



## HARDING THEOLOGICAL COLLEGE, TURA

Edenbari, P.O. Lower Chandmari  
West Garo Hills, Meghalaya – 794002  
Email : [htcedenbaritura@rediffmail.com](mailto:htcedenbaritura@rediffmail.com)

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### APPLICATION FOR ADMISSION (USE BLOCK LETTERS)

Course : **B.D (Bachelor of Divinity)**

1. Name of the applicant in full \_\_\_\_\_  
(use block letters)
2. Father's Name: \_\_\_\_\_ 3. Mother's Name: \_\_\_\_\_
4. Name of Local Guardian & Address : \_\_\_\_\_
5. Present occupation of the applicant : \_\_\_\_\_
6. Sex \_\_\_\_\_; 7. Date of Birth: \_\_\_\_\_; 8. Age: \_\_\_\_\_
9. Mother-tongue: \_\_\_\_\_; 10. Caste: \_\_\_\_\_
11. State: \_\_\_\_\_ 12. Country: \_\_\_\_\_
13. Permanent address: \_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Email ID \_\_\_\_\_ 14. Marital status (Married/Single) \_\_\_\_\_
15. If married (a) Name of your wife/husband: \_\_\_\_\_  
(b) How many children you have? \_\_\_\_\_ Son \_\_\_\_\_ Daughter \_\_\_\_\_
16. How will you be supported financially?  
Self/Family/Church/Assosiation or any: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Enclose a letter from the one who is responsible for your financial support while in the college)
17. Your Church Background & Experience:  
Church: \_\_\_\_\_ Denomination: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
Your personal involvement in the Christian Ministry:  
Part-time/Full-time : \_\_\_\_\_  
(Give a brief report of your own personal testimony in a separate sheet of paper)

18. Name and address of three persons who can supply confidential information:

(1) \_\_\_\_\_  
\_\_\_\_\_  
(2) \_\_\_\_\_  
\_\_\_\_\_  
(3) \_\_\_\_\_  
\_\_\_\_\_

19. Academic Qualification :

	<i>Institution</i>	<i>Degree</i>	<i>Class</i>	<i>Year of completion</i>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

(Attach attested copies of Class 10 and Highest Degree's Admit Cards, Certificates & Marksheets)

**PLEDGE**

I, \_\_\_\_\_ declare that all the information given above are true and correct to the best of my knowledge. I promise that I shall try to maintain a good testimony, academic standard, and abide by the rules & regulations of the college.

Dated: \_\_\_\_\_

*Signature of the Candidate*

**Documents need to be produce :** 1. Church/Association Recommendation Letter 2. Financial Guarantee Letter 3. Personal Testimony 4. Birth Certificate 5. SSLC & Highest Degree's Admit Card, Marksheet & Living/Degree Certificate.

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**FOR OFFICIAL USE ONLY**

1. When the application is recieved ? \_\_\_\_\_
2. Application Fee/Late Fee: Received Rs. \_\_\_\_\_
3. Admission Allowed \_\_\_\_\_
4. Any other remark: \_\_\_\_\_

**NOTE :** **Form Fee : Rs. 200/-**  
**Last Date of Submission : March 31<sup>st</sup>**  
(With Late Fee of Rs. 200/- upto April 10<sup>th</sup> )  
Office Contact No : 9862259105

*Signature of the Principal/Dean*

**HARDING THEOLOGICAL COLLEGE**  
**Health Statement of Candidates for Admission**  
**FOR BD ONLY**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

General Physique \_\_\_\_\_

**Previous Illness:**

Infectious diseases: \_\_\_\_\_ TB \_\_\_\_\_

STD \_\_\_\_\_ Alcoholism \_\_\_\_\_

Drug Abuse \_\_\_\_\_ Malaria \_\_\_\_\_

Typhoid \_\_\_\_\_ Seizures \_\_\_\_\_

**Family History:**

Father (Name) \_\_\_\_\_ Age \_\_\_\_\_ Dead/Alive \_\_\_\_\_

Mother (Name) \_\_\_\_\_ Age \_\_\_\_\_ Dead/Alive \_\_\_\_\_

Brothers (Only Numbers) \_\_\_\_\_ Sisters (Only Numbers) \_\_\_\_\_

**General Appearance:**

Cleanliness \_\_\_\_\_ Nourishment \_\_\_\_\_

**Glands:**

Any enlargement in neck \_\_\_\_\_

Axillae \_\_\_\_\_ Groins \_\_\_\_\_

**Circulatory System:**

Heart \_\_\_\_\_ **Respiratory System** \_\_\_\_\_

Varicose Veins \_\_\_\_\_ Asthma \_\_\_\_\_

Filariasis \_\_\_\_\_ Chronic Bronchitis \_\_\_\_\_

Pulse Rate \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Anemia \_\_\_\_\_ (LAB; TEST) HB: - \_\_\_\_\_ (LAB; TEST)

Blood Group \_\_\_\_\_ (LAB; TEST) HIV \_\_\_\_\_ (LAB; TEST)

**Genito-Urinary System:** Specific gravity of urine \_\_\_\_\_ (LAB; TEST)

Albumen \_\_\_\_\_ (LAB; TEST) Sugar \_\_\_\_\_ (LAB; TEST)

**Fitness for Study:**

Do you consider that the candidate has any physical condition, which would seriously interfere with his/her carrying out a rigorous programme of study?

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

*Physician's Name & Signature*  
Seal: