

**Kindly note the following:**

Last date to receive the filled in M.Th. Application Form : **November 09, 2021**  
with **Application form fee of Rs. 450/-**

Last date to receive the filled in M.Th. Application Form : **November 30, 2021**  
with late fee of **Rs. 1,000/- (Rs. 450/- + Rs. 550 late fee)**

**The branch of studies offered during the academic year 2022-2023**

1. Old Testament
2. New Testament
3. Christian Theology
4. Christian Ethics
5. Christian Ministry (Pastoral Counselling)
6. Christian Ministry (Christian Education)
7. History of Christianity
8. Religion (Hinduism)
9. Primal Religions
10. Missiology
11. Women's Studies

**REGISTRAR**

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



**APPLICATION FOR M.Th. 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

**NOTE: USE BLOCK LETTERS**

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)

	<b>Degree</b>	<b>Class</b>	<b>Institution/ University</b>	<b>Year</b>
--	---------------	--------------	------------------------------------	-------------

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.: .....

.....  
.....

d. Person responsible to accompany during study period with postal address, phone no. & Email id.:

.....  
.....  
.....

22. 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

23. List your publications if any

- 24. a) Average percentage mark in BD studies .....%
- b) Average percentage mark in Cluster .....%

25. Give title of your BD Thesis: .....

.....

.....

**FOR THE APPLICANTS WHO ARE MARRIED**

26. Spouse’s Name: .....

27. Spouse’s Age : .....

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

.....

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

30. Spouse’s Proficiency in English (Circle one)
- |          |          |
|----------|----------|
| (a) Good | (b) Fair |
| (c) Poor | (d) None |

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

.....

32. Number and ages of children:

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

33. Nature of financial source to support the family: .....

.....

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

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

(Choice of Preference)

- |             |                         |         |
|-------------|-------------------------|---------|
| Branch I    | Old Testament           |         |
| Branch II   | New Testament           | 1. .... |
| Branch III  | Christian Theology      |         |
| Branch IV   | Christian Ethics        | 2. .... |
| Branch V    | Religion (Hinduism)     |         |
|             | Primal Religions        | 3. .... |
| Branch VI   | Women's Studies         |         |
| Branch VII  | History of Christianity |         |
| Branch VIII | Missiology              |         |
| Branch XVI  | Pastoral Counselling    |         |
| Branch XVII | Christian Education     |         |

b) Indicate applicant's 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/- 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](mailto: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 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 Registrar  
The United Theological College  
63 Miller's Road,  
Benson Town, Bangalore - 560 046.**

**Registrar's Mob. No.: 9994580880, Tel.:080 23330502  
E-mail: registrarutc@gmail.com  
Website: www.utc.edu.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 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. 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. 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                      Hearing                      Nose & Throat  
Glands                      Cervical                      Skin Rash  
Scars

Circulatory System B.P.                      Axillary                      Pulse  
Inquinal                      Peripheral Pulses  
Vericose veins

ORTHOPAEDIC                      Posture                      Gait  
Spine  
Hand & Feet

**RESPIRATORY INSPECTION**

Abdomen                      Lungs                      Teeth and Gums  
Liver  
Spleen  
Hemia

NERVOUS SYSTEM                      Higher Function  
Speech  
Motor  
Reflexes  
Any other abnormality

**EMOTIONAL STABILITY**

Evidence of psychiatric disorders

**LABORATORY 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:.....  
.....