



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.in

(FORM-A)

A recent
passport
Photo

APPLICATION FOR ADMISSION

Academic Year _____

Admission sought for BD

Secular Graduate Under Graduate Theological Graduate

Please fill the form in BLOCK LETTERS

1. PERSONAL PARTICULARS		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> 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

HSCL till recent highest degree:

Sl. No.	EXAMINATION /INSTITUTION PASSED	UNIVERSITY/BOARD PASSED

Personal testimony and commitment to service (about 200 words)

[separate sheet of paper to be used]

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

(FORM-C)

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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:

- +12 DOB certificate, or Class X admit card, + Mark sheet and Admit card, +12 pass Certificate
- Graduate DOB or class X Admit Card, +12 Mark sheet and Admit Card, BA/B.COM/B.Sc – Mark sheet and Degree Certificate from the University
- Baptismal certificate (Photocopy)
- Marriage certificate (if married)

FOR OFFICE USE ONLY	
DATE OF ISSUE.....	DATE OF SUBMISSION.....
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.**