

# NORTH INDIA INSTITUTE OF POST GRADUATE THEOLOGICAL STUDIES

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

## ADDRESS:

**Serampore College, Theology Department**  
Serampore, Hooghly District, West Bengal - 712201  
Email: [niipgts@gmail.com](mailto:niipgts@gmail.com) Website: [www.niipgts.net](http://www.niipgts.net)

## Application for the Admission of DOCTOR OF THEOLOGY

Affix Passport size Recent Photograph	<p><b>Write in the space below</b> Application of specialization: <i>(New Testament)</i></p> <hr style="width: 80%; margin: 20px 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 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, Theology Department, Serampore, Hooghly District, West Bengal - 712201**
- a) DEMAND DRAFT of Rs. 400/- 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.
- b) 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)

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**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
<b>Present Work Address (If employed)</b>			

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:**

<b>FIRST REFEREE</b>	<b>SECOND REFEREE</b>
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 \_\_\_\_\_ Chext X-Ray \_\_\_\_\_

Summary of Current findings \_\_\_\_\_

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## 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: \_\_\_\_\_