Sam Higginbottom University of Agriculture, Technology and Sciences

Uttar Pradesh State Act No. 35 of 2016

Gospel & Plough Institute of Theology

(Faculty of Theology)

PRELIMINARY APPLICATION FORM

Bachelor of Divinity (BD)

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/ Village: …….State……...……Post Office:…… Pin Code……

Mobile ……...…… e-mail ……..…….....…….……..

Aadhaar Card No:…….. ID No. (only for SHUATS Graduates) ……

5. Church Membership…….……..…

6. Monthly income of Parents…….

7. Educational Qualification

Exam Passed	Board/University	Name of Institution	Division	Passing Year

8. Languages (speak, read and write)……..

9. Mother Tongue ……...……

10. Name, Address and Phone No. of:
a. Pastor : …….

b. Bishop/Head of the Church:……

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

.....……..……..…...……...…….....

12. Date of Birth:…… Date of Baptism:……

13. Why do you want to join SHUATS for your theological Studies?.....

……..…….....

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 are 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. Xerox copy of All Certificates & Marks Sheets (High School onward).
2. Xerox copy of Baptismal Certificate
3. Original copy of Migration and Transfer Certificate
4. Original copy of your Testimony of accepting Jesus Christ as Personal Saviour
5. Original copy of a Financial Sponsorship Letter from Church/Parents/ Institution.
6. Original copy of a Letter of recommendation from the Bishop/Pastor/ Head of the Institution/ Pastor of your Church
7. Medical Fitness Certificate.

Note: Kindly bring all your original documents for verification at the time of Registration. Application shall be processed at the Departmental level prior to registration in the University at the time of admission.

Send the filled Application attached with documents to

Academic Coordinator (UG & PG)
Rev. Siricharan Iswary
WhatsApp /Phone : +91-8932921019
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Dean Rev. (Dr.) Y. Hesheto Chishi
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