

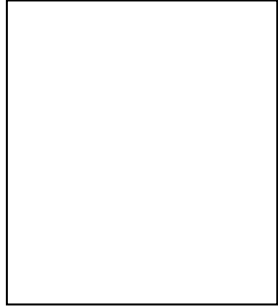


FACULTY OF THEOLOGY

Department of Advanced Theological Studies (DATS)
Sam Higginbottom University of Agriculture, Technology And Sciences

PRELIMINARY APPLICATION FORM Admission 2025-26

Ph.D. in Christian Studies



1. Candidate’s Full Name (Use Capital Letters).....
2. Father’s/Husband’s Name.....
3. Aadhar No.....PAN No.....
4. Mailing Address.....
 City.....State..... Pin Code.....
 Mobile/Phone.....E-mail
5. Church Membership and Denomination.....
6. Profession.....
7. Category–General/SC/ST/OBC/PWD/Other(mention)/(Certificate required)
6. Educational Qualification:

Exam Passed	Board/University	Name of Institution	Division	Percentage of marks	Passing Year
Xth					
XIIth					
Graduation					
Post Graduation					
Additional Qualification					

7. Give name, address, phone and email of the following:
 - a) Bishop/Pastor/Head of the Church.....
 - b) Any responsible person who can give information about you (Name, Email, Phone, Address)

8. Give details of the Church/Institute or Mission/family that is sponsoring you

9. Why do you want to join SHUATS for your theological studies?

DECLARATION

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

Date.....
.....
 Full Signature

Please send the following with the completed Application Form:-

1. Photocopy of the following Documents:
 - a. All Certificates & Marks Sheets
 - b. Baptism Certificate
 - c. SC/ST/OBC Certificate (If applicable)
2. Original copy of a Letter of recommendation from the Bishop/Pastor/Head of the Institution
3. Original copy of a Financial Sponsorship Letter from Parents/Guardian/Head of the Institution/Sponsor
4. Original copy of a Personal Testimony of accepting Jesus Christ as Personal Saviour
5. Original Migration/Transfer Certificate
6. Medical Fitness Certificate
7. Covid Vaccination Certificate
8. No Objection Certificate from Employer for In-service candidates.

Note: Kindly bring 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.

Please e-mail scanned copies of the Application Form and the documents to dats@shuats.edu.in and send the hard copies to the following address:

The Coordinator
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