

NORTH INDIA INSTITUTE OF POST GRADUATE THEOLOGICAL STUDIES

(Jointly sponsored by Serampore College & Bishop's College)

ADDRESS:

Bishop's College, 224 AJC Bose Road, Kolkata – 700017, West Bengal

Email: niipgts@gmail.com Website: www.niipgts.net

Application for the Admission of MASTER OF THEOLOGY 2020

Affix Passport size Recent Photograph	<p><i>Write in the space below</i></p> <p>Application of specialization in order of preference: <i>(Old Testament, New Testament, Christian Theology & Religion)</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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IMPORTANT INSTRUCTIONS:

- a) Read the Application Form carefully and fill in all the entries clearly and legibly in English only. Incomplete and unclear application will be rejected.
- b) Attach all documents required as mentioned (wherever necessary) in the application form.
- c) The form duly filled in along with all the required documents must be sent to the **Registrar, NIIPGTS, C/o Bishop's College, 224 AJC Bose Road, Kolkata – 700017, West Bengal**.
- d) DEMAND DRAFT of **Rs. 500/-** drawn in favour of **NORTH INDIA INSTITUTE OF POST GRADUATE THEOLOGICAL STUDIES** payable at Serampore or Kolkata must be attached/sent along with this form. Must reach to the office before **18th October 2019**
- e) **Entrance Examinations** is scheduled on **7th November 2019** (*written exam*) and **8th November 2019** (*interview*). *The date is subject to change if necessary.*
- f) Give your correct **Email ID** (*please be careful with the characters*). All information and correspondences will be done through Email and college website only.

1. Name of the Applicant in Full (in BLOCK LETTERS as per the Board/Degree Certificate)

2. Date of Birth ____/____/____ (DD/MM/YYYY) **3. Sex** _____
(Attach attested copy of the Birth Certificate/Board Certificate as proof)

3. Email ID _____

4. Permanent Address _____

Town/City _____ District _____

State _____ PIN _____

Phone _____ Mobile _____

5. Present Address _____

Town/City _____ District _____

State _____ PIN _____

Phone _____ Mobile _____

6. Nationality _____ **7. Mother Tongue** _____

8. Occupation _____ **9. Marital Status** _____

10. Number & Age of Children (*If married*) _____

11. Accommodation Request (*Single Room or Married Quarters*) _____

12. KNOWLEDGE OF LANGUAGE:

A. Biblical / Classical Language (*Studies and standard reached*)

(i) Hebrew _____ (iii) Sanskrit _____

(ii) Greek _____ (iv) Arabic _____

B. Proficiency in English:

(i) Writing (a) Good (b) Fair (c) Poor _____

(ii) Reading (a) Good (b) Fair (c) Poor _____

(iii) Speaking (a) Good (b) Fair (c) Poor _____

13. ACADEMIC RECORD: List all examinations passed, starting from University (*attach attested copy of Mark Sheets and Certificates of all Examinations*)

Sl. No	Certificate /Degree	Board/University	Division	Year

14. Church Denomination _____

(Enclose a letter from your Pastor or Presbyter to this effect)

15. Are you an ordained minister? If yes, attach certificate _____

16. Indicate past and present work experience (including Church work)

Sl. No	Designation & Type of work	Name of Employer (Institution/ Church)	Duration with year & month

17. To which category your sponsorship belong? (Also see Form No. 3)

- _____
- (a) Sponsored with full financial assistance & employment.
 - (b) Sponsored with partial financial assistance & employment.
 - (c) Sponsored with full financial assistance & no employment.
 - (d) Sponsored with no financial assistance & but employment
 - (d) Independent Candidate.

21. Name and complete postal addresses of two persons who can supply confidential information {See Form No. 4. Give one copy of the form to the Second Referee which is strictly confidential and must be sent to the Registrar, NIIPGTS directly by the Referees and must be received in the Office on or before the last date of receiving Application}

FIRST REFEREE	SECOND REFEREE
Name & Address of Academic Referee	Name & Address of a Responsible Person of your Church/Institution

DECLARATION OF THE APPLICANT

I _____ declare that all the information given above are true and correct. I understand that any information which I have furnished above, if proved to be false or incorrect, will automatically terminate my candidature.

Date: _____

Signature of the Applicant

MEDICAL FORM

FORM NO. 2

Name of the Applicant _____

Date of Birth _____ Sex _____

Height (in centimeter) _____ Weight _____ Marital Status _____

1. Do you have any family history of the following diseases?

(a) High Blood Pressure _____ (b) Mental Illness _____

(c) Heart Disease _____ (d) TB/Cancer _____

2. Personal Medical History (If any, mention in the space below)

Sl. No	Type of Illness	Date	Sl. No	Type of Illness	Date
1	Typhoid		13	Appendicitis	
2	Malaria		14	Eye Problem	
3	Jaundice		15	Backache	
4	Cholera		16	Epilepsy	
5	Diphtheria		17	Skin Disease	
6	Chicken Pox		18	High Blood Pressure	
7	Rheumatic Fever		19	Asthma	
8	Tuberculosis		20	Diabetes	
9	Tonsillitis		21	Spondilitis	
10	Hernia		22	Joint Pains	
11	Piles		23	Discharging Ears	
12	Heart Problem		24	Nervous break down	

For Wife/ Woman Applicant Only

1. Menstrual Cycle (Regular/ Irregular) _____

2. Pregnant (No/Yes) *If yes give the due date* _____

3. Any Surgery *if yes, give the date and purpose* _____

4. Any Deformities, *if yes give details* _____

5. Present of past Treatment for Female Disorders _____

Important Note: If children are accompanying the parents, medical certificate for each child from a Medical Practitioner should be attached.

I _____ certify that I have answered the above questions fully and honestly and there are no other significant health facts known to me.

Date: _____

Signature of the Applicant.

PHYSICIAN EXAMINATION

1. GENERAL: ENT

Visual Acuity _____ Distant Vision _____ Near Vision _____
Hearing _____ Nose _____ Throat _____
Skin Rash _____ Scars _____

2. CIRCULATORY/ RESPIRATORY SYSTEM:

Blood Pressure _____ Pulse _____
Lungs _____ Heart _____

3. ORTHOPAEDIC:

Posture _____ Gait _____
Spine _____ Hand & Feet _____

4. ABDOMEN:

Liver _____ Spleen _____
Hernia _____ Appendicitis _____

5. NERVOUS SYSTEM:

Higher Function _____ Speech _____
Motor _____ Reflexes _____
Any other abnormality _____

6. EMOTIONAL STABILITY:

Evidence of psychiatric disorders _____

7. LABORATORY EXMINATION:

Blood Group _____ Hemoglobin _____
Stool _____ Urine _____
Presence of Alcohol/ Drugs _____ Chest X-Ray _____

Summary of Current findings _____

FITNESS FOR STUDY

I consider that the candidate _____ has no physical condition which would seriously interfere with his/her carrying out a rigorous programme of study and research.

Date: _____

Name & Signature of the Physician _____
Registration No. _____
Post & Qualification _____
Address _____

FINANCIAL GUARANTEE FORM

FORM NO. 3

Name of Applicant _____

Name of the Financial Sponsor _____

Relationship to Applicant _____

FINANCIAL STATEMENT

1. I / we committed to pay: (a) Full fees as per the student's fees structure _____

(b) Partial Fees (*Indicate percentage/amount of the total fees*) _____

2. I /we hereby undertake to financially support the above student for the entire period of study at NORTH INDIA INSTITUTE OF POST GRADUATE THEOLOGICAL STUDIES (NIIPGTS) by arranging to pay his/her fees by DD either in full or in two installments in a year on or before the specified dates.

3. I/we also recognize there are 'Additional Expenses' as well) I/we have discussed these with my/ our candidate and have made separate arrangements.

NOTE: *Under no circumstances will NIIPGTS be able to advance funds for personal needs.*

Official Seal:

Signature of the Sponsor _____

Date: _____

Designation _____

Name and address of the Sponsor (Financial Sponsor to whom the Bill may be sent for payment) (IN BLOCK LETTERS)

Name _____

Designation _____

Address _____

City/ Town _____ District _____

State _____ PIN _____

Phone _____ Mobile _____

Email: _____

LETTER OF RECOMMENDATION

FORM NO. 4

STRICTLY CONFIDENTIAL

The person below is applying for admission into Master of Theology (M.Th) studies in NIIPGTS. The joint programme of both Serampore College & Bishop's College, which trains men and women for a lifetime Christian work and ministry with academic abilities. This required an utmost care in selecting applicants. We would be grateful for your cooperation as a referee. Please give adequate and appropriate information about the applicant. All the information given will be treated as strictly confidential. Please send your recommendation directly to the Registrar, NIIPGTS.

APPLICANT'S INFORMATION *(To be filled in by the Applicant)*

Name of the Applicant _____

Course applied for _____

Stated purpose upon completion of your studies _____

REFERENCE *(To be filled in by the Referee)*

Name of the Referee _____

Address _____

City/Town _____ District _____

State _____ PIN _____

Phone _____ Mobile _____ Email _____

Name of Church/ Organization _____

Designation _____

1. How long have you known the applicant? _____

2. In what capacity have you known him/her? _____

3. Wherever possible, rate the applicant's character and potential:

	Poor	Average	Good	Outstanding
Christian character				
Christian commitment and maturity				
Intellectual ability				
Skill in English language				
Public speaking ability				
Time management and punctuality				
Leadership quality				
Consistency and stability				
Behaviour with persons of opposite sex				
Reliability and trustworthiness				
Cleanliness				

4. What do you know about the applicant's Christian commitment and character?

5. What are the applicant's gifts and talents?

6. What do you see as God's call for his/her future ministry?

7. What do you think are the main areas of strength and weakness in the applicant's life?

8. Give your opinion of the applicant's intellectual ability to pursue theological studies keeping in mind the hard work and academic stress it involves.

9. Please tell us anything you know about the applicant's family that you think we should know.

10. Please mention anything else that you think might be relevant and helpful for the Admission Committee in considering his/her application.

11. Please choose **any one** of the following: _____
 - (a) I recommend the candidate very highly.
 - (b) I recommend the candidate.
 - (c) I recommend the candidate with certain reservations.
 - (d) I do not recommend the candidate.

Date: _____

Signature of the Referee

Please send directly to:
The Registrar, NIIPGTS, Bishop's College, 224 AJC Bose Road, Kolkata – 700017, West Bengal.
Email: niipgts@gmail.com