

# **PRESBYTERIAN THEOLOGICAL SEMINARY**

51-C Rajpur Road, Dehra Dun, UA, 248 001

**Phone: (0135) 2658417**

**Email: [registrar@ptsindia.com](mailto:registrar@ptsindia.com)**

Dear Friend,

Please find enclosed a complete set of our application forms and a copy of the prospectus. Before you begin to fill in the application forms, take time to study the prospectus.

It is most important that you answer all questions on the application forms **CLEARLY, ACCURATELY and SINCERELY**. Your application may not be considered if the information given to us is unclear, or if we find evidences of insincerity.

Following are the documents that you must send back to us:

1. Application for admission (green form): must be completed in applicant's own handwriting. Make sure your address is in capital letters.
2. Photograph: must be recent and should be affixed at the appropriate place.
3. Personal Statement of Christian Experience (white form): must be completed in the applicant's own handwriting.
4. Letter of Recommendation for Application (light blue form): must be given to three people listed by you in item No. 21 of the green form. The person recommending must send the completed form directly to the Seminary.
5. Medical Form (yellow form): must be completed by an MBBS doctor. If a student is found to have any major illness that is not disclosed in this form, he/she will be dismissed from the Seminary.
6. Financial Statement by Sponsor (pink form): must be completed by the sponsor, and should clearly indicate the amount the sponsor is willing to pay.
7. Pledge: After carefully studying the rules of conduct, the applicant must sign the pledge in the presence of two witnesses as required.
8. Mark List: An attested photocopy of your mark list and certificate of highest academic achievement. This is non-returnable.
9. Baptism Certificate (Photocopy) issued by your church.

Have all these documents sent to us promptly. Please note that we will **NOT CONSIDER** your application unless we receive all these documents.

May the Lord give you guidance and wisdom as you complete this application and seek admission to P. T. Seminary.

Sincerely in Christ,

Registrar

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## APPLICATION FOR ADMISSION

This form must be filled out in English by the applicant in his/her own handwriting.  
All items must be completed. Name and address should be written in **BLOCK** letters.

1. Applicant's full name: .....

2. Permanent Address:

Present Mailing Address:

.....  
.....  
.....  
.....

3. Date of birth: .....

4. Sex: (Male / Female): .....

5. Father's Name: .....

6. Name & address of any local Relative /  
Guardian (in Dehra Dun or nearby):  
.....  
.....  
.....

Fix  
Recent  
Photograph  
here

7. Telegram address, phone number, email address, etc. for notification in case of  
emergency: .....

.....  
.....

8. Are your parents Christian? .....

9. Marital status:  Married  Single  Divorced  Separated  Widowed

10. If Married:

State number of children: .....

Are you willing to come to the Seminary alone to study? .....

11. When did you become a born-again Christian? .....

12. Are you baptised? (If yes, attach copy of Certificate or Pastor's Statement).

13. Of which church **denomination** are you a member? .....

14. Of which **local church or assembly** are you a member? .....

15. For what degree / diploma are you seeking admission?  **B.Th.**  **M.Div.**

16. List of your academic qualifications:-

Examination passed	Name and place of Board or College or University	Date of Completion	Name of diploma or degree	Class or division
High School or Standard X				
PUC/Inter/10 + 2				
B.A., B.Sc., or B.Com.				
Theological Education/ Any Other				

17. What is your mother tongue? .....

What other languages can you speak, read or write? .....

18. Have you ever been employed? ..... if so, what employment and for how long? .....

19. What Christian service have you done? .....

20. What hobbies, special interests or skills do you have? .....

21. Give the name and complete addresses (in BLOCK letters) of the following person who know you well:

a. Your Pastor: .....

b. An official of your Church, Mission or sponsoring organization: .....

c. Another responsible Christian employer or teacher: .....

22. Do you promise to abide by the rules of the Seminary, to maintain a high academic standard, and promote a spirit of unity and love in the Seminary?

.....  
Date

.....  
Full signature of the applicant

NOTE: The following documents/items must be received before an application may be considered. Please tick items enclosed with this application.

- ( ) 3 recommendations (in sealed covers only) from persons listed in item No.21 above.
- ( ) Applicant's personal statement of Christian experience, commitment to Christ and call to service.
- ( ) Photocopies of academic certificates and mark lists attested by the head of an educational institution or a gazetted officer.
- ( ) Medical form.
- ( ) Financial statement.
- ( ) Certificate of Baptism.

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**Financial Statement**

**Schedule of Fees and Other Charges (w.e.f. July 2008)**

1. Bachelor of Theology (B.Th.)

No	Item	Plan I	Plan II	Plan III
1	Boarding	10,000	10,000	10,000
2	Tuition	35,000	25,000	10,000
3	Emergency Deposits	3,000	3,000	3,000

2. Master Of Divinity (M.Div.)

No	Item	Plan I	Plan II	Plan III
1	Boarding	10,000	10,000	10,000
2	Tuition	45,000	35,000	20,000
3	Emergency Deposit	3,000	3,000	3,000

3. Extra for Married Students with Families on Campus (B.Th./M.Div.)

No	Item	Amount
1	Mess Fee for Non-Student Adult	10,000
2	Mess Fee per Child (2-12 years)	5,000
3	Room Charges	5,000
4	Electricity	Actual minus units exempted

4. Personal Expenses (B.Th./M.Div.)

No	Item	B.Th.	M.Div.
1	Pocket Money	3,000	3,000
2	Books and Stationery	2,500	3,500
3	Travel	As required	As required
4	Medical	As required	As required

5. Other Rates and Charges

No	Item	Amount
1	Part Time Student Fees (less than 15 hrs; tuition only)	500 per cr hr per semester
2	Late Arrival (first 24 hrs or part thereof)	1,000
3	Late Arrival (per day after the first 24 hrs)	500
4	Re-admission Charges (after 7 calendar days of absence)	2,000
5	Private Personal Computer Charges	600
6	Mobile Phone Charges	300

## Notes

1. All students who are sponsored by churches and organizations are expected to pay according to Plan I.
2. All fees are calculated for the academic year consisting of 10 months.
3. All non-sponsored students must deposit the Boarding Fee (Rs 10,000) in advance every year (before the beginning of the Academic Year).
4. The admission of new students will not be confirmed unless the Boarding Fee amount is received by the Seminary.
5. Tuition Fees may be paid on a monthly or semesterly basis in advance.
6. Emergency Deposit (Rs 3,000) is to be paid only once at the time of admission. It is refundable at the completion of studies, without interest and after deduction of any outstanding dues.
7. "Personal Expenses" (Table #4) may be paid directly to the student. But the sponsor must agree to pay these promptly. If the student is not receiving funds for personal expenses, he will be asked to withdraw from the Seminary.
8. For medical emergencies only, the Seminary may advance a small amount to the student. This amount must be repaid at the earliest.
9. Married Students will not be required to pay personal computer charges.
10. Students leaving during the academic year for whatever reason will be charged boarding and tuition fees up to the semester in which they discontinue.

PRINCIPAL

**EACH FINANCIAL STATEMENT WILL BE EVALUATED INDEPENDENTLY**

**LETTER OF RECOMMENDATION FOR APPLICATION**

Name of Applicant (BLOCK letters):.....

Name of writer of this recommendation: .....

Note: The above applicant has given your name as one who knows him well and can give information about his character and qualifications. As the Seminary is training men and women for a lifetime of Christian work and ministry, it needs to take utmost care in selecting applicants. So, please supply the information requested as fully and accurately as possible. All information will be treated as strictly confidential. **Please return this form directly to the Registrar at the above address or enclose them in sealed envelopes before giving to applicant. Recommendations, which are not sent confidentially, will not be accepted. Any hint of insincerity in filling this form will automatically result in the rejection of the candidate.**

1. How long have you known the applicant? .....

2. In what capacity have you known him/her? (e.g., employer, pastor, teacher, etc. If a relative, state the relationship). .....

3. Do you know why the applicant wants to come to Seminary? .....

4. What do you know about the applicant's personal commitment to Christ?  
.....  
.....  
.....

5. In what ways has the applicant been involved in the life and work of his local congregation? .....

Has he/she been involved in any Church or organization other than the local congregation? .....

6. What gifts has the applicant shown that could be useful in Christian service?  
.....  
.....

7. All people have weaknesses. What do you feel are the main areas of weakness in the applicant's life?  
.....  
.....

.....

- 8. Give your opinion of the applicant’s character; his general maturity and stability, relationship with others, honesty and reliability, diligence in assignments, willingness to work with his hands, moral uprightness, and any other relevant points.

.....  
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.....

- 9. Give your opinion of the applicant’s health – keeping in mind the hard work and emotional pressure to be faced in Seminary and in future Christian ministry.

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- 10. Are there any problems in the applicant’s family which might affect his/her studies, such as opposition from parents, lack of finance, poor health of relatives, etc.?

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.....

- 11. Please tick one:

- I recommend the applicant very highly.
- I recommend the applicant.
- I recommend the applicant with some hesitation.
- I do not recommend the applicant.

Signature: .....

Position or title: .....

Address: .....

.....

.....

Date: .....

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## MEDICAL FORM FOR APPLICATION

Portion to be completed by applicant:

Full name (in BLOCK letters): .....

Date of birth: ..... Sex: ..... Single/ Married? .....

Number and ages of children: .....

Home address: .....

Family history: List illness or causes of death of

Parents .....

Brothers or sisters .....

Wife or children .....

Signature of the applicant: ..... Date: .....

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### **Portion to be completed by applicant's doctor:**

1. Does he/she have any physical deformities or limitations? If so, please specify.

.....  
.....

2. If he/she suffers from any of the following, please circle them:

poor vision	allergies	diarrhoea
eye strain	shortness of breath	frequent constipation
poor hearing	asthma	muscle or bone pain
noises in ears	bronchitis	mental depression
frequent headaches	palpitations of the heart	sleep trouble
frequent colds	skin disease	frequent urination
nose bleeds	food intolerance	blood in urine or stool
bleeding gums	indigestion	trouble with periods (if

sinus trouble

stomach pains

female)

- List any illnesses he/she has had (including surgery, diabetes, heart trouble, seizures, venereal disease, tuberculosis, etc.)

.....  
 .....  
 .....

- Is he/she allergic to any drugs? ..... If so, which? .....

- If he is taking long terms drugs? (e.g., for TB), please specify.

.....

- Does the applicant suffer from any contagious diseases? .....

- Any evidence of alcohol, tobacco or drug use? .....

- How long have you known or treated this applicant? .....

Examination of applicant: Height ..... Weight .....

Eyes ..... Visual acuity – Right ..... Left .....

Ears ..... Hearing – Right ..... Left .....

Mouth .....

Teeth .....

Palpable glands .....

Chest: Expansion ..... Auscultation .....

Cardio-vascular system:

Pulse (resting) ..... After 1 minute running .....

Blood pressure ..... Heart sounds .....

Abdomen: Scars? ..... Palpable organs? .....

Tenderness? ..... Hernias? .....

Genitalia ..... Rectum ..... Haemorrhoids .....

Neurological:

Power ..... Sensation .....

Co-ordination ..... Reflexes .....

Mental Evaluation: Has the applicant any history or mental disorder? .....

If so, its duration and treatment given .....

.....

Is there now any sign of excess anxiety, depression, or hallucination?

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.....

Laboratory tests:	Result	Date
Haemoglobin:	.....	.....
Blood Group	.....	.....
Serology	.....	.....
Urine	.....	.....
Stool	.....	.....
Chest X-ray (or screen)	.....	.....

IMPORTANT: Do you find from the applicant's history and examination reasons to think he/she might not tolerate years of intensive mental demands, and changes of diet, climate, and culture? .....

.....

.....

Please summarize important findings: .....

.....

.....

..... (Seal)

Date

..... (Signature of Doctor)

Address: .....

.....

.....

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## APPLICANT'S PERSONAL STATEMENT OF CHRISTIAN EXPERIENCE, COMMITMENT TO CHRIST, AND CALL TO CHRISTIAN SERVICE

Name in full (BLOCK letters) .....

1. Explain briefly how you became a committed Christian. (Use Separate Sheet)
2. Why do you believe you will go to heaven when you die? .....  
.....  
.....  
.....
3. In what ways is Christ the Lord of your life and the Bible its supreme authority?  
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.....  
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4. In what areas do you feel you need to grow in your Christian life? What are some of your weaknesses?  
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5. What do you see as the greatest need  
(a) in your church?  
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.....  
  
(b) in your country?  
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6. In your opinion  
(a) What should be the personal characteristics of a servant of Christ?  
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.....

(b) What should be the nature of the ministry of a servant of Christ?

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.....

7. Describe briefly how you would present the Christian Gospel to one who does not know Christ.

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8. What type of Christian ministry do you hope to do when you complete your Seminary training?

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9. Why have you decided to undergo a course of systematic theological training?

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10. Why did you select Presbyterian Theological Seminary for your training?

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.....

11. How did you hear about Presbyterian Theological Seminary?

Through a friend or pastor (Name) .....

Through advertisement in .....(Magazine)

Other .....

Date: .....

Signature: .....

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## PLEDGE

I, (name of applicant) .....  
Solemnly pledge that I shall obey all the rules of conduct prescribed by  
the PTS faculty.

I understand that if at any time, while a student at PTS, I engage in  
smoking, use of tobacco, drinking, misuse of drugs, boycotting or inciting  
to boycott classes or threat or use of physical force against another person  
(on or off campus), I am liable to immediate dismissal from the seminary  
without further warning.

I also agree to submit to the decision of the faculty in all matters  
regarding discipline and life while at the seminary.

Signature of applicant: .....

Date: .....

Witnesses:

1. ....  
Signature State Position-Parents/Guardian

2. ....  
Signature State Position-Church/Mission Leader

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## **WAIVER**

We, \_\_\_\_\_ and \_\_\_\_\_  
(applicant) (Sponsor/Guardian/Parent)

hereby state our agreement:

THAT a student admitted to Presbyterian Theological Seminary is subject to all the rules and regulations of the Seminary as set by and interpreted by the Faculty of the Seminary.

THAT a student, irrespective of his/her academic standing, may be expelled from the Seminary by the Faculty if he/she, in the opinion of the Faculty, fails to exhibit mature Christian behaviour.

THAT the training programmes at the Seminary are of such a nature that requires physical, emotional and mental rigor.

THAT manual work, field trips, preaching and social service among local communities, etc. are a required part of Seminary training.

THAT the Seminary shall not be responsible for any accidents, harm, injuries (fatal or otherwise) incurred while at the seminary or during any seminary-related activities.

THAT the Principal is authorized to act in good faith on behalf of the parents if a student is to be given medical treatment, including giving permission for surgery, blood transfusion, administration of medicines, etc. as instructed by a competent medical practitioner.

THAT the student and the parent/ guardian/ sponsor are fully responsible for the payment of all the expenses incurred by the student (including medical expenses).

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(Student)

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(Parent/ Guardian/ Sponsor)

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