



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

(FORM-A)

A recent  
passport  
Photo

## APPLICATION FOR ADMISSION

Academic Year \_\_\_\_\_

Admission sought for M.Th. in \_\_\_\_\_ Department

Old 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.

|                  |                     |
|------------------|---------------------|
| <b>Name:</b>     | <b>Designation:</b> |
| <b>Phone no:</b> | <b>Email:</b>       |

**Address:**

|                  |                     |
|------------------|---------------------|
| <b>Name:</b>     | <b>Designation:</b> |
| <b>Phone no:</b> | <b>Email:</b>       |

**Address:**

|                  |                     |
|------------------|---------------------|
| <b>Name:</b>     | <b>Designation:</b> |
| <b>Phone no:</b> | <b>Email:</b>       |

**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.

**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.**