

Kindly note the following:

Last date to receive the filled in M.Th. Application Form : **January 8, 2021**
with **DD of Rs. 450/-**

Last date to receive the filled in M.Th. Application Form : **January 15, 2021**
with late fee of **Rs. 1,000/- (Rs. 450/- + Rs. 550 late fee)**

The branch of studies offered during the academic year 2021-2022

1. Old Testament
2. New Testament
3. Christian Ethics
4. Christian Ministry (Pastoral Counselling)
5. Christian Ministry (Christian Education)
6. History of Christianity
7. Religion (Hinduism)
8. Missiology
9. 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

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)

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.:

.....

.....

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:6

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)	
Branch VI	Women's Studies	3.
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/- 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 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**

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

