

PRESBYTERIAN THEOLOGICAL SEMINARY

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

Tel: (0135) 265 8417;

Email: 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.

APPLICATION PROCEDURE

STEP 1

Complete and submit online application form (if you do not have access to good internet service to fill application form online please download and fill by hand /type).

STEP 2

Download all remaining materials and follow instructions. (see checklist)

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:

- Application form completed online 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 ownhandwriting.
- Reference Forms for the applicant should be given to three people. The person recommending must send the completed form directly to the Seminary.
- 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 in the form provided.
- Pledge: The applicant's pledge signed in the presence of two witnesses.
- Mark List: An attested photocopy of applicant's mark list and certificate of highest academic achievement. This is non-returnable.
- The Waiver Form: The applicant's waiver form signed in the presence of two witnesses.
- Baptism Certificate (Photocopy) issued by your church.

Have all these documents sent 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.

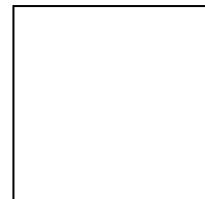
Sincerely in Christ,
Registrar

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APPLICATION FOR ADMISSION (Revised, April 2017)

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:
(if different to permanent address)
-
-
-
-

Contact Information: Email: Mobile:

- 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):
..... Mobile No:
-
-
- 7. Are your parents Christian?
- 8. Your marital status: Single Married Separated Divorced Widowed
- 9. If Married:
State number of children:
- Are you willing to come to the Seminary alone to study?
- 10. When did you become a born-again Christian?
- 11. Are you baptized? (If yes, attach a copy of your baptism certificate.
- 12. Of which church **denomination** are you a member?
- 13. Of which **local church or assembly** are you a member?
- 14. For what degree / diploma are you seeking admission? **B.Th.**, **M.Div.**

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15. 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				

16. What is your mother tongue?

17. 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. **Give them one RECOMMENDATION FORM each to be mailed directly to the REGISTRAR, PTS, 51C Rajpur Road, Dehradun, Uttarakhand, 248001:**

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

Tel: (0135) 265 8417;

Email: registrar@ptsindia.com**REFERENCE FORM****CONFIDENTIAL**

The purpose of this form is help us determine the suitability of the candidate for theological training. Your honest careful observation about the candidate would be helpful. Please mail the completed reference form to **Registrar, PT Seminary, 51 C Rajpur Road, Dehradun 248001.** Thank you

Name of the Applicant: _____

1. How long have you personally known the applicant? (years).
2. How Well? Very well Rather well Casually Not well
3. How as a Pastor Official of Church/Mission Christian Leader/ Employer Other
4. Please tick one or more items under each of the headings that describe the candidate best and do not tick any item of which you have no knowledge.

Physical Condition

- Fall sick often
 Fairly healthy
 Good health
 Strong and healthy

Relationship with others

- Avoided by others
 Tolerated by others
 Liked by others
 Sought by others

Commitment to work

- Does only what is assigned
 Starts but does not finish
 Works in most situations
 finishes the work despite troubles

Leadership

- * + Doesn't take initiative
 Tries but lacks ability
 Has some leadership abilities
 Has good leadership ability

Personality

- Insecure and inferiority complex
 Prone to boast
 Self-confident
 Modest and humble

Needs of Others

- lacks sensitivity
 Reasonably responsive
 Empathizes well
 Quite responsive

Emotional stability

- Tense, fearful, worried
 Easily gets very angry or frustrated
 Moody and depressed
 Balanced and self-controlled

Teachability

- Argumentative
 Highly opinionated
 Willing to be instructed
 Quite teachable

Use of Money

- Frequently in debt
 Expects others to meet needs
 Careless and Extravagant
 Careful and has a budget

Intelligence

- Slow learner
 Average mental ability
 Alert, has a good mind
 Brilliant

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5. What gifts do you see in this applicant that may be useful for full time ministry?
6. Why is the candidate applying to PTS?
7. Please list any concerns or reservations you have about the applicant
8. After the training, would you hire the applicant for your organisation? Why or Why not?
9. If there is any other information that PTS should know, please write.

Recommendation

Recommended highly Recommended Recommended with reservations

Not recommended Contact for further information

Signature: _____ Date: _____

Name (CAPITALS) _____

Position: _____

Church / Organisation: _____

Address: _____

Phone / Mobile: _____

Email: _____

(PLEASE MAIL DIRECTLY TO THE REGISTRAR)

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Phone / Mobile: _____

Email: _____

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MEDICAL FITNESS SELF- DECLARATION FORM

Portion to be completed 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 the questions honestly and sincerely.

1, _____ (student's name in capital letters) declare that I have the following medical conditions (please tick / explain as necessary):

- Chronic Diseases (e.g. diabetes; asthma; TB, etc.) _____
- Blood disorders (e.g. Hepatitis; HIV; etc.) _____
- Congenital (from birth) infirmities (e.g. Hole in the heart etc.) _____
- Physical challenges (e.g. handicaps etc.) _____
- Poor vision _____
- Allergies (e.g. medicines, food etc.) _____
- Any other _____

I take the following medicines regularly: _____

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

Applicant's signature: _____

Date: _____

NOTE: A medical examination will be arranged in the first month of student's arrival. The cost of this examination will be borne by the student (cost for 2017-2018 is Rs. 500).

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**APPLICANT'S PERSONAL TESTIMONY AND RELATED MATTERS
(TO BE COMPLETED IN APPLICANT'S OWN HANDWRITING)**

NAME OF APPLICANT:..... COURSE APPLIED FOR:

1. Describe in 150 words how you came to know Jesus Christ as your personal Lord and Saviour.

2. What made you 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, (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 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:

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).

(Student)

(Parent/ Guardian/ Sponsor)

Date: _____

Schedule of Fees and Other Charges (w.e.f. July 2016)

1. Bachelor of Theology (B.Th.) – All figures per academic year

No	Item	Full Fees	Scholarship Plan-I	Scholarship Plan-II
1	Boarding	40,000	20,000	20,000
2	Tuition	75,000	45,000	20,000
Total		1,15,000	65,000	40,000
3	Payment	Semester One in July	57,500	32,500
	Schedule	Semester Two in January	57,500	32,500

2. Master Of Divinity (M.Div.) – All figures per academic year

No	Item	Full Fees	Scholarship Plan-I	Scholarship Plan-II
1	Boarding	40,000	20,000	20,000
2	Tuition	95,000	55,000	35,000
Total		1,35,000	75,000	55,000
3	Payment	Semester One in July	67,500	37,500
	Schedule	Semester Two in January	67,500	37,500

3. All new B.Th and M.Div students are required to deposit Rs.3000 as security.

4. Extra for Married Students with Families on Campus (B.Th./M.Div.) – All figures per academic year

No	Item	Full Fees	Scholarship Plan I & Plan II
1	Mess Fee for Non-Student Adult	40,000	20,000
2	Mess Fee per Child (2-12 years)	20,000	10,000
3	Room Charges	7000	
4	Electricity	Actual minus units exempted	

4. Recommend Personal Expenses (B.Th. /M.Div.) – All figures per academic year

No	Item	B.Th.	M.Div.
1	Pocket Money @ 500 Per Month (Single)	5,000	5,000
2	Pocket Money @ 1000 - 1500 Per Month Married Students	10,000 to 15,000	10,000 to 15,000
3	Books and Stationery	2,500	3,500
4	Travel	As required	As required
5	Medical	As required	As required

5. Other Rates and Charges

No	Item	Amount
1	Part Time Student Fees (less than 15 hrs; tuition only)	per cr hr per semester 750
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	Per Year 600
6	Mobile Phone Charges	Per Year 300
7	Transcripts (other than first) – Excluding Postage	200

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1. All students who are sponsored by churches and organizations are normally expected to pay Full Fees.
2. All fees are calculated for the academic year. Hostels will be closed for winter vacation. Food and accommodation expenses during winter vacation will be extra.
3. The admission of new students will not be confirmed unless Rs 30,000 is received by the Seminary.
4. 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.
5. "Personal Expenses" (Table #4) should be paid directly to the student. Sponsor should pay these promptly to the student.
6. For medical emergencies only, the Seminary may advance a small amount to the student. This amount must be repaid at the earliest.
7. 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

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FINANCIAL AGREEMENT BY SPONSOR OR GUARDIAN

Name of the Student: _____

Course: _____

AMOUNT DUE TO SEMINARY (PER ACADEMIC YEAR)

1. B.Th. Tuition fee

Single Students I / we will pay (Please tick one

option) Consolidated Fees

Full Fees: **Rs.1,15,000**

Scholarship Plan I: **Rs. 65,000***

Scholarship Plan II: **Rs. 40,000* (Minimum)**

Married Residential Students I / we will pay (Please tick one option)

Consolidated Fees + Room Rent + Mess Fee of Spouse= Total Fees + Mess Fee Per Child

Full Fees: **Rs, 1,15,000 +Rs. 7,000 +Rs. 40,000 =Rs.1,62,000**
+ Rs.20,000 (Per child above 2 years)

Scholarship Plan I: **Rs. 65,000 +Rs. 7,000 +Rs. 20,000 =Rs. 92,000***
+ Rs.10,000 (Per child above 2 years)

Scholarship Plan II: **Rs. 40,000 +Rs. 7,000 +Rs. 20,000 =Rs. 67,000* (Minimum)**
+ Rs.10,000 (Per child above 2 years)

2. M.Div. Tuition fee

Single Students I / we will pay (Please tick one

option) Consolidated Fees

Full Fees: **Rs.1,35,000**

Scholarship Plan I: **Rs. 75,000***

Scholarship Plan II: **Rs. 55,000* (Minimum)**

Married Residential Students I / we will pay (Please tick one option)

Consolidated Fees + Room Rent + Mess Fee of Spouse = Total Fees + Mess Fee Per Child

Full Fees: **Rs, 1,35,000 + Rs. 7,000 +Rs. 40,000 =Rs.1,82,000**
+ Rs.20,000 (Per child above 2 years)

Scholarship Plan I: **Rs. 75,000 + Rs. 7,000 +Rs. 20,000 =Rs.1,02,000***
+ Rs.10,000 (Per child above 2 years)

Scholarship Plan II: **Rs. 55,000 +Rs. 7,000 +Rs. 20,000 =Rs. 82,000* (Minimum)**
+ Rs.10,000 (Per child above 2 years)

3. Security deposit **Rs. 3000**

Name of Sponsor or Parent or Guardian Rev./Dr./Mr./Mrs./Ms. _____

Church/Organization: _____

Address: _____

Phone: _____

Email: _____

Date _____



Sponsor's Signature _____

* Scholarships are available only to those students with special need. A separate application on prescribed form is required

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APPLICATION FORM FOR SCHOLARSHIP

Name of Applicant: _____ Course: _____

Address: _____

Email: _____ Phone: _____

1. Sources of Income:

Family		Occupation	Salary (Monthly)
Father			
Mother			
Single Employed (If any)	Brothers		
	Sisters		
Self			
Other Sources			
Total Income (Monthly)			

2. Attach salary certificate or Income Tax return or other documents for verification.

3. Assets of Parent/Guardian/Family

- Number of two Wheelers _____
- Number of Motor Vehicles (Four wheelers) _____
- Land (_____ area)
- House
- Other: _____

4. Dependents

- a. Number of dependents (unemployed/minor) _____
- b. Ongoing/regular expenses (Monthly): _____

DECLARATION

I _____, hereby, declare that the details given above are true to the best of my knowledge. I further declare that if scholarship is granted I will abide by the terms and conditions of PTS given below

Signature: _____

Witness _____

Date: _____

Email _____

Phone: _____

Tel: (0135) 265 8417;

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TERMS AND CONDITIONS OF PTS SCHOLARSHIP AID FOR STUDENTS

1. Allotting of Scholarships is entirely at the discretion of the management of the Seminary. The Seminary reserves the rights to grant, change, or withdraw scholarships at any time without giving any reasons.
2. Disbursements of Scholarships are dependent on availability of funds.
3. If any insincerity is detected in filling the scholarship application form, the scholarship granted will be cancelled.
4. Scholarship allotted will be applied only to the consolidated fees (tuition and boarding), and not for any personal expenses.
5. All scholarships are awarded for one academic year at a time. There will be no automatic renewal of scholarships. Application for renewal of scholarship must be submitted by 10 February of each academic year for the following academic year.
6. All scholarship recipients will be required to write letters of appreciation to their sponsors.
7. All scholarship recipients are expected to show diligence in studies and maintain a minimum C+ grade in their studies.
8. Any serious disciplinary action taken by the Faculty will automatically result in the cancellation of scholarship.