

**SAM HIGGINBOTTOM UNIVERSITY OF AGRICULTURE TECHNOLOGY & SCIENCES**

U.P. State Act No. 35 of 2016

**FACULTY OF THEOLOGY**

*Gospel & Plough Institute of Theology*

**PRELIMINARY APPLICATION FORM**

**Ph.D Theology**

**in**

**Old Testament/ New Testament/Christian Theology/Christian Ethics/ Religions/  
History of Christianity/Missiology/ Christian  
Ministry/Counseling/Communication**

Affix your recent  
Photograph here

1. Candidate's Full Name .....  
(Use Capital Letter)

2. Father's /Husband's name .....

3. Mother's Name.....

4. Mailing Address.....

City.....State..... Pin Code.....

Mobile ..... E.mail .....

5. Church Membership.....

6. Educational Qualification:

Exam Passed	Board/University	Name of Institution	Year	Division	Percentage

7. Languages (speak, read and write).....

8. Mother tongue.....

9. Name and Addresses and Phone No. of:

a. Name of Bishop/Head of the Church/Pastor .....

b. Name of an Academic referee.....

10. Monthly income of (a) .Father..... (b). Mother.....

11. Name of Sponsor who will support financially your studies: Church/Institution/ Mission/ Family  
.....

12. Date of Baptism .....

13. Proposed Area of Research .....

14. Why do you want to join SHUATS for research?.....

14. Do you smoke/drink alcohol/eat tobacco?.....

15. Will you obey the Rules and Regulations of SHUATS?.....

**DECLARATION:**

All the information given by me in this application is correct to the best of my knowledge. In case any of these information is found incorrect/incomplete or false, my admission may be treated as cancelled.

Date.....

.....

Full Signature

**Please send the following documents with the completed Application Form:**

1. A Testimony of yours faith journey .
2. Baptismal Certificate
3. Xerox copy of:
  - a. All Certificates & Marks Sheets (High School onward).
  - b. Migration/Transfer Certificate.
2. Financial Sponsorship Letter from Church/Parents/Institution
3. Letter of recommendation from the Bishop/Head of institution/Pastor of your Church
4. Medical Fitness Certificate.

Note: Application shall be processed at the Departmental level prior to registration in the University at the time of admission.

Send completed application form with documents attached to:

**Dr (Mrs.) Imlienla Ao**  
**Faculty of Theology, SHUATS.**  
**P.O. Agriculture Institute-211007**  
**Prayagraj, U.P. India**  
**Mobile: 9794906130**  
**Email ID: imlienla.ao@shiats.edu.in**