

Kindly note the following:

M.Th. Application Form Fee : Rs 450/-

Last Date of Submission of Application Form : November 17, 2017

Last Date with Late fee of Rs 550/- : November 24,2017

The branch of studies offered during the academic year 2018-2019

1. Old Testament
2. New Testament
3. Christian Theology
4. Christian Ministry (Counselling)
5. History of Christianity
6. Missiology
7. Women's Studies

REGISTRAR

**THE UNITED THEOLOGICAL COLLEGE, BANGALORE-560046
DIVISION OF MASTERS' STUDIES**



APPLICATION FOR ADMISSION

Courses Offered:

- M.Th.
- P.G.Research Diploma
- P.G. Diploma in Social Research
- Special Course

Photo

In the space above enter the name of the course for which admission is sought

1. **Name of applicant in full:**.....
(Underline Surname)

2. **Father's Name:**

3. **Name of the Parent or Guardian & Occupation:**

.....

4. **Permanent Address** (with Telephone No, Mobile No. & Email ID):

.....

.....

5. **Present address** (with Telephone No, Mobile No & Email ID):

.....

.....

6. **Date of Birth:**

7. **Married or unmarried:** **Date of marriage:**
(If single, whether planning to get married during study period? When?)

8. **Academic Qualifications** (List in the order of passing the Examination. Attach attested copies of Degree Certificates and also Transcripts that show complete list of courses taken for BD giving full title of each course and marks obtained)

Degree	Class	Institution/ University	Year
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9. **Mother Tongue:**

10. **Medium of your higher education:**

11. **Other Languages/classical languages studied and the number of years of each:**

12. **Proficiency in English:** (Circle one)

Writing:	a) Good	b) Fair	c) Poor
Reading:	a) Good	b) Fair	c) Poor
Speaking:	a) Good	b) Fair	c) Poor

13. **Indicate Past and present work experience with date:**.....

14. **Church (Denomination) of which you are a member:**

15. **Length of communicant membership:**
(Enclose a letter from your Pastor or Presbyter indicating the status of your membership)

16. **Name and address of your Pastor or Presbyter:**

.....

17. **Ordained/Not Ordained** (If ordained,
date of Ordination):

18. **a. Are you a sponsored candidate of your
Church/Institution/Organisation?**

**b. If so, give the name and address of your
Bishop, or similar authority responsible for
your candidature; also enclose a letter from
such authority sponsoring your candidature.**

19. **Are you an Independent candidate?**

20. **Person(s) responsible for your financial
support while in the College:** (Enclose a letter
from the Church authorities or others who will
assume responsibility for your financial
support, attesting that fact)

21. **Names and addresses of four persons who can supply confidential information
about you. These persons shall be:**

a. Bishop/President/Principal/Head of the Institution
under whom you are presently serving:

.....
.....

b. District Minister/Area Chairman:.....

.....
.....

c. Two Teachers Under whom you studied for
your B.D.:

.....
.....

22. **a. Give a brief auto-biographical statement on a separate sheet of paper with
special reference to those influence significant for your decision to pursue
theological education**

22. b. List your publications if any:

FOR THE APPLICANTS WHO ARE MARRIED

23. Spouse's Name:

24. Spouse's Age :

25. Is Spouse employed? If so, the nature and length of service:

.....

26. Is Spouse intending to study at UTC? If so, the nature of the course:

27. Spouse's Proficiency in English (Circle one) (a) Good (b) Fair (c) Poor (d) None

28. Highest examination passed (Give place and year):

.....

29. Number and ages of children:

	Name	Age	Class
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1.

2.

3.

30. Nature of financial sources to support the family:

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31. Would you be able to join if family quarters are not available?:

32. Branch or Field of Study offered at UTC as per Serampore Regulations:

a) M.Th.Applicants:		(Choice of Preference)
Branch I	Old Testament	
Branch II	New Testament	1.
Branch III	Christian Theology	
Branch IV	History of Christianity	2.
Branch V	Religions (not offered)	
Branch VI	Christian Ethics (not offered)	3.

- Branch VII Christian Ministry (Tick one)
- a) General (not offered)
 - b) Christian Education (not offered)
 - c) Homiletics (not offered)
 - d) Pastoral Counselling
 - e) Worship & Liturgy (not offered)
- Branch VIII Missiology
- Branch X Communication (not offered)
- Branch XI Women's Studies

b) Other applicants indicate field of interest or area of proposed research:

Date

.....
Signature of the Applicant

DOCUMENTS THAT MUST BE INCLUDED WITH APPLICATION FORM

No application will be considered unless the following documents are enclosed: (Tick for the document which has been sent in the block)

1. D.D./Cheque for Rs. 450/- (Student from other countries - \$ 8/-) for all those who use downloaded Application Form. Those who purchased the Application Form from the office should attach the receipt as a proof of payment.
2. Attested copies of Degree Certificate and Transcript of Record (if taken from Serampore), Original Migration Certificate (See 8 above)
3. A letter from your Pastor or Presbyter indicating the status of your Church membership (See 15 above)
4. A letter from your Bishop/Church authority/Head of the Institution/ Organisation indicating that you are a sponsored candidate (for sponsored candidates only) (See 18 above)
5. Letters from those guaranteeing financial support (See 20 above)
6. Health Report.
7. Auto-biographical statement (See 22a above)
8. Transcript of record for the highest academic course completed, including theological courses (Branch wise), if any.
9. Attested certificate for all Biblical or other classical languages studied but not included in the Transcript of Record.
10. Letter from the Employer.

11. Two Extra Passport size Photographs.

When filled up, this form, together with the required documents, should be sent to:

**The Principal,
The United Theological College
Post Box 4613, 63 Miller's Road,
Benson Town, Bangalore - 560 046.**

**Tel. Nos. Principal : 23332844 General : 23333438, 23330502
Fax: 91-80-23330015, E-mail: unitedtc@gmail.com, Website: www.utc.edu.in,
Blog: www.utcbangalore.blogspot.in**

THE UNITED THEOLOGICAL COLLEGE: BANGALORE

CHURCH SPONSORSHIP FORM

This is to certify that Mr./Mrs./Miss/Rev.:..... from
..... members of has been sponsored by
our Church/Institution for BD/ BRE/ DRK/ M.TH./ Studies at (the United Theological
College, Bangalore. By Sponsorship we mean: (Please indicate one of the following
statements by ticking)

..... 1. We will support the candidate financially during his/her studies for this
Degree/Diploma, Intend to employ him/her upon the completion of his/her
studies at U.T.C.

..... 2. We will support the candidate financially during his/her studies for this
Degree/Diploma, but we may not employ him/her upon the completion of
his/her studies at U.T.C.

..... 3. We intend to employ the candidate upon the completion of his/her studies at
U.T.C., but are unable to support him/her financially during his/her
studies.

..... 4. We recommend the candidate for studies at U.T.C., but are unable either to
support him/her financially during his/her studies at U.T.C. or to employ
him/her upon the completion of his/her studies at U.T.C.

.....
(Signature)

BISHOP/PRESIDENT/DIRECTOR
NAME OF CHURCH/INSTITUTION

DATE:.....

OFFICIAL SEAL:

UNITED THEOLOGICAL COLLEGE, BANGALORE
Health History to be Completed by the Candidate before Medical Examination

FAMILY HISTORY Note if there any History of

- 1) HIGH BLOOD PRESSURE
- 2) MENTAL ILLNESS OR T.B.
- 3) HEART TROUBLE

	ANY ILLNESS	IF DEATH	CAUSE OF DEATH
1. Father			
2. Mother			
3. Sister / Brother			
4. Wife / Husband			

Medical History (Indicate dates for any of the following conditions you have had)

1. Typhoid	2. Malaria
3. Jaundice	4. Dysentery
5. Diptheria	6. Chicken Pox
7. Mumps	8. Filariasis
9. Joint Pains	10. Rheumatic Fever
11. Recent loss / gain in weight	12. Pleurisy
13. T.B.	14. Tonsillitis
15. Easy Fatigue	16. Hernia
17. Piles	18. Shortness of Breath
19. Heart Trouble	20. High B.P.
21. Asthma	22. Diabetes
23. Appendicitis	24. Stomach Trouble
25. Skin disease	26. Eye Problem
27. Discharging Ears	28. Backache
29. Deafness	30. Nervous Breakdown
31. Depression	32. Sleeplessness
33. Lack of Confidence	34. Fainting Spells
35. Dizziness	36. Fits
37. Inability to Concentrate	

FOR WOMEN ONLY

1. Menstrual Irregularities
2. Pregnancies
3. Present or Past Treatment for Female Disorders

Any Operation or Injuries

Any Deformities

Medication being taken and date and dosage:

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

Date:

Name and Signature of the candidate

PHYSICIAN'S EXAMINATION

ENT	Height	Weight	General Appearance
	EYES	Visual acuity	Distant Vision Near Vision
	PUPILS		
	Eyes Lids Glands	Hearing Cervical	Nose & Throat Skin Rash Scars
		Axillary Inquinal	
Circulatory System	B.P.		Pulse
		Peripheral Pulses Vericose veins	
ORTHOPAEDIC		Posture Spine Hand & Feet	Gait
RESPIRATORY INSPECTION		Lungs Liver Spleen Hemia	Teeth and Gums
	Abdomen		
NERVOUS SYSTEM			Higher Function Speech Motor Reflexes Any other abnormality
EMOTIONAL STABILITY	Evidence of psychiatric disorders		
LOBORATORY EXAMINATION	Stool	Urine	
	H.B.%WMCT P..... L..... M..... E..... B		
	Yellow Fever		
Blood Group			
CHEST X-RAY			
Summary of current findings			
FITNESS FOR STUDY			

Do you consider that the candidate has any physical condition which would seriously interfere with his/her carrying out a rigorous programme of study.

Physician's Signature.....

Date:..... Post & Qualification.....
Address:.....
.....