Name:

 Application No.
 ______ Reg. No.



FAITH THEOLOGICAL SEMINARY

(Affiliated to Serampore University)

Reg. No. P. 292/87

P. B. NO. 1, MANAKALA 691 551, PATHANAMTHITTA (DIST.), KERALA, INDIA

Email: info@ftseminary.com Phone: 04734 230448

APPLICATION FOR THE ADMISSION OF

MASTER OF THEOLOGY (M.Th.) DEGREE PROGRAMME

To be filled by the Applicant.

Application of Specialization in order of preference of (Old Testament, New Testament, Christian Theology, Christian Eth	-
1. 2. 3.	Affix Passport size recent photograph

IMPORTANT INSTRUCTIONS

- Read the Application form carefully and fill in all the entries clearly and legibly in English only. 1. Incomplete and unclear application will be rejected.
- 2. Attach all documents required as mentioned below.
- 3. The form duly filled in along with all the required documents must be sent to the Director of Admissions, Faith Theological Seminary, Manakala P.O., Adoor 691 551, Kerala, India
- Pay Rs. 500/- to A/c No. 16950100001351, Federal Bank, Manakala, Faith Theological 4. Seminary, IFSC: FDRL0001695.
- Give your correct email ID (careful with the characters) and WhatsApp Number. 5.
- 6. Last date for submitting application: 15th, December, with late fee: 15th January
- Original documents to be submitted at the time of interview. 7.

REQUIRED DOCUMENTS

- Duly filled Application form and 2 reference forms. 1.
- Sponsor's letter (for sponsored candidates) 2.
- Recommendation letter and Conduct certificate from institution last studied. 3.
- 4. Medical certificate.
- 5. Academic certificates and Mark lists.
- Transfer certificate/Migration certification. 6.
- 7. Aadhar Card.
- Qualifying exam certificate and Mark sheet if applicable. 8.

FOR OFFICE USE

- Application received on _____ Qualified _____ 1.
- Application fees received Rs.
 Receipt No.
 Date:
 2.

1.	. Full Name (write in Block Letters)				
2.	Sex: Male/Female			-	
3.	Date of Birth: Day M	onth	Year	Age now	
4.	Place of Birth: Nationality		State	District	
5.	Your Occupation		Mother-tongue		
6.	. Other languages you can speak, read and write				
7.	7. Your permanent address				
				Phone	
8.	Your address to which corresp	ondance sho	ould be sent for t	the next three months	
	1				
	Email		Pho	ne	
	WhatsApp Number				
9.	Name and address of Father/0	Guardian			
10.	. The occupation of Father/Gua	ardian			
11.	Are you married? Yes/No If	yes, date of 1	marriage		
	(a) Do you need family quarter	r? Yes/No.			
12.	Name and age of children, if a	ny (i)			
		(ii)			
		(iii)			
13.	. Your church affiliation (denon	nination)			
14.	. Name of your local church wi	th address _			
			Phor	ne	

15. Do you have a definite call for Christian service?	
16. Are you an ordained Pastor? Yes/No.	

If so date of ordination and the church where you minister?

- 17. Give details of what you have done after BD_____
- 18. Details of Theological Degree

a. Examination Passed	
b. Name of the College	
c. Senate Registration Number with year	
d. Class and Grade obtained	
f. Year of Passing	

- 19. Average marks in the cluster in which you seek admission _____%
- 20. Give the Details of the Courses and Marks obtained in the branch in which you seek admission. (Enclose photocopy of Transcript received from the University)

Paper Code	Name of the Papers/Subjects	Marks

21. Did you pass any exegetical papers in Hebrew/Greek language? Yes / No

If yes, marks obtained for the papers.

22. Did you write thesis? Yes / No If yes, state the title and give a brief synopsis.

23. Did you write M.Th. qualifying examination? Yes / No

If yes, Reg. No. _____ Year of Passing _____

24. Carefully read the following and underline if you suffer from any of these:-

Poor vision, eye strain, poor hearing, noises in ears, frequent headaches, frequent cold, nose bleeding, gum beeding, sinus trouble, allergies, shortness of breath, asthma, chest pain, bronchitis, palptations of the heart, skin diseases, food intolerance, stomach pains, diarrohoea, frequent constipation, muscle or bone pain, mental depression, sleep trouble, frequent urination.

25.	List any illness you had
	How is it now?
26.	State your general health: Good/average/weak
27.	How will you be supported while in the college?
28.	Give the names and complete addresses of the following persons who know you well,
	(if anyone is related to you give relationship)
	(a) Your Pastor
	Phone
	(b) An official of your local church/mission/organization
	Phone
	(c) A responsible christian friend outside your local church, employer or teacher
	Phone

DECLARATION AND PLEDGE

I ______ (name) hereby declare that every information given above is true and correct. If I am admitted to the Faith Theological Seminary, I promise that:

- a. I shall try to promote and maintain high academic standards and a spirit of unity and love.
- b. I shall abide by the rules and regulations of the Faith Theological Seminary.
- c. I shall submit myself to the rights of the Faith Theological Seminary administration to take any appropriate disciplinary action against me if, in their judgement, my behaviour, approach or doctrine is found in contrary to the spirit and concern of the Faith Theological Seminary.

Date:

(Signature of the applicant)

To be filled by the Head of the institution/Church in which the applicant is employed.

I, _______ hereby certify that this application is being made with consent and permission. I shall take the responsibility to see that the candidate is given necessary leave for his/her study as per the regulations of the Senate of Serampore College.

Date:

(Signature of the head of the Institution)

(Seal)



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Name of Applicant

Name of Referee

As the Seminary is training young people for a life time of Christian work and ministry it needs to take the utmost care in selecting applications. So please supply the information requested as fully and accurately as possible. If you need extra space for any item, please use a separate sheet of paper. All information given will be treated as strictly confidential. On matters concerning which you have no information kindly write 'I do not know'. Please send your reply promptly, directly to the **Director of Admissions**. Thank you for your help.

Please tick the appropriate or comment.

- 1. How long have you known the applicant?
 - At what level? Very close/Average/Distant.
- 2. What is/was your relationship to the applicant?

Spiritual Father	Pastor
Employer	Relative
Co-worker	Friend
Student	Co-believer
If any other (specify)	

- 3. The Denomination/church of the applicant
- 4. Is the applicant actively involved in his church and it's programmes?
 Very active ______ Active _____ Average _____ Poor _____
- 5. Do you know why the applicant wants to come to this Seminary?
- 6. What do you know about his personal commitment to Christ?

7. List the special talent and abilities and spiritual gift the applicant has which will be useful for the Christian Service.

1.	2.
3.	4.
5.	6.

 All people have weakness. What do you think, as the weaknesses in the applicant's life? What?

How long?	
Give your reason for that weakness:	

9. Give your opinion of the applicant's health (keeping in mind that the hard work and emotional pressures which the applicant will face in the seminary and in future Christian ministry).

10. Give your opinion about the applicant's family background.

Financially poor	Committed Christian
Financially sound	Separated home
Non Christian	Healthy home
Nominal Christian	

11. Please indicate your judgement of the applicant by ticking the appropriate spaces below:

		Excellent	Above average	Average	Below average	No opinion
a)	Academic ability					
b)	Social awareness and concern					
c)	Leadership ability					
d)	Openness to new ideas					
e)	Emotional maturity					
f)	Willingness to work					
g)	Ability to adjust to new situations.					
h)	Ability to get along with other people					
i)	Sense of Christian commitment					

12. Please tick/mark one.

I recommend the candidate very highly

I recommend the candidate

I recommend the candidate with certain hesitations

I do not recommend the candidate.

Signature _____

Designation_____

Address

Phone: ______

Place:

Date:



LETTER OF RECOMMENDATION

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I recommend the candidate

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Signature_____

Designation

Address _____

Phone: ______

Place:

Date: