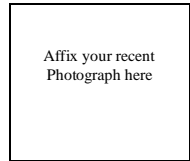


**Sam Higginbottom University of Agriculture, Technology and Sciences**  
**Uttar Pradesh State Act No. 35 of 2016**

**FACULTY OF THEOLOGY**  
*Gospel & Plough Institute of Theology*

**PRELIMINARY APPLICATION FORM**

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



1. Candidate's Full Name.....  
(Use Capital Letter)
2. Father's /Husband's name .....
3. Mother's Name.....
4. Mailing Address.....  
.....  
City/ Village: .....State.....Post Office:..... Pin Code.....  
Mobile ..... e-mail .....
- Aadhaar Card No:..... ID No. (only for SHUATS Graduates) .....

5. Church Membership.....

6. Monthly income of Parents.....

7. Educational Qualification

<b>Exam Passed</b>	<b>Board/University</b>	<b>Name of Institution</b>	<b>Division</b>	<b>Passing Year</b>

8. Languages (speak, read and write).....

9. Mother Tongue .....

10. Name, Address and Phone No. of:

a. Pastor : .....

b. Bishop/Head of the Church:.....

11. Name of Sponsor who will support financially your studies: Church/Institution/Mission/Family

.....

12. Date of Birth:.....

Date of Baptism:.....

13. Why do you want to join SHUATS for your theological Studies?.....  
 .....  
 14. Do you smoke/drink alcohol/eat tobacco?.....  
 15. Will you obey the Rules and Regulations of SHUATS?:.....

**DECLARATION**

All the information given by me in this application are correct to the best of my knowledge. In case any of these information is found incorrect/incomplete or false, my admission may be treated as cancelled.

Date.....

.....

Full Signature

**Please send the following documents with the completed Application Form:-**

1. Xerox copy of All Certificates & Marks Sheets (High School onward).
2. Xerox copy of Baptismal Certificate
3. Original copy of Migration and Transfer Certificate
4. Original copy of your Testimony of accepting Jesus Christ as Personal Saviour
5. Original copy of a Financial Sponsorship Letter from Church/Parents/ Institution.
6. Original copy of a Letter of recommendation from the Bishop/Pastor/ Head of the Institution/ Pastor of your Church
7. Medical Fitness Certificate/ Covid Vaccination certificate.

**Note:** Kindly bring all your original documents for verification at the time of Registration. Application shall be processed at the Departmental level prior to registration in the University at the time of admission.

*Send the filled Application attached with documents to*

**Academic Coordinator (UG & PG)**  
**Rev. Siricharan Iswary**  
**WhatsApp /Phone : +91-8932921019**  
**Email: [siricharan.iswary@shiats.edu.in](mailto:siricharan.iswary@shiats.edu.in)**  
**[deantheology@shiats.edu.in](mailto:deantheology@shiats.edu.in)**