

**Kindly note the following requirements for the B.D. Degree Course before applying**

**REQUIREMENTS FOR B.D. DEGREE**

Kindly send to the Bursar, U.T.C. Rs. 400/- for B.D. application form by Money Order/Demand Draft/Cheque drawn in favour of “**United Theological College, Bangalore**” towards the cost of the application form.

- 1) Candidates with a B.A., B.Sc., or B.Com. (or higher) degree of recognized University (or equivalent qualification) are qualified for admission to the course leading to the B.D. Degree/Diploma in Theology.
- 2) Candidates, with a B.Th. Degree (with B grade or above) of Serampore College (or an equivalent qualifications), are qualified for admission to the third year of the B.D./Diploma in Theology Course, provided they have passed the two B.Th. Senate examined English papers before applying for admission.

Last date to receive the filled in BD Application Form : **November 09, 2021**  
with **DD of Rs. 400/-**

Last date to receive the filled in BD Application Form : **November 30, 2021**  
with late fee of **Rs. 900/- (Rs. 400/- + Rs. 500/- late fee)**

With all good wishes,

Yours sincerely,

(Jeramiah S. Victor)  
Registrar

**P.S. Prospectus is under Revision**

If the candidate is married, send a photocopy of the Marriage Certificate and a family photograph along with photocopy of each member's Aadhar Card.

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



**Application Form for B.D. Admission**

Courses Offered  
B.D./ Special

Photo

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

**NOTE: USE BLOCK LETTERS**

1. Name of applicant in full:.....  
(As in the Degree Certificate)

2. Name of the Parent/Guardian .....

Occupation of the Parent/Guardian .....

3. Permanent address:

.....

.....

..... Pin Code: .....

Telephone No. .... Mobile No. ....

Email ID (in BLOCK LETTERS):

4. Address for communication:

.....

.....

..... Pin Code: .....

Telephone No. .... Mobile No. ....

Email ID (in BLOCK LETTERS):

5. Date of Birth:.....

6. Married or unmarried .....

If single, whether planning to get married during study period? When? .....

If married, date of marriage: .....

**7. Academic qualifications      Degree      Class      Institution/University      Year**

(List in the order of passing the examination with the class, Institution/University and the year of passing. Attach attested copies of all certificates) and with

**University Convocation Certificate:**

**8. Mother Tongue:**.....

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

**10. Other Languages studied and the number of years of each:**.....

.....

**11. Indicate past and present work experience with data:**

**a) Church:**.....

**b) Secular:**.....

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

.....

**13. Length of communicant membership:**.....

(Enclose a letter from your Pastor indicating the status of your membership)

**14. a. Are you a sponsored candidate of your Church? .....**

**b. If so, give the name and address of your Church Head** (Enclose a letter from your Church Head sponsoring your candidature)

**c. Is your Church a member of UTC Society?.....**

**15. a. Are you a sponsored candidate of an Agency such as: College/Institution/**

**Organization? .....**

**b. If so, give the name and address of your Agency responsible for your candidature** (Enclose a letter from such authority sponsoring your candidature)

**16. Are you an independent candidate? .....**

**17. Person(s) responsible for your financial support while in the College:**(Enclose a letter from the Church Head/Head of the Institution/others who would ensure responsibility for your financial support)

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

- a. Church Head who is authorized to speak on behalf of the Church/Agency to which you belong:
- b. Your Pastor, Presbyterian or Chaplain:
- c. A lay person responsible in your Church:
- d. A teacher under whom you studied in College:

**19. Contact details of parents for dealing with emergency matters:**

(Enclose letter from one of the Parents indicating areas of help needed for the student)

a) Father's Name:.....

Phone No.: .....

Email ID:

Signature of the Father: .....

b) Mother's Name: .....

Phone No.: .....

Email ID:

Signature of the Mother: .....

20. 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.

**FOR THE APPLICANTS WHO ARE MARRIED**

21. **Husband/Wife's Name:** .....

(Photocopy of Marriage Certificate to be enclosed along with Aadhar Card copy)

22. **Is he/she employed? If so, the nature and length of his/her service and**

**emoluments:** .....

23. **Is he/she intending to do theological studies at UTC? (If the spouse is eligible):**

(e.g. CCS/DCS/Diploma in Counselling, B.D. etc.) Persons intending to do Diploma in Counselling or B.D. should send in their applications along with the spouse's applications)

24. **Highest examination he/she has passed:** (Give Place and Year): .....

.....

**25. Number and ages of Children**

	Name	Age	Class
1.....			
2.....			
3.....			

(Each Aadhar Card copy is to be enclosed)

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

(We have only limited number of family quarters available)

*If admitted, I promise to pay the fees to the College at the prescribed dates and also to abide by the rules and regulations of the College faithfully.*

**Date:** .....

**Signature of the Applicant**

.....

**DOCUMENTS THAT MUST BE INCLUDED WITH THE APPLICATION FORM**

No application will be considered unless the following documents are enclosed:

1. D.D./Cheque for Rs. 400/- or the amount can be remitted directly through any bank / Internet Banking/Mobile Banking/IMPS & UPI to **UNITED THEOLOGICAL COLLEGE SAVING BANK A/C NO. 0429101003275 with Canara Bank, Benson Town Branch IFSC Code CNRB 0000429** (as a proof of remittance, a copy of the relevant counterfoil should be sent to the bursarutc1910@gmail.com). This is for all those who use downloaded Application Form. And for those who purchased the Application Form from the office.
- 2.. Attested copies of Degree Certificate, Transcript of Record, University Convocation Certificate (See 7 above)
3. A letter from your Pastor or Presbyterian indicating the status of your Church membership (See 13 above)
4. A letter from your Church Head indicating that you are a sponsored candidate. (For sponsored candidates only) (See 17 above)
5. Letter from those guaranteeing financial support. (See 14/15 above)
6. Health Report
7. Autobiographical statement (See 19 above)
8. Three passport size photographs
9. Letter from one of the parents (see 19 above)

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

**The Registrar  
The United Theological College  
63 Miller's Road,  
Benson Town, Bangalore - 560 046.  
Registrar's Mob. No.: 9994580880, Tel.: 23330502  
E-mail: registrarutc@gmail.com      Website: www.utc.edu.in**

**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. Diphtheria                    | 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. Pregnancies
2. Present or Past Treatment for gynecologist treatment

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
Circulatory System B.P.		Axillary Inquinal	Pulse
		Peripheral Pulses Vericose veins	
ORTHOPAEDIC		Posture Spine Hand & Feet	Gait
RESPIRATORY INSPECTION			
	Abdomen	Lungs Liver Spleen Hemia	Teeth and Gums
NERVOUS SYSTEM			Higher Function Speech Motor Reflexes Any other abnormality
EMOTIONAL STABILITY	Evidence of psychiatric disorders		
LOBORATORY EXAMINATION			
	Stool	Urine	
	H.B.% WMC ..... T ..... 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.

Date:..... Physician's Signature.....  
 Post & Qualification.....  
 Address:.....  
 .....

**THE UNITED THEOLOGICAL COLLEGE: BANGALORE**

**CHURCH SPONSORSHIP FORM**

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

- ..... 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: