D.
- ☐ DD amount of Rs 300 in favor of TRINITY THEOLOGICAL COLLEGE (In case of submission by postal service/online)

FOR OFFICE USE ONLY

DATE OF ISSUE..... DATE OF RECEIPT.....

DOCUMENTS: 1. COMPLETE 2. INCOMPLETE.....

APPLICATION: 1. PAID 2. DUE

ADMISSION: 1. APPROVED 2. NOT APPROVED

NOTE

***Please make sure the form is correctly filled and all required documents and certificates enclosed.**

***Incomplete application will be REJECTED.**

***All original documents are to be produced during entrance test and admission**

***Rs. 300 to be paid during submission of forms.**