

## TRINITY THEOLOGICAL COLLEGE

Affiliated to the Senate of Serampore College (University)
Post Box -168, Thahekhu, Dimapur- 797112, Nagaland
Email: <a href="mailto:ttcweb1992@gmail.com">ttcweb1992@gmail.com</a>
www.ttc.edu.in

# APPLICATION FOR ADMISSION

Academic	Year	

(FORM-A)

A recent passport Photo

Admission sought for M.Th. in		Department	
Old Testament	New Testament	Religion (Prima	al Religion)
	Please fill the form ir	1 BLOCK LETTERS	
1. PERSONAL PARTICULARS			
Male Female	Sin	igle [	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:	
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 th	e subjects/papers of your B.D. degree course belonging to the M.Th.	
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:	
m. Title	of thesis in your B.D Course.	
iv. Synon	sis of Thesis (about 150 words)	
	eet of paper to be used]	
	you published any article(s) or book(s) either in English or in a region	nal language? Yes/No If yes,
give deta	ils and send a copy of the published material.	
vi. Give a	ny other relevant information regarding your academic journey/exp	erience/performance:
[separate sh	eet of paper to be used]	

3. MINISTRY AND LEADERSHIP ABILITIES:		
Write in brief your ministerial experience and leadersl	nip abilities (letter from the employer to be enclosed)	
[separate sheet of paper to be used] 4. Names and addresses of Three persons who can j	provide confidential information about you. These	
persons shall be:	provide confidential information about you. These	
a. Principal /President/ Bishop /Head of the Institution	/ under whom you are presently	
serving. b. Two Teachers under whom you studied you		
Name:	<b>Designation:</b>	
Phone no:	Email:	
Address:		
Name:	<b>Designation:</b>	
- 1,022201		
Phone no:	Email:	
Address:		
Name	Designation	
Name:	Designation:	
Name: Phone no:	Designation: Email:	
Phone no:		
Phone no:		
Phone no:		
Phone no: Address:		
Phone no:		
Phone no: Address: FINANCE		
Phone no:  Address:  FINANCE  PLEASE STATE THE SPONSOR FOR YOUR STUDIES		
Phone no: Address: FINANCE		
Phone no:  Address:  FINANCE  PLEASE STATE THE SPONSOR FOR YOUR STUDIES  SELF/FAMILY/PARENTS		
Phone no:  Address:  FINANCE  PLEASE STATE THE SPONSOR FOR YOUR STUDIES  SELF/FAMILY/PARENTS  GUARDIAN		
Phone no:  Address:  FINANCE  PLEASE STATE THE SPONSOR FOR YOUR STUDIES  SELF/FAMILY/PARENTS		
Phone no:  Address:  FINANCE  PLEASE STATE THE SPONSOR FOR YOUR STUDIES  SELF/FAMILY/PARENTS  GUARDIAN  ASSOCIATION/ORGANISATION		
Phone no:  Address:  FINANCE  PLEASE STATE THE SPONSOR FOR YOUR STUDIES  SELF/FAMILY/PARENTS  GUARDIAN  ASSOCIATION/ORGANISATION  CHURCH		
Phone no:  Address:  FINANCE  PLEASE STATE THE SPONSOR FOR YOUR STUDIES  SELF/FAMILY/PARENTS  GUARDIAN  ASSOCIATION/ORGANISATION		
Phone no:  Address:  FINANCE  PLEASE STATE THE SPONSOR FOR YOUR STUDIES  SELF/FAMILY/PARENTS  GUARDIAN  ASSOCIATION/ORGANISATION  CHURCH		
Phone no:  Address:  FINANCE  PLEASE STATE THE SPONSOR FOR YOUR STUDIES  SELF/FAMILY/PARENTS  GUARDIAN  ASSOCIATION/ORGANISATION  CHURCH  OTHERS	Email:	
Phone no:  Address:  FINANCE  PLEASE STATE THE SPONSOR FOR YOUR STUDIES  SELF/FAMILY/PARENTS  GUARDIAN  ASSOCIATION/ORGANISATION  CHURCH  OTHERS		

(FORM-B)

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## **MEDICAL FITNESS CERTIFICATE**

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

NAME		
BLOOD GROUP	EYESIGHT I	RIGHT/LEFT
MEDICAL HISTORY		
KNOWN DISEASE		
KNOWN MEDICAL ALLERGIES		
KNOWN PREVIOUS SURGERY		
GENERAL REMARKS		
ſ, Dr	hereby certify that I have ex	xamined Mr. / Ms
And cannot discover that he/she has an except	y disease (communicable or otherwise), con	nstitutional weakness or bodily infirmity
consider him/her physically and ment	ally Fit/ Unfit for studies as a residential st	udent. His/ her age according to her statement is
<u>a</u> n	d 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		
NAME OF THE STUDENT		·····
COURSE OF STUDYI	DURATION	
This is to confirm that		will financially
sponsor the above named student for the full course stu	udy in Trinity Theological College.	
NAME		
POSITION/DESIGNATION/RELATION WITH THE	STUDENT	
TOSTITOTY DESIGNATION WELL THEN	TOTOBERT	
FOR/ON BEHALF OF (with seal of the organization/i	institution)	
SIGNATURE		
SEAL		

DECLARATION	
I	
UNDERTAKING BY STUDENTS AND PARENTS/GUARDI	IANS
<ol> <li>My/our ward is above 18 years old and is responsible for his/he</li> <li>My/our ward is not enrolled/will not enroll in any other college Theological College.</li> <li>My/our ward is not employed in any Government or private es</li> <li>I am legally and morally responsible for any actions for which t action deemed appropriate without any prior information to th</li> <li>I declare that the college administration reserves the right in the doctrine is contrary to the spirit and statement of the institution</li> <li>Any information to parents/guardians with regard to disciplinate service.</li> </ol>	e/institution during his/her study at Trinity stablishment. the college reserves the right to take any ne parents/guardians. neir judgment for any disciplinary action if my on.
SIGNATURE OF THE APPLICANT	SIGNATURE OF THE PARENTS/GUARDIANS
WITNESS: PASTOR AND A MATURED PERSON	
NAME	SIGNATURE
NAME	SIGNATURE

Please read the	e 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 ISSUI	E DATE OF SUBMISSION
DOCUMENTS:	1. COMPLETE 2. INCOMPLETE
APPLICATION	: 1. PAID 2. DUE
ADMISSION:	1. APPROVED 2. NOT APPROVED
	NOTE
complete applica Il original docum	ne form is correctly filled and all required documents and certificates enclosed.  tion will be REJECTED.  ents are to be produced during entrance test and admission luring submission of forms.