

**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 : **December 5, 2020**  
with **DD of Rs. 400/-**

Last date to receive the filled in BD Application Form : **December 12, 2020**  
with late fee of **Rs. 900/- (Rs. 400/- + Rs. 500/- late fee)**

With all good wishes,

Yours sincerely,

(Lalfakzuala)  
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 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/ Organisation? .....**

**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 authorised 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/- 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, Transcript of Record, University Convocation Certificate (See 7 above)
3. A letter from your Pastor or Presbyter 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.: 7022743541, Tel. Nos. General : 23333438, 23330502  
 E-mail: regitrarutc@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. 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. 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                      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:.....  
.....

**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

- ..... 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: