FACULTY OF THEOLOGY



DATS - Department of Advanced Christian Studies

Sam Higginbottom University of Agriculture, Technology & Sciences

PRELIMINARY APPLICATION

Admission 2023-24

PhD Christian Studies

1. Candidate's	Full Name (Use Capital Letters)		• • • • • • • • • • • • • • • • • • • •		•
2. Father's /Hus	sband's Name				
3. Aadhar No		PAN No			
4. Mailing Add	lress				
City	State	Pin C	ode		
Mobile/Phone.		E-mail			
5. Church Memb	pership and Denomination				
6. Profession					
7. Category – G	eneral/ SC/ ST /OBC /PWD/Other	(mention)/		(Certificat	e required)
6. Educational Q	Qualification:				
Exam Passed	Board/University	Name of Institution	Division	Percentage of marks	Passing Year
Xth					
XIIth					
Graduation					
Post Graduation					
Theological Education/ Additional Qualification					
7. Give name, addre	ess, phone and email of the followi	ng:			
a) Bishop/Pastor/He	ead of the Church				
b) Any responsible	person who can give information a	about you (Name, Email, Phone	, Address)		
	ne Church/Institute or Mission/fami				
9. Why do you wan	t to join SHUATS for your theolog	gical studies?			
DECLARATION					
	n given in this application is correcte or false, my admission may be tr		In case any is	nformation is	found
Date					

Please send the following with the completed Application Form:-

- 1. Photocopy of the following Documents:
 - a. All Certificates & Marks Sheets
 - b. Baptism Certificate
 - c. SC/ST/OBC Certificate (If applicable)
- 2. Original copy of a Letter of recommendation from the Bishop/Pastor/ Head of the Institution
- 3. Original copy of a Financial Sponsorship Letter from Parents/Guardian/Head of the Institution/Sponsor
- 4. Original copy of a Personal Testimony of accepting Jesus Christ as Personal Saviour.
- 5. Original Migration/Transfer Certificate
- 6. Medical Fitness Certificate
- 7. Covid Vaccination Certificate
- 8. No Objection Certificate from Employer for In-service candidates.

Note: Kindly bring 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.

Please e-mail scanned copies of the Application Form and the documents to datsmacs@shuats.edu.in, Cc: dats@shuats.edu.in, and send the hard copies to the following address:

The Coordinator

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Ph: 91-

Email: dats@shuats.edu.in