



Serampore College

FORM NO. 1

College founded by Carey, Marshman and Ward, 1818,
Incorporated by Royal Charter, 1827, and
Bengal Act of 1918, as modified
upto Government of
West Bengal, 1997

Faculty of Theology

P.O. Serampore, District: Hooghly, West Bengal – 712201

Application for the Admission of BACHELOR OF DIVINITY 2024 - 2025

Affix Passport size Recent Photograph	Admission seeking for (Write in the space below) _____	For Office Use only 1. Application received 2. Application fee received 3. Entrance test result 4. Status
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IMPORTANT INSTRUCTIONS (Read carefully):

- Read the Application Form carefully and fill in all the entries clearly and legibly in English only. Incomplete and unclear application will be rejected.
- Attach all documents required as mentioned (wherever necessary) in the application form.
- The form duly filled in along with all the required documents must be send to the 'Vice – Principal, Faculty of Theology, Serampore College, P.O. Serampore – 712201, Hooghly District, West Bengal'.
- DEMAND DRAFT of Rs. 500/- drawn in favour of **PRINCIPAL, SERAMPORE COLLEGE** payable at Serampore must be attached/ send along with this form.
- 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)

4. Father's Name _____

5. Mother's Name _____

6. Email ID & Aadhaar No. _____

7. Present Occupation _____

8. Permanent Address _____

Town/City _____ District _____

State _____ PIN _____

Phone _____ Mobile _____

9. Present Address _____

Town/City _____ District _____

State _____ PIN _____

Phone _____ Mobile _____

10. Nationality _____ 11. Marital Status _____

12. Mother Tongue _____

13. Other Language(s) you know _____

14. 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 _____

15. Academic Record: List all examinations passed, starting from High School (*attach attested copy of Mark Sheets and Certificates of all Examinations*)

Sl. No	Certificate /Degree	Board/University	Division	Year

16. Medium of Instruction:

(i) School _____ (ii) Under Graduate _____ (iii) Post Graduate _____

17. Church Denomination & Year of Baptism/Confirmation _____

(Enclose photocopy of Baptism Certificate and a letter from your Pastor or Presbyter to this effect)

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

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

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

20. To which category your sponsorship belong? _____

- (a) Sponsored by Church/Institution/Organization with full financial assistance.
- (b) Sponsored by Church/Institution/Organization with partial financial assistance.
- (c) Sponsored by Church/Institution/Organization without financial assistance.
- (d) Independent Candidate.

(Give the name and address of your Bishop/Pastor/Secretary or similar authority responsible for your candidature. See Form No. 4)

21. Name and complete postal addresses of three persons who can supply confidential information {See Form No. 5 (make three copies, one form each for the three Referees) which is strictly confidential and must be sent to the Vice Principal directly by the Referees and must be received in the Office on or before the last date of receiving Application}

(i) Bishop/President/General Secretary/Principal of the Head of the Institution who knows you well or under whom you worked or your church is associated with:

(ii) Pastor of your church where you are currently a member:

(iii) Head of the Institution/ Organisation last attended/worked.

TO BE FILLED IN BY MARRIED APPLICANTS ONLY

22. FAMILY INFORMATION:

(i) Spouse Name _____

(ii) Date of marriage _____

(iii) Academic Qualifications _____

(iv) Is spouse employed? *If yes, give the nature of service* _____

(v) Nature of financial sources to support the family _____

(vi) Name of the Children with age (if any):

Sl. No	Name of the Children	Age	Sex	Standard in School

(viii) Do you require family quarters in the College? _____

(ix) Would you be able to join if the family quarters are not available? _____

(Note that accommodation for student families is limited)

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

STANDARD OF BEHAVIOUR FORM

FORM NO. 2

Name of the Applicant _____

Date of Birth _____ Sex _____

1. I will respect the culture and traditions of all the members of Serampore College (Theology Community) and will try to ensure that neither my behaviour gives offence to my friends nor bring discredit to the College.
2. I shall maintain absolute honesty and integrity in all areas of College life as we live together in a community.
3. I shall maintain peace and harmony with all persons in the college community, giving respect and consideration to those who differ from me in denominational and family background or economic condition as well as those who serve us or are set in authority over me.
4. I shall not conduct myself in and outside the campus to adversely affect the positive Christian witness to others.
5. I shall maintain high academic standards.
6. I shall abide by the discipline, rules and regulations of the College.
7. I shall submit to the right of the Serampore College (Faculty of Theology) administration to take appropriate action, if, in their judgement, my behaviour, character or standard is contrary to the spirit and emphasis of the College.
8. I understand that Serampore College sets high spiritual, moral, social and academic standards. I shall accept and abide by the decisions of the Theology Committee, including the possible termination of my study in Serampore College if I do not measure up to the discipline in all matters of the college.

DECLARATION BY THE APPLICANT

I _____ have read the above statements and declare my willingness to conduct myself according to the College Standard of Behaviour.

Date: _____

Signature of the Applicant

DECLARATION BY PARENT/GURADIAN

I affirm the statement of Standard of Behaviour mentioned above and am wholeheartedly in support of their application to my son/daughter _____

Date: _____

Signature of Parent/Guardian

MEDICAL FORM

FORM NO. 3

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 _____ Haemoglobin _____
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. 4

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 Serampore College 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 (For mode of payment, please refer Detail Fees Structure)

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

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

Official Seal:

Signature of the Sponsor _____

Date: _____

Designation _____

Name and address of person to whom the fees Bills should be sent for payments:

(IN BLOCK LETTERS)

Name _____

Designation _____

Address _____

City/ Town _____ District _____

State _____ PIN _____

Phone _____ Mobile _____

Email: _____

LETTER OF RECOMMENDATION

FORM NO. 5

STRICTLY CONFIDENTIAL

The person below is applying for admission into Bachelor of Divinity (BD) studies in Serampore College. The College through the Faculty of Theology trains young and dedicated people for a lifetime Christian work and ministry; it needs to take the 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 Vice principal (Theology) as early as possible.

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 Vice Principal, Faculty of Theology, Serampore College,
P.O. Serampore – 712201, Hooghly District, West Bengal, India.**