

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 2024-2025

<p>Affix Passport size Recent Photograph</p>	<p>Write in the space below Application for specialization: <i>(New Testament, Religion or Christian Theology)</i></p> <hr style="width: 50%; margin: 10px auto;"/>
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IMPORTANT INSTRUCTIONS:

- a) Read the Application Form carefully and fill in all the entries clearly and legibly in English only. Incomplete and unclear Application Form will be rejected.
- b) Attach all required documents as mentioned in the application form.
- c) The duly filled in Application Form, 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 for **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 the NIIPGTS Registrar on or before **31st January 2023**.
- b) **D.Th. interview** is scheduled on **17th February 2024**. The applicants will be notified immediately if the scheduled date is changed due to certain unavoidable reason.
- 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, Certificates of all Examinations, and the CET and Methodology Certificates issued by the Senate of Serampore College, if available)

Sl. No	Certificate /Degree	Board/University	Division	Year

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: (write in separate sheet of paper)

19. State the Objective of your Proposed Doctoral Studies: (write in separate sheet of paper)

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

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- (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 (in CAPITAL LETTERS): Financial Sponsor to whom the Bill may be sent for payment

Name _____

Designation _____

Address _____

City/ Town _____ District _____

State _____ PIN _____

Phone _____ Mobile _____

Email: _____