

DOCTOR OF THEOLOGY (D.Th.)

The branch of studies offered during the academic year 2023-2024

- 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) Missiology

Kindly Note the following:

Last date to receive the filled in D.Th. Application Form : **November 11, 2022**
with **Application form fee of Rs. 800/-**

Last date to receive the filled in D.Th. Application : **November 25, 2022**
Form with late fee of **Rs. 1,300/- (Rs. 800/- + Rs. 500/- late fee)**

Kindly send Rs. 800/- for D.Th. application form by Money Order/Demand Draft/Cheque drawn in favour of “**United Theological College, Bangalore.**” Or remit the amount directly through online fund transfer transactions done via NEFT, RTGS from any bank / Internet Banking / Mobile banking / IMPS and UPI to **UNITED THEOLOGICAL COLLEGE SAVING BANK A/C NO. 0429101003275 with Canara Bank, Benson Town Branch, IFSC Code CNRB0000429** (as a proof of remittance, a soft copy of the relevant counterfoil should be sent to bursarutc1910@gmail.com and the hard copy of the receipt to be attached to the application form).

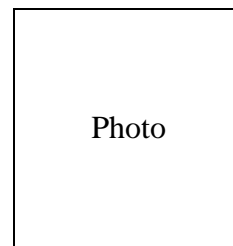
REGISTRAR

THE UNITED THEOLOGICAL COLLEGE
(A DOCTORAL CENTRE OF THE SENATE OF SERAMPORE COLLEGE)



63, Miller's Road, Benson Town, Bangalore - 560 046, Karnataka, India.
 Phone: +91-080-23330502, Registrar's Mob. No. 9994580880,
 E-mail: registrarutc@gmail.com, Website: www.utc.edu.in

**APPLICATION FOR ADMISSION TO DOCTOR OF THEOLOGY (D.TH.)
 DEGREE PROGRAMME**



A. To be filled in by the Applicant

Note: Please ensure that the stipulations laid down by the Senate of Serampore College as criteria for admission into the D.Th. programme are fulfilled.

1. **Name**
 (as per the Senate of Serampore Degree Certificate):

2. **Date of Birth**

3. **Occupation/Profession**.....

4. a) **Permanent Address**

.....

.....

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

Telephone No. **Mobile No.**

Email ID (in BLOCK LETTERS):

b) Present Address

.....

.....

.....

5. Marital Status.....

(if married, enclose copies of the Marriage Certificate and Aadhar Card)

6. Mother Tongue

Language of the State, if different from Mother Tongue.....

7. Church Affiliation

- a) Is your Church a member of the UTC Society?
- b) Are you recommended officially by your Church for D.Th. Studies?
- c) Are you applying as an Independent Candidate?

8. Ordained **Not Ordained**.....

(If ordained, date of Ordination):

9. Academic Record

Examination	Degree Passed	Name of the College and University	Year of Completion	Class and Percentage
Graduate				
Post-graduate				
Any Other Secular Degree				
B.D.				
M.Th.				
Any Other* (e.g. M.Div./B.C.S.)				

10. Titles of Theses:

B.D
.....
M.Th.
.....
Any Other
.....

*If claim to equivalent academic status is being made, give full details along with the qualifying certificate, including a copy of the Prospectus of the College/University and enclose photo copies of the original certificates. The documents/certificates (in original) should be presented at the time of the interview.

11. Common Entrance Test (CET) conducted by the Senate of Serampore College (University)

Passed in the year _____ Planning to write in the year _____

12. Methodology Seminar organized by the Senate of Serampore College (University)

Attended in the year _____ Planning to attend in the year _____

13. The Documents/Certificates (in original) of Research Experience and List of Publications (if you need more space, attach a separate sheet of paper).

14 . Details of Work Experience (use additional sheets, if necessary)

**15. If Employed, give the Name, Address and other contact details of the Church/
Institution/Organization**

16. Nature and Designation of your work at present

17. Proposed Branch/Discipline of Doctoral Studies

a) Tick one and specify your discipline:

- | | |
|--|--------------------------|
| 1) Old Testament | <input type="checkbox"/> |
| 2) New Testament | <input type="checkbox"/> |
| 3) Christian Theology | <input type="checkbox"/> |
| 4) Christian Ethics | <input type="checkbox"/> |
| 5) Christian Ministry (Pastoral Counselling) | <input type="checkbox"/> |
| 6) Christian Ministry (Christian Education) | <input type="checkbox"/> |
| 7) History of Christianity | <input type="checkbox"/> |
| 8) Missiology | <input type="checkbox"/> |

b) **Proposed Area of Research:** (please describe briefly, to the extent you are able to do so at this point, the area in which you hope to do your Specialized Research. If more space is needed please attach a sheet of paper)

18. State the Objective of your Proposed Doctoral Studies

19. (a) Your knowledge of Classical and Modern Languages (Other than English)

Specify the No. of Courses, their Nature (i.e., Preliminary or Advanced) and Level (B.D., M.Th., and /or Any Other) as well as Grades obtained in each Course.

Hebrew

Aramaic

Syriac

Greek

Arabic

Latin

Sanskrit

Pali

German

French

Indian Language/s other than Mother Tongue

Any Other Language/s (Note: Describe your proficiency in Non-examined Language Skills).

b) Your Knowledge of English (Tick one)

	Excellent	Good	Fair
Comprehension			
Spoken English			
Written English			

Note: English being the medium of Doctoral Studies, candidates are expected to be proficient in English.

To be filled in by the Married Students:

1. Do you intend to bring your family? If yes, whether for the whole period or part of the period? Specify.

2. If living quarters is not available immediately, would you still be willing to join the Programme?

3. The size of the family (enclose Aadhar Card copy of each member)

Name	Age	Class
.....		
.....		
.....		
.....		
.....		

I,, hereby declare that the particulars given above are true to the best of my knowledge and if admitted I shall abide by the Rules and Regulations of the D.Th. Degree Programme of the Senate of Serampore College and those of UTC.

Date:
Signature of the Applicant

A. To be filled in by the Head of the Institution in which the Applicant is Employed

I(name of employer),
 (designation)
 (name of the institution)
 do hereby certify that this Application of (name of the applicant) is being made with my consent and permission. I will take the responsibility to see that the candidate is given necessary leave for this study as per the Rules and Regulations of the Senate of Serampore College and of The United Theological College, Bangalore.

Date:
 Place:
Signature of the Head of the Institution

(Official Seal)

THE UNITED THEOLOGICAL COLLEGE: BANGALORE

HEALTH AND FITNESS CERTIFICATE

To be completed by the D.Th. Applicant

1. Name of the Applicant: _____

2. Date of Birth: _____

3. Place of Birth: _____

4. Permanent Address: _____

5. Present Address: _____

6. Name of Parents/Spouse/Guardian: _____

7. Family History	Name	Relationship

a. Blood Pressure	_____	
b. Mental Illness	_____	
c. Heart Trouble	_____	
d. Tuberculosis	_____	
e. Asthma	_____	
f. Diabetes	_____	
g. Any other illness, specify	_____	

8. Death in the family:

Name	Relationship	Cause of Death	Year of Death
a.			
b.			
c.			
d.			

9. Past History:

a. Do you have any Chronic Illness? Yes/No
If yes, specify:

b. Allergy? Yes/No
If yes, specify:

c. Heart Problem? Yes/No
If yes, specify:

d. Tuberculosis? Yes/No
If yes, specify:

10. Have you had any Surgery? Yes/No
Specify the year and the surgery: _____

11. Have you been hospitalized recently? Yes/No
Reason: _____

12. Medication being taken and dosage: _____

PHYSICIAN’S EXAMINATION

- 1. a. Height : _____ d. Weight : _____ g. General Appearance: _____
- b. Blood : _____ e. Pulse : _____ h. Respiration : _____
pressure
- c. Eye sight : _____ f. Visual : _____ i. Distant Vision : _____
Activity
- j. Near Vision: _____

2. Physical Assessment:

- a. Respiratory System:
- b. Cardiovascular System:
- c. Nervous System:
- d. Endocrine System:
- e. Circulatory System:
- f. Gastro Intestinal Tract:
- g. Genito Urinary Tract:

3. Laboratory Findings:

- a. Stool Routine:
- b. Urine Routine:
- c. Blood Routine:

4. Fitness for Study:

5. 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 Name :

Post & Qualification.....

Address:.....
.....
.....

Date:

Signature

Official Seal

THE UNITED THEOLOGICAL COLLEGE: BANGALORE
SPONSORSHIP FORM

This is to certify that Mr./Ms./Mrs./Rev.
frommember of.....

..... has been Sponsored by our
Church/Institution for D.Th. Studies at the United Theological College, Bangalore. By
Sponsorship we mean: (Please indicate one of the following statement by ticking).

..... 1. **We will support** the candidate financially during his/her studies for this
Degree, intend to employ him/her upon completion of his/her studies at UTC.

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

..... 3. We intend to employ the candidates upon completion of his/her studies at
UTC but are **unable to support** the candidate financially during his/her studies.

..... 4. **We recommend** the candidate for studies at UTC but are **unable to**
support him/her financially during his/her studies UTC or **to employ** him/her upon
completion of his/her studies at UTC.

Name of the Bishop/President/Director:

Name of Church/Institution

Date:

.....
Signature
Bishop/President/Director

Official Seal

