



'The Wise Shall Posses Glory' (Proverbs 3:35)

Serampore College

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

FORM NO. 1

Faculty of Theology

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

Application for the Admission of BACHELOR OF DIVINITY 2026 - 2027

Affix Recent Passport size Photograph	Seeking Admission for (Tick One)	For Office Use only
	<input type="checkbox"/> BD - I (For BA/BSc/BCom & Above) <input type="checkbox"/> BD - III (For BTh/BMiss)	1. Application received _____ 2. Application fee received _____ 3. Entrance test result _____ 4. Status _____

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.

OR

Pay Rs. 500/- online to the account below

Beneficiary : Principal, Serampore College
Account No. : 443010100018498
Bank : Axis Bank Ltd.
Branch : Serampore (W.B), 712201
IFSC : UTIB0000443

- 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** (*Attach attested copy of the Birth Certificate/Board Certificate as proof*) _____
3. **Sex** Male Female
4. **Father's Name** _____
5. **Mother's Name** _____
6. **Email ID** _____
7. **Aadhaar No.** _____
8. **Present Occupation** _____
9. **Permanent Address** _____
 Town/City _____ District _____
 State _____ Pin _____
 Mobile _____
10. **Present Address** _____
 Town/City _____ District _____
 State _____ Pin _____
 Mobile _____
11. **Nationality** _____
12. **Marital Status** Single Married
13. **Mother Tongue** _____
14. **Other Language(s) you know** _____

15. Proficiency in English:	i) Writing	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
	ii) Reading	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
	iii) Speaking	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

16. **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
i)				
ii)				
iii)				
iv)				
17.	Medium of Instruction:	i) School		
		ii) Under Graduate		
		iii) Post Graduate		

18. **Church Denomination** _____

19. **Year of Baptism/Confirmation** (*Enclose photocopy of Baptism Certificate and a letter from your Pastor or Presbyter to this effect*) _____

20. **Indicate past and present work experience** (*including Church work*)

Sl. No.	Designation & Type of work	Name of Employer (Institution/ Church)	Duration <i>with year & month</i>
i)			
ii)			
iii)			

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

22. **To which category your sponsorship belongs?** (*Tick the relevant one*)

- Sponsored by Church/Institution/Organization with full financial assistance.
- Sponsored by Church/Institution/Organization with partial financial assistance.
- Sponsored by Church/Institution/Organization without financial assistance.
- Independent Candidate.

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

23. 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}*

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:

Pastor of your church where you are currently a member:

Head of the Institution/ Organization last attended/worked.

TO BE FILLED IN BY MARRIED APPLICANTS ONLY

24. 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(s) with age (if any):

Sl. No.	Name of the Children	Age	Sex	Class
i)				
ii)				
iii)				
iv)				

vii) Do you require family quarters in the College? _____

viii) 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 Male Female

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 Male Female

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

I / we committed to pay: Full fees as per the student's fees structure

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

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/ bank transfer/UPI payment, 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)

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 _____

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 _____
Mobile _____ Email _____
Name of Church/ Organization _____
Designation _____
How long have you known the applicant? _____
In what capacity have you known him/her? _____

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

	<i>Poor</i>	<i>Average</i>	<i>Good</i>	<i>Outstanding</i>
Christian character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian commitment and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill in English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public speaking ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour with persons of opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability and trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

What are the applicant's gifts and talents?

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

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

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

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

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

Please choose **any one** of the following:

- I recommend the candidate very highly.
- I recommend the candidate.
- I recommend the candidate with certain reservations.
- 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.**