

PRESBYTERIAN THEOLOGICAL SEMINARY
51-C Rajpur Road, Dehra Dun, UK 248 001

Tel: (0135) 265 8417:

Email: admissions@ptsindia.com

Dear Friend,

Download soft copy of the eForm [editable in acrobat or any browser], fill the same off-line and send to admissions@ptsindia.com as an attachment or post the filled printed copy of the eForm to Registrar Admissions, Presbyterian Theology Seminary Dehradun Uttarakhand. 248 001.

You must have the latest version of Acrobat Reader (9 or above) to open and fill these Forms.

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.

APPLICATION PROCEDURE

STEP 1

1. Download application eForm
2. Fill Completely application eForm.
3. Send completely filled application eForm to admissions@ptsindia.com as attachment.

Or

post the printed copy of completely filled application eForm to Registrar Admissions, Presbyterian Theology Seminary, Dehradun Uttarakhand. 248 001.

STEP 2

Checklist for Documents Required (please tick circles to ensure that you have completed requirements).

The following documents must reach the seminary for your application to be considered:

- ☐ Send the complete filled Application eForm by email as an attachment or by post or manually, with a recent photograph of the applicant taken not more than 6 months prior to application. Applicant's address should be in block letters.
- ☐ Applicant's Personal Testimony and related matters completed in the applicant's own words
- ☐ MEDICAL FITNESS SELF- DECLARATION FORM must be completed by the applicant. All information of current medications and health history must be disclosed honestly.
- ☐ Financial Agreement completed by Sponsor/ Parent/ Guardian indicating clearly what amount will be paid.
- ☐ Any student not paying full fees must apply for scholarship when admitted.
- ☐ Pledge: The applicant's pledge signed in the presence of two witnesses.
- ☐ Self attested photocopy of applicant's mark list and certificates of all academic achievements.
- ☐ The Waiver Form: The applicant's waiver form should be signed in the presence of two witnesses.
- ☐ Self attested Baptism Certificate (Photocopy) issued by your church.
- ☐ Self attested copy of applicant's Aadhar card

Have all these documents send to us promptly. Application will only be fully processed when all the required forms are received.

We pray that you will get the wisdom and guidance to complete this application fully. We look forward to be in touch with you.

Sincerely in Christ,

Registrar Admissions

14.	For what degree are you seeking admission?	BTh	MDiv	MDiv(online)	MTh-OT
		MTh-NT	MTh-Mission		

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15. List of your academic qualifications

Examination passed	Name and place of Board /College /University	Date of Completion	Name of diploma or degree	Class/Division
High School or Standard X				
PUC/Inter/10 + 2				
BA, BSc, or BCom				
BTh				
MDiv/BD				

16. What is your mother tongue?

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

18. What Christian service have you done?

19. What special interests or skills do you have?

20. Give the name and email addresses of the following person for your reference.

Note: Reference should not be made by immediate family members

a. Your Pastor: E-Mail: .

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

c. Responsible Christian employer or teacher
E-Mail

21. I declare that the above information is true and correct to the best of my knowledge

Date (DD/MM/YY)

Full signature of the applicant

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Portion to be filled by applicant

The information you give will be treated with utmost confidentiality and is requested for us to be better prepared for any medical emergencies. Please answer all questions honestly and sincerely.

I _____ (student's name in capital letters)

declare that I have the following medical conditions (Please tick /explain as necessary)

1. Blood group
2. Chronic Disease (e.g. diabetes; asthma; TB, etc)
3. Blood disorders (e.g. Hepatitis, HIV, etc)
4. Congenital (from birth) infirmities (e.g. Hole in heart etc.)
5. Physical challenges (e.g. handicaps etc)
6. Poor Vision
7. Allergies (e.g. medicines, food etc)
8. Any others

I take the following medicines regularly

- 1.
- 2.
- 3.
- 4.
- 5.

I declare that I have none of the above medical conditions and I am not on any regular medication.

I declare that I have no health issues that would affect my studies at Presbyterian Theological Seminary (P.T.S).

I agree to be responsible for any medical expenses that may be necessary during my studies at PTS

Applicant's Signature

Date

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APPLICANT'S PERSONAL TESTIMONY AND RELATED MATTERS (TO BE COMPLETED BY IN HIS OWN WORDS)

NAME OF APPLICANT COURSE APPLIED FOR

1.Describe in 350 words how you came to know Jesus Christ as your personal Lord and Saviour.

2.Why did you to chose PTS for your studies?

3.Tell us what you would like to do when you complete your studies at PTS?

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PLEDGE

I, _____ 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 promise to vacate the Seminary rooms/ quarters during summer breaks, upon graduation, or whenever required by the Seminary. I also agree to submit to the decision/s of the faculty in all matters regarding discipline and life while at Presbyterian Theological Seminary.

Signature of applicant

Witness-1 Parents/Guardian

Witness-2 Church/Mission Leader

Signature

Date

Signature

Date

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WAIVER

We,

And

(Sponsor/Guardian/Parent) hereby state our agreement:

- 1.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.
- 2.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.
- 3.THAT the training programmes at the Seminary are of such a nature that requires physical, emotional, and mental rigor.
- 4.THAT manual work, field trips, preaching and social service among local communities, etc. are a required part of Seminary training.
- 5.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.
- 6.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.
- 7.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).

Applicant

Parent/Guardian/Sponsor

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**Scholarships available for deserving candidate*

FINANCIAL AGREEMENT BY SPONSOR OR GUARDIAN

Name of the Student

Course

AMOUNT DUE TO SEMINARY

1. Consolidate Fees (Per Academic Year)

❖ BTh

Plan -1(Donors) Fees
Rs. 200,000

Plan2-Fees
Rs. 1,16000

Plan -3-Concessional
Rs.66,000/-

I/we will pay

❖ MDiv

Plan -1(Donors) Fees
Rs. 2,10000

Plan 2 Full Fees
Rs. 1,26000

Plan -3- Concessional
Rs.76,000/-

I/we will pay

❖ MDiv-(Online)

Rs. 2,500/- per credit hour

I/we will pay

❖ MTh.

Full Fees
Rs. 1,50,000

Concessional Plan
Rs. 90,000/-

I/we will pay

2. Emergency Deposit (Once only)

Emergency Deposit Rs. 3,500/-

I/we will pay

3. Additional Charges for Married Students with families on campus

❖ Quarter (per family)

Full Fees Rs. 10,000

I/we will pay

❖ Mess Charge (non-student above 9 years)

Full Fees
Rs.35,000

Concessional Plan
Rs.30,000

I/we will pay

❖ Mess Charges for Child (2-8 years)

Full Fees
Rs. 20,000

Concessional Plan
Rs. 15,000

I/we will pay

Total Fees Due to Seminary

Name of Sponsor/Guardian

Church/Organization

Address

SEAL

Sponsor's Signature

Place

Email

Phone

Date [DD/MM/YY]