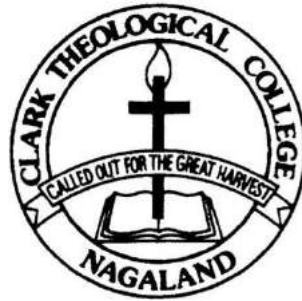


# CLARK THEOLOGICAL COLLEGE

Aolijen, Mokokchung – 798601, Nagaland

*Affiliated to the Senate of Serampore College (University)*

Regd. with Nagaland Govt. Under Society Act No. RS 37 dated Feb. 18, 1974



**CALLED OUT FOR THE GREAT HARVEST**

**APPLICATION FOR ADMISSION TO  
THE MASTER OF THEOLOGY (MTH) DEGREE**

20..... – 20.....

## APPLICATION FOR ADMISSION

**Application for admission to Master of Theology (MTh) in** (Branch of Study)

(Tick whichever is applicable)

- |                                   |   |               |   |     |
|-----------------------------------|---|---------------|---|-----|
| i. M.Th. in Christian Theology    | - | 2 yrs. Course | - | [ ] |
| ii. M.Th. in Christian Ethics     | - | 2 yrs. Course | - | [ ] |
| iii. M.Th. in Pastoral Counseling | - | 2 yrs. Course | - | [ ] |
| iv. M.Th. in Christian Education  | - | 2 yrs. Course | - | [ ] |
| v. M.Th. in Communication         | - | 2 yrs. Course | - | [ ] |

Affix a recent  
passport size  
photo

### SECTION A: PARTICULARS OF THE APPLICANT

**1. Full Name** (in block letters as per your academic records):

\_\_\_\_\_

**2. Gender** (Tick one)  Male  Female      **3. Date of Birth** (Day) \_\_\_\_ (Month) \_\_\_\_ (Year) \_\_\_\_\_

**4. Place of Birth** (Town/City) \_\_\_\_\_ (Dist.) \_\_\_\_\_  
(Pin Code) \_\_\_\_\_ (State) \_\_\_\_\_ (Country) \_\_\_\_\_

**5. Marital Status** (Tick one)  Married  Not Married      **6. Date of Marriage** \_\_\_\_\_

i. Do you plan to bring your family if family accommodation is available? Yes/No

ii. Is your spouse applying for any course of study at the College? Yes/No If yes, course \_\_\_\_\_

iii. Is there any health problem in your family? Yes/No

If yes, give details: \_\_\_\_\_

**7. Mother Tongue** \_\_\_\_\_

**8. Other Languages you know**

Speak	Read	Write

**9. Father's Name** \_\_\_\_\_ **10. Mother's Name** \_\_\_\_\_

**11. Correspondence Address** \_\_\_\_\_

(Town/City) \_\_\_\_\_ (Dist.) \_\_\_\_\_

(Pin Code) \_\_\_\_\_ (State) \_\_\_\_\_ (Country) \_\_\_\_\_

**12. Phone** \_\_\_\_\_ **13. Email** \_\_\_\_\_

## SECTION B: ACADEMIC QUALIFICATIONS

### 14. Educational Qualifications

<i>Examinations Passed</i>	<i>University</i>	<i>Year of Passing</i>	<i>Class/Division</i>	<i>Regd. No.</i>
HSLC				
HSSLC				
BTh				
BA/MA or Equivalent				
BD				
Any Other				

### 15. List of Papers Completed in the Branch of study for which admission is sought

<i>Paper Code</i>	<i>Name of Paper</i>	<i>Grade</i>

### 16. Language/Exegetical paper/s completed

<i>Paper Code</i>	<i>Name of Paper</i>	<i>Grade</i>

**17. Books and Articles Publishes**

<i>No.</i>	<i>Title of Book/Article</i>	<i>Publisher and Year of Publication</i>	<i>Language</i>

**18. In your BD course, did you do a research paper/thesis? Yes/No. If yes, state the title and give a brief synopsis (about 100 words)**

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**SECTION C: MINISTERIAL OR OTHER WORK EXPERIENCES**

**19. Ministry and leadership abilities** (the most recent)

a. Nature of work \_\_\_\_\_

b. Position \_\_\_\_\_ c. Ordination (Tick one)  Ordained  Not Ordained

d. Name and address of employer \_\_\_\_\_

e. Duration of Service (specify day or month and year) From \_\_\_\_\_ till \_\_\_\_\_

**20. Name of your local Church** \_\_\_\_\_

i. The period of your membership: \_\_\_\_\_)

ii. Address of your Church (full) \_\_\_\_\_

Town/City \_\_\_\_\_ Dist. \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

**SECTION D: SPONSORSHIP****21. Name of the sponsored candidate:** \_\_\_\_\_**22. Sponsor's Name:** \_\_\_\_\_**23. Full Address of the Sponsor:** \_\_\_\_\_

Town/City \_\_\_\_\_ Dist. \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Contact No. : \_\_\_\_\_ E-mail Id: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**I/we hereby declare that I/we agree to:**

- Support the candidate financially during his/her studies for this Degree and intend to employ him/her upon the completion of his/her studies.
- 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.
- Agree to support his/her full College Fees.
- Agree to support his/her full Mess Fees.
- Agree to support him/her partially.

\_\_\_\_\_  
SIGNATURE OF THE SPONSOR\_\_\_\_\_  
SIGNATURE OF THE CANDIDATE

Date: \_\_\_\_\_

Date: \_\_\_\_\_

SPONSOR'S DESIGNATION: \_\_\_\_\_

OFFICIAL SEAL

**SECTION E: REFERENCES**

**24. Give the details of the referrers**

**a. Pastoral Referee**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact No. \_\_\_\_\_ Email \_\_\_\_\_

**b. Academic Referee**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact No. \_\_\_\_\_ Email \_\_\_\_\_

**25. Give your reason for choosing to apply at CTC for your studies**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION F: DECLARATION**

I \_\_\_\_\_ do hereby declare that all the information given above are true, complete and accurate to the best of my knowledge. I understand that any false information given above may lead to disqualification for admission. If admitted to the College, I agree to observe all the rules and regulations of Clark Theological College and display good behavior and sound doctrinal life as expected in the college.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Applicant

## INSTRUCTIONS

1. Reference forms to be directly submitted by those whose names are mentioned in the application form in page no. 6 (24. a & b).
2. Provide the following documents along with this form:
  - a) Four recent passport size photos.
  - b) A letter from the parents/sponsoring body guaranteeing financial support/financial statement.
  - c) Recommendation Letter from Church / Organization.
  - d) Medical form.
  - e) Two copies of 10<sup>th</sup> class Admit Card and Mark Sheet, 12<sup>th</sup> class Admit Card and Mark Sheet, Bachelors (BA/BCom/BSc) and Masters (MA/MCom/MSc) Mark Sheet (or BTh Transcript if you did BTh studies) and BD Transcript. BTh and BD Transcripts must be Senate-issued transcripts.
  - f) Migration Certificate if you are coming from a university or college outside the ambit of the Senate of Serampore College (University). Original documents must be produced at the time of admission and registration.
  - g) Personal testimony of Call and Commitment for theological studies.
  - h) A Demand Draft of ` 500 for the application form in favour of **Clark Theological College**.
3. The Entrance Examination will be held on \_\_\_\_\_ at Clark Theological College, Aolijen, Mokokchung, Nagaland.
4. The list of department-recommended books for the Entrance Examination and guidelines for the examination will be provided on a separate sheet.
5. The duly filled Application Form for Admission, along with all the required documents must be sent to- **The Dean of Post Graduate Studies, Clark Theological College, Aolijen, Mokokchung - 798601, Nagaland, INDIA**, on or before 15th December 2020.
6. A non-refundable fee of ` 12,000 will be charged from applicants who are granted admission. This amount will be adjusted with college fees during admission, but those applicants who do not join the college will forfeit the amount.

### **FOR ANY ACADEMIC RELATED INFORMATION PLEASE CONTACT**

**The Principal**, M: +91-940269509; Email: ctcprin@gmail.com

**The Academic Dean**, M: +91-8837002616; Email: ctcacademic@gmail.com

**The Dean of Post Graduate Studies**, M: +91-9862882888; Email: dhanbir\_rai@yahoo.com



# MEDICAL FITNESS CERTIFICATE

*For candidates seeking admission to Master of Theology at Clark Theological College*

Name of the Applicant: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### General Physical Examination

Height:	BP:
Weight:	P/R:

### Systematic Examination

ENT:	Eyes:
Skin:	Skeletal:
CVS:	R.S.:
Abdomen:	CNS:

### Past/Present H/O Illness

Hypertension:	Seizure Disorders:
Diabetes:	Major Operations:
Asthma:	Any other chronic illness:
History of allergy to drugs/food etc.:	Family History (HTN, DM, Mental Illness, Etc.):

### Lab Examinations with Reports

Blood Group:	HIV:
HBsAg:	RBS:
Chest X-ray (if needed):	MO test (for Malaria endemic areas):

- Any recommendation by the examiner? \_\_\_\_\_
- Is the applicant fit for a rigorous course of study? \_\_\_\_\_

Name of the Doctor: .....

Registration No: .....

Full Address: .....

.....

Contact Number: .....

E-mail: .....

\_\_\_\_\_

Signature

(Seal)





# PASTORAL REFERENCE

*(Strictly Confidential)*

CTC trains committed men and women for a lifetime of Christian work and ministry. She takes all important steps before selecting and admitting the interested students. Therefore, please fill up the following form to help us make the right decision. If you need extra space for any item, please use a separate sheet of paper. Information provide by you will be treated strictly confidentially. Please send the filled form promptly and directly to **The Dean of Post Graduate Studies, Clark Theological College, Aolijen, Mokokchung – 798601, Nagaland, India.**

Thank you for your help.

## SECTION 1: TO BE COMPLETED BY THE APPLICANT

Rev/Mr/Mrs/Ms (name of applicant) ..... has applied for admission to the Master of Theology in the field of ..... at Clark Theological College, Aolijen, Mokokchung, Nagaland.

## SECTION 2: TO BE COMPLETED BY THE REFEREE

*(The above mentioned applicant seeking application to CTC has nominated you as the referee)*

- How long have you known the applicant? .....
- In what capacity have you known the applicant? .....

Please give your evaluation of the applicant by ticking to the right of each characteristic listed below:

Sl.No.	Characteristics	Fair	Good	Excellent	Outstanding
1	Commitment to Christ				
2	Christian Character				
3	Moral Integrity				
4	Dependency				
5	Leadership				
6	Creativity/Imagination				
7	Ability to accept criticism				
8	Friendliness/Compatibility with peers				
9	Emotional Stability				
10	Interpersonal relationship				

- How do you recommend this applicant to Clark Theological College? (Tick one)  
 Do not recommend  Recommend with reservation  Strongly recommend

**Your Name:** .....

**Title/Designation:** .....

**Address:** .....

**(Town/City)** ..... **(Dist.)** .....

**(Pin Code)** ..... **(State)** ..... **(Country)** .....

Date

Signature



# ACADEMIC REFERENCE

*(Strictly Confidential)*

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- How long have you known the applicant? .....
- In what capacity have you known the applicant? .....

Please give your evaluation of the applicant by ticking to the right of each characteristic listed below:

Sl.No.	Characteristics	Fair	Good	Excellent	Outstanding
1	Academic aptitude				
2	Written communication in English				
3	Oral communication in English				
4	Diligence in study				
5	Leadership				
6	Creativity/Imagination				
7	Ability to accept criticism				
8	Friendliness/Compatibility with peers				
9	Emotional Stability				
10	Interpersonal relationship				

- How do you recommend this applicant to Clark Theological College? (Tick one)  
 Do not recommend     Recommend with reservation     Strongly recommend

**Your Name:** .....

**Title/Designation:** .....

**Address:** .....

**(Town/City)** ..... **(Dist.)** .....

**(Pin Code)** ..... **(State)** ..... **(Country)** .....

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

PRESCRIBED BOOKS FOR THE MTH ENTRANCE EXAMINATION, 2020-2021