

## SENATE OF SERAMPORE COLLEGE (UNIVERSITY)

College founded by Carey, Marshman and Ward, 1818  
 Incorporated by Royal Charter, 1827 and  
 Bengal Act IV of 1918 as modified  
 upto 1997 by Govt. of  
 West Bengal



Affix Passport size  
 Photograph here

Two size of passport  
 Photograph along  
 with this application

Please read the instruction mentioned on the last page of  
 this application form

### APPLICATION FORM FOR THE DOCTOR OF MINISTRY DEGREE ENTRANCE TEST

YEAR OF EXAMINATION .....

*(Application form without the supporting documents will be rejected)  
 Form to be filled by the candidate in his/her own hand-writing*

1. Name of the Applicant in full: \_\_\_\_\_  
 (IN CAPITAL LETTERS/ UNDERLINE SURNAME)
2. Name of the Church/ Institution recommending the candidate: \_\_\_\_\_  
 \_\_\_\_\_
3. Address of the Applicant: \_\_\_\_\_  
 \_\_\_\_\_ Pin: \_\_\_\_\_
- E-mail: (LEGIBLY) \_\_\_\_\_
- Phone No.: \_\_\_\_\_ Alternative Phone No: (Required) \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_
5. Ordained / not Ordained  
 Date of Ordination: \_\_\_\_\_  
**(Enclose Certificate copy with self attestation)**

6. Academic Qualifications:  
 (List in the order of passing the examination) with  
 the Class, Institution/ University and the Year of  
 passing (Attach attested copies of Degree Certificates)

Degree	Class	Year
H.S.C		
Degree		
Theological Degree		
B.Th/ B.D./B.C.S/ B.Mis		
M.Th/M.C.S/ M.Min		
M.Phil/ Ph D		
Any Other		

7. Indicate past and present work & ministerial experience with dates:  
(Use additional sheets to provide information in detail)

**Church:**

Name of Church: \_\_\_\_\_

No of years of service \_\_\_\_\_ (Experience Certificate to be attached)

Current Occupation: \_\_\_\_\_

**Secular:**

No of years of service \_\_\_\_\_ (Experience Certificate to be attached)

Current Occupation: \_\_\_\_\_

8. Names and addresses of four persons who can recommend you for D.Min Degree Study Programme.

(Recommendation letters from these people should reach to the following address)

Dean  
Department of Research/ SATHRI  
Senate of Serampore College  
William Carey Road  
P.O. Serampore – 712201  
Dist Hooghly, West Bengal  
India

(a) (Bishop, District Chairperson or similar Church authority who is authorized to speak on behalf of the Church to which you belong)

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Pin: \_\_\_\_\_

E-mail: (legibally) \_\_\_\_\_

Phone No.: \_\_\_\_\_ Alternative Phone No: (Required) \_\_\_\_\_

(b) (Pastor or Presbyter)

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Pin: \_\_\_\_\_

E-mail: (legibally) \_\_\_\_\_

Phone No.: \_\_\_\_\_ Alternative Phone No: (Required) \_\_\_\_\_

(c) (A respected leader of your Church)

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Pin: \_\_\_\_\_

E-mail: (legibally) \_\_\_\_\_

Phone No.: \_\_\_\_\_ Alternative Phone No: (Required) \_\_\_\_\_

(d) (A Teacher under whom you studied in a Theological college)

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Pin: \_\_\_\_\_

E-mail: (legibally) \_\_\_\_\_

Phone No.: \_\_\_\_\_ Alternative Phone No: (Required) \_\_\_\_\_

9. Financial Support Declaration (to be attached )

- a. Income certificate of applicant
- b. Income certificate of spouse or the sponsor

10. Address of an affiliated College where entrance test will be written: \_\_\_\_\_  
(Please enclose the consent letter from the Principal of the College)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

**CHECK LIST**

- Incomplete application and non submission of required documents shall be rejected
- Fee once paid will not be refunded

- All the Certificate: Degree and Transcript \_\_\_\_\_
- One Photograph attached in the application \_\_\_\_\_
- Two Photograph for office \_\_\_\_\_
- Ordination certificate if any \_\_\_\_\_
- Recommendation letter \_\_\_\_\_
- Consent letter from the Principal of the affiliated college \_\_\_\_\_
- Financial Support Declaration \_\_\_\_\_
- Recommendation letters from Church leaders, Respected leader, Teacher \_\_\_\_\_
- Past and present work & ministerial experience \_\_\_\_\_
- Fee paid in Demand Draft as prescribed above \_\_\_\_\_

**Declaration**

I \_\_\_\_\_ hereby declare that all the information provided by me are true to my understanding.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

Complete application form along with prescribed fee should reach REGISTRAR's office on or before **August 15<sup>th</sup>, 2020 with Rs 1350/-**  
 Or with late fee within **31<sup>st</sup> August, 2020 with Rs. 1750/- Demand Draft** to be drawn in favor of **REGISTRAR SENATE OF SERAMPORE COLLEGE**, payable at Serampore or Kolkata  
**Registrar,**  
**Senate of Serampore College**  
 Mack House Complex  
 William Carey Road  
 P.O. Serampore – 712201  
 Dist Hooghly, West Bengal,  
 India

**Duplicate copies of complete application form should reach Dean's Office**  
**Dean,**  
**Department of Research/ SATHRI**  
 Senate of Serampore College  
 William Carey Road  
 P.O. Serampore – 712201  
 Dist Hooghly, West Bengal,  
 India