

Application for admission to the DTh Research Methodology Seminar and Orientation Course SEMINAR DATES: 10thMay to ^{22nd} May 2021

1.	Name:		-				
2.	Addres	s:	-				
		Mobile:					
		Email:	_ (Legibly)				
3.	Age: _	Sex: Marital Status					
4.	Acader	nic Qualification:					
	a.	Secular :					
	b.	Theological: MTh in					
	c.	MTh Thesis Title:					
5.	Church a. b.	Relationship: Tradition/ Denomination: Status: Ordained/Pastor/Lay					
6.	Present	Position:					
7.	Previou	is Experience:					
8.	program	Th. Methodology Seminar and Orientation Course is an intensive nme. Do you have any health condition which might restrict your such an intensive programme.					
	YES/ N	YES/ NO If yes , please explain					
9.	Is it yo a.	ur intention to pursue D.Th. Studies ? If Yes When (YEAR) Doctoral Center?					
10.	-	ou passed Common Entrance Test conducted by the Senate of Ser Vhich Year, Doctoral Center	rampore College? If				

11. Intended Area of D.Th Research:

- a. Branch: _____
- b. Area within the Branch ______
- 12. Research Topic:_____
- 13. What is your professional objective of D.Th Studies?
- 14. Kindly list below your Research Projects, Published/ unpublished, which you have undertaken:

- 15. 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 : _____

16. 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:	

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

Declaration of t	he applicant		
Ι		hereby declare that	
all the informati	on provided by me are	true to the best of my knowledge.	
Date:			
		Signature of the applicant	
	IENT OF RESEARCI) (Rupees Eighteen Thousand Only) to be drawn in FAVOUR H / SATHRI (Rs. 3000 reduced for current year only due to	
William	nent Of Research/ SAT Carey Road, P.O. Sera y, West Bengal ATES:		
CHECK LIST Admission lett Thesis Propose MTh Certifica MTh Transcri CET Transcrip	Ր er from the Doctoral al (MUST BE SUBM te pt	IITTED along with application form)	
PAYMENT BY Demand Draft to Kolkata/ Seramı	pore	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 f <u>DEPARTMENT OF RESEARCH/ SATHRI</u> payable at	
Seminar Fee pai	d by ONLINE TRANS	FER/ DD NO:	
Date:	Amount paid : Rs 15000.00 Bank Name:		
Please send the	application and docun	nents 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