

NORTH INDIA INSTITUTE OF POST GRADUATE THEOLOGICAL STUDIES

(Jointly sponsored by Serampore College & Bishop's College)

ADDRESS:

Serampore College, 10 William Carey Road, Serampore 712201, Hooghly, West Bengal

Email: niipgts@gmail.com Mob: 8420324055

Application for the Admission of DOCTOR OF THEOLOGY 2023-2024

| | |
|--|--|
| Affix Passport size Recent Photograph | <p>Write in the space below</p> <p>Application of specialization: <i>(New Testament, Religion or Christian Theology)</i></p> <hr style="width: 50%; margin: 20px auto;"/> |
|--|--|

IMPORTANT INSTRUCTIONS:

- a) Read the Application Form carefully and fill in all the entries clearly and legibly in English only. Incomplete and unclear Application will be rejected.
- b) Attach all documents required as mentioned (wherever necessary) in the application form.
- c) The form duly filled in along with all the required documents must be sent to the **Registrar, NIIPGTS, Serampore College, 10 William Carey Road, Serampore 712201, Hooghly, West Bengal**
- a) DEMAND DRAFT of Rs. 500/- drawn in favour of NORTH INDIA INSTITUTE OF POST GRADUATE THEOLOGICAL STUDIES payable at Serampore or Kolkata must be attached/sent along with this form. Application form must reach to the office before **31st January 2023**.
- b) **D.Th. interview** is scheduled on **18th February 2023**. *The date is subject to change if necessary.*
- c) Give your correct **Email ID** (*please be careful with the characters*). All information and correspondences will be done through Email and college website only.

1. Name of the Applicant in Full (in BLOCK LETTERS as per the Board/Degree Certificate)

2. Date of Birth ____/____/____ (DD/MM/YYYY) **3. Sex** _____
(Attach attested copy of the Birth Certificate/Board Certificate as proof)

3. Email ID _____

4. Permanent Address _____

Town/City _____ District _____

State _____ PIN _____

Phone _____ Mobile _____

5. Present Address _____

Town/City _____ District _____

State _____ PIN _____

Phone _____ Mobile _____

6. Nationality _____ **7. Mother Tongue** _____

8. Occupation _____ **9. Marital Status** _____

10. Number & Age of Children *(If married)* _____

11. Accommodation Request *(Single Room or Married Quarters)* _____

12. Proficiency in English:

(i) Writing (a) Good (b) Fair (c) Poor _____

(ii) Reading (a) Good (b) Fair (c) Poor _____

(iii) Speaking (a) Good (b) Fair (c) Poor _____

13. ACADEMIC RECORD:List all examinations passed, starting from University(*attach attested copy of Mark Sheets and Certificates of all Examinations. Also the CET & Methodology Certificate issued by the Senate of Serampore College, if available*)

| Sl. No | Certificate /Degree | Board/University | Division | Year |
|--------|---------------------|------------------|----------|------|
| | | | | |
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| | | | | |
| | | | | |

14. Church Denomination _____

(Enclose a letter from your Pastor or Presbyter to this effect)

15. Are you an ordained minister? If yes, attach certificate _____

16. Indicate past and present work experience (Mentioned clearly in the last column, the name, address and telephone numbers of the Institution/ Organisation presently working, attached a letter from the head of institution to this effect)

| Sl. No | Designation & Type of work | Name of Employer (Institution/ Church) | Duration with year & month |
|---|----------------------------|---|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Present Work Address (If employed) | | | |
| | | | |

17. Previous Research works:

| Sl. No | Course | Title |
|--------|----------------------|-------|
| 1 | Bachelor of Divinity | |
| 2 | Master of Theology | |
| 3 | Any Other | |

18. Details of Research Experience and List of Publications:(Mention in separate sheets)

19. State the Objective of your Proposed Doctoral Studies:(Mention in separate sheets)

20. To which category your sponsorship belong?(Also see Form No. 3)

-
- (a) Sponsored with full financial assistance& employment.
 - (b) Sponsored with partial financial assistance& employment.
 - (c) Sponsored with full financial assistance& no employment.
 - (d) Sponsored with no financial assistance& but employment
 - (d) Independent Candidate.

21. Name and complete postal addresses of two persons who can supply confidential information:

| FIRST REFEREE | SECOND REFEREE |
|---|--|
| Name & Address of Academic Referee <i>(preferably the Supervisor of your M.Th. Thesis)</i> | Name & Address of a Responsible Person of your Church/Institution |
| | |

DECLARATION OF THE APPLICANT

I _____ declare that all the information given above are true and correct. I understand that any information which I have furnished above, if proved to be false or incorrect, will automatically terminate my candidature.

Date: _____

Signature of the Applicant

MEDICAL FORM

FORM NO. 2

Name of the Applicant _____

Date of Birth _____ Sex _____

Height (in centimeter) _____ Weight _____ Marital Status _____

1. Do you have any family history of the following diseases?

(a) High Blood Pressure _____ (b) Mental Illness _____

(c) Heart Disease _____ (d) TB/Cancer _____

2. Personal Medical History(If any, mention in the space below)

| Sl. No | Type of Illness | Date | Sl. No | Type of Illness | Date |
|--------|-----------------|------|--------|---------------------|------|
| 1 | Typhoid | | 13 | Appendicitis | |
| 2 | Malaria | | 14 | Eye Problem | |
| 3 | Jaundice | | 15 | Backache | |
| 4 | Cholera | | 16 | Epilepsy | |
| 5 | Diphtheria | | 17 | Skin Disease | |
| 6 | Chicken Pox | | 18 | High Blood Pressure | |
| 7 | Rheumatic Fever | | 19 | Asthma | |
| 8 | Tuberculosis | | 20 | Diabetes | |
| 9 | Tonsillitis | | 21 | Spondilitis | |
| 10 | Hernia | | 22 | Joint Pains | |
| 11 | Piles | | 23 | Discharging Ears | |
| 12 | Heart Problem | | 24 | Nervous break down | |

For Wife/ Woman Applicant Only

1. Menstrual Cycle (Regular/Irregular) _____

2. Pregnant (No/Yes) *If yes give the due date* _____

3. Any Surgery *if yes, give the date and purpose* _____

4. Any Deformities, *if yes give details* _____

5. Present of past Treatment for Female Disorders _____

Important Note:If children are accompanying the parents, medical certificate for each child from a Medical Practitioner should be attached.

I _____ certify that I have answered the above questions fully and honestly and there are no other significant health facts known to me.

Date: _____

Signature of the Applicant.

PHYSICIAN EXAMINATION

1. GENERAL: ENT

Visual Acuity _____ Distant Vision _____ Near Vision _____
Hearing _____ Nose _____ Throat _____
Skin Rash _____ Scars _____

2. CIRCULATORY/ RESPIRATORY SYSTEM:

Blood Pressure _____ Pulse _____
Lungs _____ Heart _____

3. ORTHOPAEDIC:

Posture _____ Gait _____
Spine _____ Hand & Feet _____

4. ABDOMEN:

Liver _____ Spleen _____
Hernia _____ Appendicitis _____

5. NERVOUS SYSTEM:

Higher Function _____ Speech _____
Motor _____ Reflexes _____
Any other abnormality _____

6. EMOTIONAL STABILITY:

Evidence of psychiatric disorders _____

7. LABORATORY EXMINATION:

Blood Group _____ Hemoglobin _____
Stool _____ Urine _____
Presence of Alcohol/ Drugs _____ Chest X-Ray _____

Summary of Current findings _____

FITNESS FOR STUDY

I consider that the candidate _____ has no physical condition which would seriously interfere with his/her carrying out a rigorous programme of study and research.

Date: _____

Name & Signature of the Physician _____
Registration No. _____
Post & Qualification _____
Address _____

SPONSORSHIP FORM

FORM NO. 3

Name of Applicant _____

Name of the Financial Sponsor _____

Relationship to Applicant _____

SPONSORSHIP STATEMENT

This is to certify that Rev./ Mr. / Mrs./ Ms. _____

from _____ has been sponsored by our church/

institution for D.Th Studies at the North India Institute of Post Graduate Theological Studies. By

sponsoring we mean: *(please indicate any one of the following statements by ticking)*

- 1. We will support the candidate financially during his/her studies for this Degree, we intend to employ him/her upon the completion of his/her studies at NIIPGTS.
- 2. We will support the candidate financially during his/her studies for this Degree, but we may not employ him/her upon the completion of his/her studies at NIIPGTS.
- 3. We intend to employ the candidate upon his/her studies at NIIPGTS but are unable to support him/her financially during his/her studies.
- 4. We recommend the candidate for studies at NIIPGTS, but are unable either to support him/her financially during his/her studies or to employ him/her upon the completion of his/her studies at NIIPGTS.

NOTE:*Under no circumstances will NIIPGTS be able to advance funds for personal needs.*

Official Seal: _____ Signature of the Sponsor _____

Date: _____ Designation _____

Name and address of the Sponsor (Financial Sponsor to whom the Bill may be sent for payment) (IN BLOCK LETTERS)

Name _____

Designation _____

Address _____

City/ Town _____ District _____

State _____ PIN _____

Phone _____ Mobile _____

Email: _____