



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)

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APPLICATION FOR ADMISSION

Academic Year_____

Admission Sought for BD: Secular Graduate Theological Graduate

Admission Sought for B.Th.: +2

PLEASE FILL THE FORM IN BLOCK LETTERS

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 (provide complete postal address)

Student's Contact No:

Email ID:

Parent's Contact No:

Spouse Name (if married)

No. of Children:

Name of Your Local Church:

Denomination:

Address of Your Local Church:

Mother Tongue:

ACADEMIC RECORDS

HSCL till recent Highest Degree:

SL. NO.	UNIVERSITY/BOARD	EXAMINATION PASSED

FINANCE

PLEASE STATE THE SPONSOR FOR YOUR STUDIES

- i. SELF/FAMILY/PARENTS
- ii. GUARDIAN
- iii. ASSOCIATION/ORGANISATION
- iv. CHURCH
- v. OTHERS

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

(FORM-B)

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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.

POSITION/DESIGNATION/RELATION WITH THE STUDENT

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

SIGNATURE:

(FORM-C)

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MEDICAL FITNESS CERTIFICATE
Please fill the form in BLOCL LETTERS with blue or black pen

NAME: _____

BLOOD GROUP: _____ EYESIGHT RIGHT/LEFT: _____

MEDICAL HISTORY: _____

KNOWN DISEASE: _____

KNOWN MEDICAL ALLERGIES: _____

PREVIOUS SURGERY (if Any): _____

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 his/her statement is _____ and by appearance about _____ years.

DATE:

PHYSICIAN'S SIGNATURE

SEAL

PLACE

NAME

DECLARATION

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

UNDERTAKING BY THE APPLICANT

- i. I am above 18 years of age.
- ii. I intend to study theology out of my own volition and take full personal responsibility for my actions and conduct.
- iii. I declare that the college administration reserves the right in their judgment for any disciplinary action if my behaviour or doctrine is found to be contrary to the spirit and statement of the institution.
- iv. Should I breach any college rules/regulations, the college reserves the right to take whatever action it deems appropriate without prior notice to my parents/guardians/sponsors.
- v. Any information to parents/guardians with regard to disciplinary action will be intimated through postal service.
- vi. I understand the Anti-Ragging Policy and the rules laid down by the college and agree not to engage in, encourage, or tolerate any form of ragging, whether inside or outside the college premises. I am aware that ragging is a punishable offence and if I am found involved in any form of ragging, I will face strict disciplinary or legal action, including suspension, expulsion, or cancellation of admission. I will promptly report any ragging incident I witness or learn about, and I commit to following all college rules to help maintain a safe and respectful environment.

I make this declaration voluntarily and with full awareness of its consequences.

SIGNATURE OF THE APPLICANT

DECLARATION

I, _____ (Name of parent/Guardian/Sponsor), parent/guardian of _____ (Name of the Applicant), hereby declare that:

UNDERTAKING BY THE PARENT/GUARDIAN/SPONSOR

- i. My/our ward is above 18 years old and is responsible for his/her own actions
- ii. S/he intends to study theology out of his/her own volition.
- iii. My/our ward is not enrolled/will not enrol in any other college/institution during his/her study at Trinity Theological College.
- iv. My/our ward is not employed in any Government or private establishment.
- v. I/we declare that the college administration reserves the right in their judgment for any disciplinary action if my/our ward's behaviour or doctrine is contrary to the spirit and statement of the institution.
- vi. Should my/our ward breach any college rules/regulations, the college reserves the right to take whatever action it deems appropriate without prior notice to the parents/guardians/sponsors.
- vii. Any information to parents/guardians/sponsors with regard to disciplinary action will be intimated through postal service.
- viii. I/we understand the Anti-Ragging Policy and the rules laid down by the college and assure that my/our ward will not participate in, encourage, or tolerate any form of ragging, whether inside or outside the college premises. I/we are aware that ragging is a punishable offence and if my/our ward is found involved in any form of ragging, s/he will face strict disciplinary or legal action, including suspension, expulsion, or cancellation of admission. I/we commit to following all college rules to help maintain a safe and respectful environment.

I make this undertaking voluntarily and with complete understanding of my responsibility as a parent/guardian/sponsor.

SIGNATURE OF THE PARENT/GUARDIAN/SPONSOR

WITNESS: PASTOR AND A MATURED PERSON

- i. NAME: _____
CONTACT NO.: _____ SIGNATURE _____
- ii. NAME: _____
CONTACT NO.: _____ SIGNATURE _____

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

REQUIREMENT CHECKLIST

- i. Duly filled and signed Application Form
- ii. Personal Testimony and commitment to service in about 200 words (Separate Sheet of Paper to be used)
- iii. Pastor's recommendation letter from the Local Church
- iv. Recommendation letter from the Executive Secretary/ Bishop
- v. Duly filled and signed Financial Guarantee Form by the sponsor
- vi. Duly filled and signed Medical Fitness Certificate

PHOTOCOPIES OF THE FOLLOWING DOCUMENTS:

- i. Baptismal Certificate (Photocopy)
- ii. Marriage certificate (if married)

ACADEMIC DOCUMENTS:

- i.**B.TH. CANDIDATE:** DOB Certificate, Class X admit Card & Mark Sheet , +12 Mark Sheet & Pass Certificate.
- ii.**B.D. CANDIDATE:** DOB or Class X Admit Card, +12 Mark Sheet and Admit Card, B.TH./BA/ B.COM/ B.Sc – Mark Sheet and Degree Certificate from the University.
- iii.**Original Migration Certificate from the Board/University to be produced if selected.**

FOR OFFICE USE ONLY

DATE OF ISSUE: _____

DOCUMENTS: i. COMPLETE ii. INCOMPLETE

APPLICATION: i. PAID ii. DUE

DATE OF SUBMISSION: _____

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