



GOSSNER THEOLOGICAL COLLEGE

(An organ owned by: G.E.L.Church, Ranchi)

Affiliated to the Senate of Serampore College (University)

M.G. Marg (Main Road), Ranchi - 834001, Jharkhand



ADMISSION APPLICATION FORM

Office use only: Form No.

(Please fill up the admission form in block letters)

Received by:

Date:

FORM NO - I

Course : ➤ Bachelor of Divinity (BD)

5 years for 10+2 passed

Medium : ➤ English

Duration & Eligibility: ➤

4 years for Graduates

2 years for B.Th. passed

Affix a passport size color photo and put signature across the photo and paper

1. Name :
2. Date of Birth :
3. Present Address :
4. Father's Name :
5. Occupation :
6. Mother's Name :
7. Occupation :
8. Permanent Address :
9. Phone/Mobile No. :
10. Email ID :
11. Mother Tongue :
12. English Proficiency: ➤ ☺ **Speak:** below average average good better
 📖 **Read:** below average average good better
 ✍️ **Write:** below average average good better
13. Achievements in Co-curricular Activities:.....
14. Special Interests/Talents:



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FORM NO - II

EDUCATIONAL QUALIFICATIONS AND WORK EXPERIENCE

| Class | Name of the Board/University | Medium | Year | Result (%) | Division/Grade |
|-----------------|------------------------------|--------|------|------------|----------------|
| 10th | | | | | |
| 12th | | | | | |
| Graduation | | | | | |
| Post-Graduation | | | | | |
| Other | | | | | |

Work Experience (if any):

As what :

Where :

When :

How long :

Why left the Job :

Name of the Employer :

Address of Employer :

Signature



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FORM NO - III

CHURCH MEMBERSHIP - RECOMMENDATION - SPONSORSHIP

1. Name of the Local Church :
2. Name of the Denomination :
3. Dates of Baptism & Confirmation :
4. Recommendations:

| Administrative unit | Name | Mobile No. & Email | Signature |
|--|------|--------------------|-----------|
| 1. Panch (church elder) | | | |
| 2. Congregation Chairperson | | | |
| 3. Pastorate Chairperson | | | |
| 4. Parish Chairperson | | | |
| 5. Bishop/Vice President/ President of Church | | | |

5. Name of the Sponsoring Body (Church/Diocese) :.....
6. Address of the Sponsoring Body :
- :
- :

This Sponsorship includes: [Sponsoring Body needs to tick ✓ the correct box]:-

1. Sponsorship without Financial Support,
No Guarantee for Recruitment after Studies
2. Sponsorship without Financial Support,
Yes Guarantee for Recruitment after Studies
3. Sponsorship with Full/Partial Financial Support,
Yes Guarantee for Recruitment after Studies

Name and Designation
of the Head of the Sponsoring Body (Church/Diocese)

Sign and Seal
of the Head of the Sponsoring Body (Church/Diocese)



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FORM NO - IV

FINANCIAL GUARANTEE FORM

This is certify that Mr./Ms./Mrs./Rev.

is a sponsored candidate from

The responsibility to meet the financial obligations in terms of College Fees, Book Grant, Senate and other such expenses will be met by the persons and/ or agencies [organizations] in the following ratio:

1. will pay % of the Total Expenses

Name and Postal Address

.....

.....

Sign and Seal

2. will pay % of the Total Expenses

Name and Postal Address

.....

.....

Sign and Seal

3. will pay % of the Total Expenses

Name and Postal Address

.....

.....

Sign and Seal



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FORM NO - V

DETAILS OF FAMILY [IF MARRIED]

Will your family join the college with you? Yes No

Will your spouse will also join the study? Yes No

Specify what course [if yes] :

1. Spouse's Name :

2. Spouse's Date of Birth :

3. Spouse's Education Qualification :

4. Spouse's Occupation :

5. Mother Tongue :

6. English Proficiency: ➤ ☺ **Speak:** below average average good better

📖 **Read:** below average average good better

✍️ **Write:** below average average good better

Children's Details:

| Sl.No. | Name | DOB/Age | Class |
|--------|------|---------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Signature



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FORM NO - VI

MEDICAL FITNESS CERTIFICATE

1. Name :
2. Age :

● General Condition:

Height Weight: Skin/Appearance.....

Ears Eye sight Right..... Left.....

● Cardio-Vascular System:

Heart Pulse B.P..... Hb

● Respiratory System:

Lungs Nose X-Ray

● Genito-Urinary System:

Albumin Urine Sugar

● Nervous System

● Blood Group:

● HIV-AIDS Test Result (Attach Pathologist's Report)

Remarks and Recommendations:
.....

Name of the Doctor

Registration Number

Address

.....

Sign and Seal



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FORM NO - VII

REFERENCE FORM (CONFIDENTIAL)

SECTION ONE: (To be filled by the applicant before sending it to the Reference)

Full Name :

Permanent Address :

Correspondence Address :

Phone/Mobile No. :

E-mail :

SECTION TWO: (To be filled by the Referee and sent directly to the address above. The Referee may use additional sheets if necessary)

Full Name of the Referee :

Address for Correspondence :

Phone/Mobile No. :

E-mail :

1. What is your assessment of the applicant's overall ability to undertake the academic course? His/Her Commitment to Christian witness - His/her character and interpersonal relationships.
2. What is the ability of the applicant to work with others as a team?
3. Are there any aspects of the personality of the applicant that would adversely influence his/her future career? Please give details:
4. Please rate the applicant in the following scale (tick ✓ in given column):

| | Above Average | Average | Below Average | Low |
|----------------------|---------------|---------|---------------|-----|
| Intellectual ability | | | | |
| Oral articulation | | | | |
| Written Articulation | | | | |
| Team work | | | | |
| Motivation | | | | |
| Christian Commitment | | | | |

5. Any other information that would help us for processing the application.

Signature & Date



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FORM NO- VIII

DECLARATION AND SUBMISSION

I hereby declare that the particulars given above are true to the best of my knowledge and belief. If admitted, I shall respect the faith and practice of my own sending church and abide by the Rules and Regulations of the Senate of Serampore College (University) and those of the Gossner Theological College, Ranchi.

Place :

Date :

Signature of the applicant

LIST OF THE DOCUMENTS TO BE ATTACHED WITH THIS APPLICATION FORM

1. Date of Birth and Proof of Residential (e.g. Aadhar).
2. Class 10th Admit Card.
3. Copies of Marks Sheets and Degree of Academic Qualifications from 10th onward up to the latest.
4. Migration Certificate (original).
5. Church Membership Certificate.
6. Church Sponsorship Certificate duly signed and sealed by the Competent Authority.
7. Financial Guarantee Letter from the Parents or the Sponsoring Agency as the case may be.
8. Medical Fitness Certificate to be produced from a Residential Medical Practitioner.
9. Name and Address of Three Persons (Teacher, Church Elder and Congregation Member) who can give a Reference Letter.
10. Four Recent Passport Size color Photographs (4.5cm x 3.5 cm).
11. Candidate's Testimony Letter for Joining the Ministry.

General Information

- a) Application fee 1000/- (One Thousand) only.
- b) Last date for form submission :
- c) Date for Entrance Exam :
- d) Send this form along with the required documents to :

**Principal, Gossner Theological College,
M.G. Marg (Main Road)
Ranchi - 834 001, Jharkhand**

For Official Use Only (To be Filled by the Registrar's Office)

1. Date of application received : _____
2. Documents : a. Complete : _____ b. Incomplete : _____
3. Entrance Exams : a. Called _____ b. Not called _____ c. Passed _____ d. Failed _____
4. Admission : a. Admitted _____ b. Not admitted _____