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

Ph.D. Theology in

Old Testament/New Testament/Christian Theology/Christian Ethics/Religion/ History of Christianity/ Missiology/ Christian Ministry/Counseling /Communication

					x your recent otograph here	
	date's Full Name Capital Letter)					
2. Father	's /Husband's name		•••••	•••••		••••
3. Mothe	Mother's Name.					
4. Mailin	ng Address				•••••	••••
		.StatePost Offic				-
Mobile e-mail						
Aadhaar (Card No:	ID N	o. (only for SH	UATS Gradu	ates)	
5. Church Me	mbership					
6. Monthly in	come of Parents					
•	l Qualification					
Exam Passed	Board/University	Name of Institution	Year	Division	percei	ntage
8. Languages	(speak, read and write).					
9. Mother Tor	ngue					, • • •
10. Name, Ad	dress and Phone No. of:					

b. Bishop/Head of the Church:	
11. Name of Sponsor who will support financially your stud	dies: Church/Institution/Mission/Family
12. Date of Birth:	Date of Baptism:
13. Why do you want to join SHUATS for your theological	Studies?
DECLARATION	
All the information given by me in this application are corthese information is found incorrect/incomplete or false, my	· · · · · · · · · · · · · · · · · · ·
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.
- 8. No Objection Certificate from Employer for In-service candidates.

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 (Ph.D.)
Dr. Jonli Doley

Phone: + 91-9140605845

Email: jonali.johnson@shiats.edu.in deantheology@shiats.edu.in