

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 2025-2026

Affix Passport size Recent Photograph	Write in the space below Application of specialization: (Christian Theology Only) _____
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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 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 2025**.
- b) **D.Th. interview** is scheduled on **21st February 2025**. *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

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*)

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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

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 _____

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: _____