

(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



|     |                                    | <u>ADMI</u>  | SSION APPLICA                 | TION FORM                 |      |   |
|-----|------------------------------------|--------------|-------------------------------|---------------------------|------|---|
|     | <u>ce use only:</u> Form No        | ····· (Pleas | se fill up the admission form | 1 in block letters)       |      | Affix   |
|     | ceived by:                         |              | FORM NO - I                   |                           |      | a passport size<br>color photo and<br>put signature |
|     | <b>irse : &gt;</b> Bachelor of Div | inity (RN)   |                               | )<br>years for 10+2 passe | 4    | across the photo<br>and paper                       |
| _   | dium : ➤ English                   | -            |                               | years for Graduates       | u    |   |
|     |                                    |              |                               | years for B.Th. passe     | d    |   |
|     |                                    |              |                               |                           |      |   |
| 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:≻_             | 🖸 Snaak:     | below average                 | average                   | good | better  |
| 12. |                                    | Break:       | below average                 | average                   | good | better  |
|     |                                    | 🗠 Write:     | below average                 | average                   | good | better  |
|     |                                    |              | · _                           |                           |      |   |
| 13. |                                    |              | vities:                       |                           |      |   |
| 14. | Special Interests/Talent           | s:           |                               |                           |      | ••••••  |





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#### FORM NO - II

### **EDUCATIONAL QUALIFICATIONS AND WORK EXPERIENCE**

| Class           | Name of the Board/University | Medium | Year | Result<br>(%) | Division/<br>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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#### CHURCH MEMBERSHI PRECOMENDATION AND SPONSHIP FORM NO - III

| 1. | Name of the Local Church        | : |
|----|---------------------------------|---|
| 2, | Name of the Denomination        | : |
| 3. | Dates of Baptism & Confirmation | : |

**Recommendations:** 4.

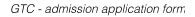
|    | Administrative unit                      | Name | Mobile No. & Email                      | Signature |
|----|--|------|---|-----------|
|    | 1. Panch (church elder)                  |      |   |           |
|    | 2. Congregation Chairperson              |      |   |           |
|    | 3. Pastorate Chairperson                 |      |   |           |
|    | 4. Parish Chairperson                    |      |   |           |
|    | 5. Bishop/President of<br>Diocese/Church |      |   |           |
| 5. | Name of the Sponsoring Body :            |      |   |           |
| 6. | Address of the Sponsoring Body :         |      |   |           |
|    | :  |      |   |           |
|    |  |      |   |           |
|    | •  |      | • | •••••••   |

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

- Sponsorship without Financial Support, 1. 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

Sign and Seal of the Head of the Sponsoring Body







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FORM NO - IV

## FINANCIAL GUARANTEE FORM

| Thi  | is is certify that Mr./Ms./Mrs./Rev.  |                       |
|------|---|-----------------------|
| is a | a sponsored candidate from  |                       |
|      | e responsibility to meet the financial obligations in terms of College Fees, Bo<br>penses will be met by the persons and/ or agencies [organizations] in the followin |                       |
| 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]

| 117:11 |   | 9 V           | N- 🗌    |      |        |
|--------|---|---------------|---------|------|--------|
| W III  | l your family join the college with y   | ou? Yes       | No 🔄    |      |        |
| Will   | l your spouse will also join the study  | y? 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: ≽_ ⊕ <b>Speak:</b> | below average | average | good | better |
|        | 🕮 Read:                                 | below average | average | good | better |
|        | 🖉 Write:                                | below average | average | good | better |

#### **Children's Details:**

| SI.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   | 1:               |                      |           |               |   |
|     | Height              |                  | Weight:              | Skin/Appe | arance        |   |
|     | <i>Ears</i>         |                  | Eye sight            | Right     | Left          |   |
|     | • Cardio-Vascular S | ystem:           |                      |           |               |   |
|     | Heart               |                  | Pulse                | B.P       | Hb            |   |
|     | • Respiratory Syste | m:               |                      |           |               |   |
|     | Lungs               |                  | . Nose               | X-Ray     |               |   |
|     | • Genito-Urinary S  | ystem:           |                      |           |               |   |
|     | Albumin .           |                  | . Urine              | Sugar     |               |   |
|     | • Nervous System .  |                  |                      |           |               |   |
|     | • Blood Group:      |                  |                      |           |               |   |
|     | • HIV-AIDS Test R   | esult (Attach Pa | athologist's Report) |           |               |   |
| Ren | narks and Recommend | ations:          |                      |           |               |   |
|     |                     |                  |                      |           |               |   |
| Nan | ne of the Doctor    |                  |                      |           |               |   |
| Reg | istration Number    |                  |                      |           |               |   |
| Add | ress                |                  |                      |           |               |   |
|     |                     |                  |                      |           | 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                 | <u>.</u> |

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

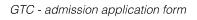
| Full Name of the Referee   | : |
|----------------------------|---|
| Address for Correspondence |   |
| Ĩ                          |   |
| Phone/Mobile No.           |   |
| E-mail                     | · |

- 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  $\checkmark$  in given column):

|                      | Above Average | Average | <b>Below Average</b> | 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. Copies of Marks Sheets and Degree of Academic Qualifications from 10th onward up to the latest.
- 3. Migration Certificate (original) will be needed once the admission is done.
- 4. Church Membership Certificate.
- 5. Church Sponsorship Certificate duly signed and sealed by the Competent Authority.
- 6. Financial Guarantee Letter from the Parents or the Sponsoring Agency as the case may be.
- 7. Medical Fitness Certificate to be produced from a Residential Medical Practitioner.
- 8. Name and Address of Three Persons (Teacher, Church Elder and Congregation Member) who can give a Reference Letter
- 9. Recent Passport Size color Photographs (4).
- 10. 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 :

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

#### For Official Use Only (To be filled by the Dean'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 admited _ |           |  |

.....

