DEPARTMENT OF RESEARCH/ SATHRI
Senate of Serampore College (University)

Application for admission to the DTh Research Methodology Seminar/ Orientation Course
SEMINAR DATES: 27th April to 9th May 2020

1. Name: _____

2. Address: _____

   _____

   Mobile: _____

   Email: _____ (Legibly)

3. Age: _____ Sex: _____ Marital Status _____

4. Academic Qualification:

   a. Secular : _____

   b. Theological: MTh in _____

   c. MTh Thesis Title:
   _____
   _____

5. Church Relationship:
   a. Tradition/ Denomination: _____

   b. Status: Ordained/ Lay Person: _____

6. Present Position: _____

7. Previous Experience: _____

   _____

8. The Methodology Seminar / Orientation Course is an intensive two weeks programme. Do you have any health condition which might restrict your ability to participate fully in such an intensive programme.

   YES/ NO If yes , please explain

   _____

9. Is it your intention to pursue DTh Studies ? If Yes
   a. When (YEAR) _____ Doctoral Center? _____

10. Have you passed Common Entrance Test conducted by the Senate of Serampore College? If YES, Which Year _____, Doctoral Center _____

11. Intended Area of DTh Research:
    a. Branch: _____

    b. Area within the Branch _____

    c. Specific Topic: _____
12. What is your professional objective in looking towards DTh Studies?

13. Kindly list below your Research Projects, Published/ unpublished, which you have undertaken

14. Are you recommended / sponsored by a Theological College/ Institution? YES___ NO____
    a. Name of Institution: _____
    b. Name of the Institution Head: _____

    Name of the Institution Head :_____

    Signature of Institution Head : _____

15. Kindly list the names and address of two academic persons who can provide confidential references , if desired
    a. Name: _____

    b. Designation: _____ Mobile: _____

    c. Email: _____

    d. Address: _____

    _____

    a. Name: _____

    a. Designation: _____ Mobile: _____

    b. Email: _____

    c. Address: _____

    _____

16. Kindly add below further information which you believe may be helpful in evaluating your application

Declaration of the applicant

I _____ hereby declare that all the information provided by me are true to the best of my knowledge.

Date: _____   _____

                                                                                 Signature of the applicant

REGISTRATION FEE: Rs 18,000.00 (Rupees Eighteen Thousand Only) to be **drawn in FAVOUR OF DEPARTMENT OF RESEARCH / SATHRI**

VENUE: Department Of Research/ SATHRI Building,
          William Carey Road, P.O. Serampore – 712201,
          Hooghly, West Bengal
SEMINAR DATES: 27th April to 9th May, 2019

Arrival on 27th April and Departure 9th May after Lunch (Please plan your travel as per the dates)

Last date for submission of application form 18th April, 2020

CHECK LIST
Admission letter from the Doctoral Centre   _____
Thesis Proposal (MUST BE SUBMITTED along with application form)   _____
MTh certificate   _____
MTh transcript   _____
CET transcript   _____
SEMINAR FEE payment details   _____

FOR ONLINE / NEFT TRANSFER

Bank name: Indian Bank
Account name: Department of Research/ SATHRI
Account number: 945219520
IFSC Code: IDIB000S043   (please note it is S not number 5)
Bank Address: 617, A GT Road, Serampore, Hooghly

PAYMENT BY DEMAND DRAFT
Demand Draft to be drawn in Favour of **DEPARTMENT OF RESEARCH/ SATHRI** payable at Kolkata/ Serampore

Seminar Fee paid by ONLINE TRANSFER/ DD NO: _____

Date: _____ Amount paid : Rs 18000.00 Bank Name: _____

Please send the application and documents duly filled into

The DEAN
Department of Research / SATHRI
Senate of Serampore College
10 William Carey Sarani, P.O. Serampore 712201
Hooghly, West Bengal, India
        For any queries please write to deanresearchsathri@gmail.com