**FORM NO. 1**

# NORTH INDIA INSTITUTE OF POST GRADUATE THEOLOGICAL STUDIES

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

**ADDRESS: The Registrar, NIIPGTS,**
**Bishop's College, 224 AJC Bose Road, Circus Avenue PO, Kolkata -700017, West Bengal**
Email: niipgts@gmail.com Mob: 8420216170

## Application for the Admission of
## MASTER OF THEOLOGY 2027-28

| | |
|---|---|
| Affix Passport size Recent Photograph | ***Write in the space below***<br>Application of specialization in order of preference:<br>***(Old Testament, New Testament, Christian Theology, Religion, Pastoral Counselling & Homiletics)***<br>1. _____<br>2. _____<br>3. _____ |

**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, Bishop's College, 224 AJC Bose Road, PO Circus Avenue, Kolkata 700017, West Bengal**.
**d)** DEMAND DRAFT of **Rs. 600/-** drawn in favor of **NORTH INDIA INSTITUTE OF POST GRADUATE THEOLOGICAL STUDIES** payable at Serampore or Kolkata must be attached/sent along with this form. Must reach to the office before **31st January 2027**
e) **Dates for Entrance Examinations and Interviews** are scheduled on ***26th and* 27th February 2027**. *The date is subject to change if necessary*.
f) 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** _____

**Phone** _____/_____**Mobile** (1)_____(2)_____

**4. Permanent Address** _____

_____

Town/City _____ District _____

State _____ PIN _____

**5. Present Address** _____

_____

Town/City _____ District _____

State _____ PIN _____

**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. KNOWLEDGE OF LANGUAGE**:

**A. Biblical / Classical Language** (*Studies and standard reached*)

(i) Hebrew _____ (iii) Sanskrit _____

(ii) Greek _____ (iv) Arabic_____

**B. 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 _____

Other Language/s known _____

**13. ACADEMIC RECORD:** List all examinations passed, starting from University *(attach attested copy of Mark Sheets and Certificates of all Examinations)*

| 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** (*including Church work*)

| Sl. No | Designation & Type of work | Name of Employer *(Institution/ Church)* | Duration *with year & month* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**17.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
(e) Independent Candidate with full financial assistance from family/other sources.
(f) Independent Candidate with partial financial assistance.
(g) Independent Candidate without any financial assistance.

**18.Name and complete postal addresses of two persons who can supply confidential information***{See Form No. 4.Give one copy of the form to the Second Referee which is strictly confidential and must be sent to the Registrar, NIIPGTS directly by the Referees and must be received in the Office on or before the last date of receiving Application}*

| **FIRST REFEREE** | **SECOND REFEREE** |
|---|---|
| Name & Address of Academic Referee | Name & Address of a Responsible Person of your Church/Institution |
| Name: | Name: |
| Address: | Address: |
| Email: | Email: |
| Phone: | Phone: |

## 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**

(To be filled by the Applicant)

**Name of the Applican**t _____

**Date of Birth** _____ **Gender**_____

**Height (in centimeter)** _____ **Weight** _____ **Marital Status** _____

**If married, number of children** _____

**Details of a family member who should be informed in case of emergency,**

**Name of the person**: _____

**How is the person related to you**? _____

**Contact Address**: _____

_____

**Contact number 1**]_____ **2**] _____

**Email ID** _____

**Do you have any medical or health condition that might have an impact or require special assistance during the course of your studies** _____

_____

_____

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**.

**NORTH INDIAN INSTITUTE OF POSTGRADUATE THEOLOGICAL STUDIES**
**PHYSICIAN EXAMINATION**

**Form (Filled in by Doctor with at least MBBS degree) for basic survey for health check**

**PROFILE:**

**Name:…… Gender:…….**

**Date of Birth:……Age:……...**

**QUESTIONNAIRE:**
**Any medical issues that we should know about?**

**…….**

**…….**
**Have you ever been hospitalized?**

**…….**
**Have you ever undergone or been advised any surgery?**

**…….**

**Any accidents or injuries?**

**…….**

**Are you on any medication? (List type of medication present and in the last 5 years)**

**…….**
**Do you have any known allergies to foodstuff or medicines?**

**…….**

**Menstrual history/Gyne problems**

**…….**

**Any history of mental health challenges/Depression?**

**…….**

**…….**

**2. PHYSICAL EXAMINATION:**

**General appearance including nutrition …….**

**Posture and Gait …….**

**Mentation…….…….**

**BP: ……Pulse: ……..…….**
(If BP readings exceed = 140/90; include Serum Creatinine, Cardiologists report)

**Ht (cms):……..… Wt (Kgs): …… BMI: …… Waist size(cms):…..……...**
(if BMI Wt(Kg)/Ht(Mtr)2) > 30 in adults or Waist > 90 in females / > 102 in males,
Do Fasting blood sugar, Serum Cholesterol, Serum TSH)

**Eyes (include Fundoscopy for DM or HTN)**

**Vision: Right: …….Left:……Near vision: ……Color vision: ..……**
(Ophthalmologists report if corrected vision worse than 6/12 in either eye)

**Ears including hearing: Whispered voice at 6meters/20 feet……..……..**

**Throat and Teeth including oral hygiene …….……..**

**Thyroid gland and neck nodes ……..…. ……...**

**Chest and Spine…….....**

**Heart …….**

**Lungs …….**

**Abdomen including hernia sites..……..**

**Limbs including pedal edema& Joints……..……**

**Skin including scars……..**

**Neurological.…….**

**Others…….**

**Special referrals if any:**

**……**

**……**

**.....**

## 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: ……

Signature:……..…….

Name of Doctor:……..

Registration:……..……

Contact number: …….……...…

Seal: ……..

# FINANCIAL GUARANTEE FORM

**FORM NO. 3**

Name of Applicant _____

Name of the Financial Sponsor _____

Relationship to Applicant _____

**FINANCIAL STATEMENT**

1. I / we committed to pay: (a) Full fees as per the student's fees structure _____

(b) Partial Fees (*Indicate percentage/amount of the total fees*) _____

2. I /we hereby undertake to financially support the above student for the entire period of study at NORTH INDIA INSTITUTE OF POST GRADUATE THEOLOGICAL STUDIES(NIIPGTS) by arranging to pay his/her fees by DD either in full or in two installments in a year on or before the specified dates.

3. I/we also recognize there are 'Additional Expenses' as well) I/we have discussed these with my/our candidate and have made separate arrangements.

**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: _____

# LETTER OF RECOMMENDATION

**FORM NO. 4**

## STRICTLY CONFIDENTIAL

The person below is applying for admission into Master of Theology (M.Th.)studies under NIIPGTS (North India Institute of Post Graduate Theological Studies, Kolkata). A joint programme of both Bishop's College & Serampore College, which trains women and men for a lifetime Christian work and ministry with essential academic training. This requires an utmost care in selecting applicants. We would be grateful for your cooperation as a referee. Please give adequate and appropriate information about the applicant. All the information given will be treated as strictly confidential and will not be disclosed to the applicant. Please send your recommendation directly to the Registrar, NIIPGTS. (please find the address and contact information at the end of the form)

**APPLICANT'S INFORMATION** (*To be filled in by the Applicant*)

Name of the Applicant _____

Course applied for _____

Stated purpose upon completion of your studies _____

**REFERENCE** *(To be filled in by the Referee)*

Name of the Referee _____

Address _____

City/Town _____ District _____

State _____ PIN _____

Phone _____Mobile _____ Email _____

Name of Church/ Organization _____

Designation _____

**1. How long have you known the applicant?** _____

**2. In what capacity have you known him/her?** _____

**3. Wherever possible, rate the applicant's character and potential:**

| | Poor | Average | Good | Outstanding |
|---|---|---|---|---|
| Christian character | | | | |
| Christian commitment and maturity | | | | |
| Intellectual ability | | | | |
| Skill in English language | | | | |
| Public speaking ability | | | | |
| Time management and punctuality | | | | |
| Leadership quality | | | | |
| Consistency and stability | | | | |
| Behaviour with persons of opposite sex | | | | |
| Reliability and trustworthiness | | | | |
| Cleanliness | | | | |

4. What do you know about the applicant's Christian commitment and character?

5. What are the applicant's gifts and talents?

6. What do you see as God's call for his/her future ministry?

7. What do you think are the main areas of strength and weakness in the applicant's life?

8. Give your opinion of the applicant's intellectual ability to pursue theological studies keeping in mind the hard work and academic stress it involves.

9. Please tell us anything you know about the applicant's family that you think we should know.

10. Please mention anything else that you think might be relevant and helpful for the Admission Committee in considering his/her application.

11. Please choose **any one** of the following: _____

(a) I recommend the candidate very highly.
(b) I recommend the candidate.
(c) I recommend the candidate with certain reservations.
(d) I do not recommend the candidate.

Date: _____ **Signature of the Referee**

**Please send directly to:**
**The Registrar, NIIPGTS, Bishop's College, 224 AJC Bose Road, Circus Avenue PO, Kolkata – 700017, West Bengal**. **Email**: niipgts@gmail.com

**If you have any questions, please contact Rev. (Dn.) Dr. James Wesly S. (phone: 8420216170)**