



CALVIN INSTITUTE OF THEOLOGY

Affiliated with the Senate of Serampore College (University)

No.388, Yacharam Village & Mandal, Ranga Reddy Dist.,Telangana-501 509, India.

APPLICATION FOR ADMISSION

(FOR OFFICE USE)

Date Received: Date Accepted: Date Entered:

ADMISSION NO.

REQUEST FOR ADMISSION (Please () tick only One)

- BACHELOR OF DIVINITY (4 YEARS)**
Eligibility: Graduate in any discipline
- BACHELOR OF DIVINITY (5YEARS)**
Eligibility: Plus 2 or Equivalent
- UPGRADER ENTRY TO BD (2 or 3YEARS)**
Eligibility: Pass in Senate Qualifying Examination / Senate B.Th

Please attach your latest photograph (Passport Size)

PERSONAL INFORMATION

Name of the Applicant: _____

Date of Birth: _____ Gender: Male Female

Permanent Address: _____

_____ Pincode:

Telephone: _____ Mobile: _____

Address to Which Communications to be Sent: _____

_____ Pincode:

Telephone: _____ Email ID: _____

Nationality: _____

Languages Known: Speak _____ Read _____

Write _____

ACADEMIC QUALIFICATION

Class/Degree	School/College	Class Obtained	Year of Passing
1. Plus Two/Intermediate			
2. Secular Degree			
3. Theological Degree			
4. Any Other			

Are you writing any qualifying examinations? _____

If Yes, Specify _____

Medium of Instruction	Secondary School University
Indicate Past and Present work Experience (with dates)** (Use Separate Sheet)	
Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Married Single <input type="checkbox"/>
If Single, whether planning to get married during study period? When? If married, date of marriage?	
Name of Parent/Guardian	Name of the Mother Name of the Father Name of the Guardian (If Applicable).....
Occupation of	Mother Father Guardian
Monthly Income of Parent/Guardian	Mother Father Guardian
Church of which you are member	
Length of Communicant Membership	(Enclose a letter from your pastor/presbyter indicating the status of your membership)
Are you a sponsored candidate?	Yes <input type="checkbox"/> No <input type="checkbox"/> College <input type="checkbox"/> Institution <input type="checkbox"/> Organisation <input type="checkbox"/>
If so give the name and address of your Agency responsible for your candidature	(Enclose a letter from such authority sponsoring your candidature)

*As a policy CIT processes applications of those who fulfilled all the requirements of the Senate of Serampore College (University) to register for theological study

**Where necessary enclose supporting documents

Are you an Independent Candidate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Persons(s) responsible for your financial support while in the College	(Enclose a letter attesting the same)
Names and addresses of two people who can supply confidential information about you. (Note: They should not be your relatives)	1. 2.
Have you applied to any other theological college or seminary? If yes, give details	1. 2.

CO-CURRICULAR ACTIVITIES

_____, _____,
_____, _____,

I certify that the information provided on this application is complete and accurate to the best of my knowledge, and that Calvin Institute of Theology is authorized to make whatever inquiries necessary to certify the accuracy of my records. Further, I consent to the use of reference letters and reference checks in evaluating my application. If accepted as a student at Calvin Institute of Theology, and in consideration thereof, I will submit cheerfully to all the regulations and policies of the college and seek to maintain a high standard of Christian integrity and conduct.

Date:

Signature of the Applicant

Place:



CALVIN INSTITUTE OF THEOLOGY

Affiliated with the Senate of Serampore College (University)

No.388, Yacharam Village & Mandal, Ranga Reddy Dist.,Telangana - 501 509, India.

CHURCH AFFIRMATION AND RECOMMENDATION FORM

Each applicant for admission to CIT must have the affirmation of the local Church where he/she is a member. The Pastor must approve the following statement. Such approval indicates that the pastor and his/her congregation know the applicant and affirm his/her calling for full-time ministry, and also his/her moral, spiritual and emotional fitness for ministry.

Name of the Pastor: _____

Name of the Church: _____

Address: _____

Name of the Denomination: _____

How long have you known the applicant? _____ Years.

Please give a brief statement about the commitment and conduct of the applicant: _____

Please state briefly about the applicant's family background: _____

Having evidence that Mr. /Ms. _____, an applicant for admission

(Applicant's Name)

to Calvin Institute of Theology, is an individual of profound commitment to the Christian faith as evidenced by his/her participation in the life of the church, an individual of emotional stability who is able to fulfill leadership responsibilities in the Church and an individual of personal and moral integrity, we as Church, recommend him/her for admission in Calvin Institute of Theology.

Church Seal

Date Signature of the Pastor



CALVIN INSTITUTE OF THEOLOGY

Affiliated with the Senate of Serampore College (University)

No.388, Yacharam Village & Mandal, Ranga Reddy Dist.,Telangana - 501 509, India.

MEDICAL FITNESS CERTIFICATE

(To be filled by a Medical Doctor)

Name of the Applicant (IN BLOCK LETTERS) _____

Please tick () the following:

- | | | | |
|-------------------|--------------------------|--------|-------------------------------|
| 1. Eyesight | <input type="checkbox"/> | Normal | If not, please specify: _____ |
| 2. Ears | <input type="checkbox"/> | Normal | If not, please specify: _____ |
| 3. Nose | <input type="checkbox"/> | Normal | If not, please specify: _____ |
| 4. Mouth | <input type="checkbox"/> | Normal | If not, please specify: _____ |
| 5. Throat | <input type="checkbox"/> | Normal | If not, please specify: _____ |
| 6. Skin | <input type="checkbox"/> | Normal | If not, please specify: _____ |
| 7. Heart | <input type="checkbox"/> | Normal | If not, please specify: _____ |
| 8. Lungs | <input type="checkbox"/> | Normal | If not, please specify: _____ |
| 9. Blood Pressure | <input type="checkbox"/> | Normal | If not, please specify: _____ |
| 10. Urine Test | <input type="checkbox"/> | Normal | If not, please specify: _____ |
| 11. Sugar Test | <input type="checkbox"/> | Normal | If not, please specify: _____ |

12. Blood Group: _____

13. Does the candidate suffer from Epilepsy of fits? No Yes (If yes, specify since when) _____

14. Does the candidate have any contagious disease? No Yes (If yes, specify since when) _____

15. Has the candidate suffered from major illness in the past years? Yes (If , specify) _____

16. Are there indications of emotional instability or history of mental trouble in this individual or in the immediate members of his/her family? Yes (If , specify) _____

17. Mention physical handicap, if any _____

18. General status of health _____

19. Any other remarks: _____

Having done a thorough examination of the above candidate, I hereby certify that, to the best of my knowledge, he/she is physically fit to study in Calvin Institute of Theology.

Seal and Registration Number of the medical practitioner

Signature of the doctor

Form #5



CALVIN INSTITUTE OF THEOLOGY

Affiliated with the Senate of Serampore College (University)

CHURCH/COLLEGE/ORGANISATION SPONSORSHIP FORM

(To be filled by the Sponsor/Head of the Church)

This is to certify that Mr./Mrs./Miss/Rev:.....of
..... has been sponsored by our
Church/ Institution for BD studies at (Calvin Institute of Theology, Yacharam). By sponsorship
we mean: (Please indicate one of the following statements by ticking ())

- We will support the candidate financially during his/her studies for this Degree/Diploma,
Intend to employ him/her upon the completion of his/her studies at CIT.
- We will support the candidate financially during his/her studies for this Degree/Diploma,
but we may not employ him/her upon the completion of his/her studies at CIT.
- We intend to employ the candidate upon the completion of his/her studies at CIT, but are
unable to support him/her financially during his/her studies.
- We recommend the candidate for studies at CIT, but are unable either to support him/her
financially upon the completion of his/her studies at CIT.

.....

(Signature)

Bishop/President/Director

Name of Church/Institution

DATE:

OFFICIAL SEAL



CALVIN INSTITUTE OF THEOLOGY

Affiliated with the Senate of Serampore College (University)

No.388, Yacharam Village & Mandal, Ranga Reddy Dist.,Telangana - 501 509, India.

FINANCIAL COMMITMENT FORM

(To be filled by the Sponsor/Pastor/Parent/Guardian/Self)

Name of the Applicant: _____

Name of the Sponsor (IN BLOCK LETTERS): _____

Designation: _____ Church/Organization: _____

Complete Address: _____

Phone: Office _____ Residence: _____ Mobile: _____

Email: _____

I /We hereby undertake to financially support for _____

(Applicant's Name)

to the amount of Rs. _____ (IN WORDS) _____

towards the Tuition or/and Hostel Fees for the entire period of his/her study at Calvin Institute of Theology.

Organization/ Church Seal

Date

Signature

Form #7

INSTRUCTIONS & CHECKLIST

KINDLY READ THE INSTRUCTIONS BEFORE YOU FILL OUT THE APPLICATION FORM

1. Please TYPE or CLEARLY write when filling out the Application Form.
2. Please attach photocopies of the following along with the application. Originals should be submitted to the office at the time of admission.

Please ensure that the following documents are enclosed before you mail the Application Form

- Date of Birth Proof (SSLC/ 10th Certificate/Birth Certificate)
- Plus Two/ Intermediate Certificate and Mark sheet
- Previous Education Certificates and Mark Sheets
(Both Secular and Theological)
- Transfer/Migration Certificate
- Three Passport size and Two Stamp size Photographs
- Personal ID Proof issued by State/Central Government
- Letter from your Local Pastor
- Duly Filled in Application Form (Form #1)
- Church Affirmation and Recommendation Form (Form #4)
- Medical Fitness Form (Form #5)
- Church/College/Organisation Sponsorship Form (Form#6)
- Financial Commitment Form (Form #7)
- A Page about your Salvation Experience
- Reason for Theological Education
- A Statement of your Reasons for Applying to CIT
- A Page about your Future Vision/Ministry

Note:

- ✓ Applications will not be processed unless the above mentioned documents are not attached.
- ✓ The Academic Committee of CIT has the right to take the final decision of Admission.

Please Mail Completed Application Form To:
The Registrar,
Calvin Institute of Theology,
Survey No.388, (Oikonomos Campus),
Sagar Road, Yacharam Village & Mandal,
Ranga Reddy District, Telangana 501 509.
Ph. No. 08414-243001, 9948654746