

## **Application for Admission**

Academic Year 20.....to 20.....



# **MISSION INDIA THEOLOGICAL SEMINARY**

## **INSTRUCTIONS FOR ADMISSION**

**Dear applicants**

**Thank for seeking admission in Mission India Theological Seminary. Before you fill up the application form, please thoroughly read the instructions given below-**

### **A. GENERAL INSTRUCTIONS**

1. Applicant should be familiar with the prospectus of MITS which gives clear information about admission, registration and Degree programs.
2. Closing date for completed application forms along with Rs. 200/- for application processing fee to reach MITS is, 28<sup>th</sup> February, 20..... The next closing date with late fine Rs. 300/- is 30 April, 20.....
3. MITS require entrance examination and personal interview with all applicants before deciding for admission.
4. The interview will be held at MITS campus in Nagpur in the first and second week of June, 20.....
5. The invitation for interview is not a guarantee of admission. The decision of the MITS admissions committee to offer admission will be known to you after the interview.
6. Send the application forms and the supporting documents by the registered/speed post or DTDC courier to the Registrar.
7. The applicants, who are waiting for the results should produce their original certificates, if selected, by the month of July of the academic year.

### **B. DOCUMENTS REQUIRED FROM THE APPLICANT**

1. Duly completed application form along with application fee Rs.200/- (non-refundable).
2. One Xerox copy of each page of all academic records such as Diplomas / Degrees / Mark sheet / Transcript, etc. (All the Originals are to be produced at the time of registration.)
3. Two copies of passport size color photograph of the applicant taken recently.
4. The applicant's statement with regards to his/her Christian experience and personal commitment to Jesus Christ.
5. The applicant's statement regarding his/her purpose in perusing theological studies at MITS.
6. The Medical certificate, Recommendation letters, Sponsor's financial statement, as per the prescribed form. No objection certificate is required in case of transfer students.
7. Three references are needed for each applicant on the three prescribed form of two pages each and to be sent directly by each referee to the registrar's office.

(for office use only)

Date received \_\_\_\_\_

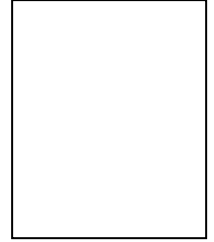
Application Fee Paid \_\_\_\_\_ Year \_\_\_\_\_



# MISSION INDIA THEOLOGICAL SEMINARY

Accredited by ATA & Affiliated With Martin Luther Christian University (UGC)  
Khadgaon, Kalambi -post, Kalmeshwar- Tehsil, Nagpur - 441501, MS, INDIA.  
Phone: 0712-20466, Cell: 08007110209/07350106517

E-mail: [admission@mits-india.org](mailto:admission@mits-india.org), [principal@mits-india.org](mailto:principal@mits-india.org)



**PROGRAM:** (Please tick as appropriate)

- |   |  |
|---|--|
| <input type="checkbox"/> Master of Theology in Missiology           | <input type="checkbox"/> Bachelor of Theology                    |
| <input type="checkbox"/> Master of Theology in Christian Counseling | <input type="checkbox"/> Diploma in Theology                     |
| <input type="checkbox"/> Master of Divinity                         | <input type="checkbox"/> Certificate in Theology (Hindi/Marathi) |
| <input type="checkbox"/> Master of Divinity (Non Residential)       | <input type="checkbox"/> Certificate in Ministry (Hindi/Marathi) |

## A. PERSONAL AND FAMILY INFORMATION

1. Name (in block letters): \_\_\_\_\_

Last/Family Name                      First                      Middle

2. Gender:             Male                       Female

3. Date of Birth:              Date                        Month                          Year

4. Place of Birth: \_\_\_\_\_

City                       State                       Country

5. Nationality: \_\_\_\_\_

### 6. Address for communication:

House No: \_\_\_\_\_ Village/Town \_\_\_\_\_

Post Office \_\_\_\_\_ Mandal/Tehsil \_\_\_\_\_

City/District \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ PIN

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 7. Permanent Address:

House No: \_\_\_\_\_ Village/Town \_\_\_\_\_

Post Office \_\_\_\_\_ Mandal/Tehsil \_\_\_\_\_

City/District \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ PIN

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_



**C. MANDATORY DISCLOSURES**

1. Are you undergoing any treatment for any illness? Yes  No
2. Have you suffered from any chronic diseases such as Tuberculosis, Epilepsy, Rheumatic, heart problem, asthma, Diabetes etc. If yes, Specify \_\_\_\_\_
3. Are you physically handicapped? If Yes, Specify \_\_\_\_\_
4. Have you ever suffered from any type of mental illness? If yes, Specify \_\_\_\_\_
5. Do you have the habit of using tobacco, drugs, intoxicating drinks etc.?
6. Do you have the habit of visiting questionable places of amusements like Cinema halls etc.?

**D. ACADEMIC INFORMATION**

1. **Educational Qualification:** The applicant is responsible to fill the programs from schooling to the degrees in the order which s/he has attended. Send all transcripts to the Admission Office.

Degree	Duration		Name and Location of the Institution	Medium	Percentage / Grade
	From	To			
Schooling					
+2/Intermediate					
Graduate					
Post-graduate					
Any Other					

2. Have you written any thesis in your previous institution? If yes, write down the thesis title :  
\_\_\_\_\_
3. Have any of your writings been published? If Yes, Give details  
\_\_\_\_\_
4. Have you conferred with any Special honor  
\_\_\_\_\_
5. Have you previously applied to MITS? Indicate Year and Program  
\_\_\_\_\_
6. Are you a transfer student? If so, give reason of transferring:  
\_\_\_\_\_
7. How did you hear about MITS : \_\_\_\_\_
8. Please attach a statement explaining your desire to pursue theological education , and reasons for your interest in MITS.(Use additional paper one page)

**E. CHURCH RELATIONS AND MINISTRY EXPERIENCES**

1. Have you received Jesus as your personal Lord and Savior? Yes  No  When \_\_\_\_\_

2. Have you been baptized with believer's baptism? Yes  No  When \_\_\_\_\_

3. What is your Denomination/church affiliation? \_\_\_\_\_

4. Name and address of the Local Church:

Church

Name \_\_\_\_\_ Village/Town \_\_\_\_\_

Post office \_\_\_\_\_ Mandal/Tehsil \_\_\_\_\_

City/District \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Pin \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

5. Explain your life in Christ before, after and now. In addition write down how and when did you accept and respond to the call of God (Use an additional paper)

6. Do you exercise any spiritual gift(s)? If yes, specify \_\_\_\_\_

7. Are you willing to be a servant Leader? Yes  No

8. Have you ever involved in the Ministry of God? If Yes, then give the details:

Type of work/Ministry	Duration	Organization

9. Specify your special talents, hobbies or Interests: \_\_\_\_\_

10. Are you working with MI/MITS?  Yes  No

11. Are you personally acquainted with a member of MI/MITS? If yes, please give Name and Designation of that person \_\_\_\_\_

12. Specify your strength and weakness \_\_\_\_\_

**F. FINANCIAL INFORMATION**

1. How will you meet your financial need?

Self  Parents  Church  Organization

2. If your church or organization sends you, MITS will need a letter of recommendation duly signed by the head of the church or Organization.

3. If parents/you will be responsible for finance, then give the details of your financial situation.

4. Do you have financial debts in your name? Yes  No

5. Would you like to apply for work Scholarship?

**G. REFERENCES**

Give the names and addresses of the following persons (in capital letters), who know you well:

**a. Your Present pastor:**

Name \_\_\_\_\_ Church \_\_\_\_\_  
House No: \_\_\_\_\_ Village/Town \_\_\_\_\_  
Post Office \_\_\_\_\_ Mandal/Tehsil \_\_\_\_\_  
City/District \_\_\_\_\_ State \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**b. A former Christian employer/teacher/Mentor:**

Name \_\_\_\_\_ Church \_\_\_\_\_  
House No: \_\_\_\_\_ Village/Town \_\_\_\_\_  
Post Office \_\_\_\_\_ Mandal/Tehsil \_\_\_\_\_  
City/District \_\_\_\_\_ State \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**c. A reputed Christian friend who knows you well:**

Name \_\_\_\_\_ Church \_\_\_\_\_  
House No: \_\_\_\_\_ Village/Town \_\_\_\_\_  
Post Office \_\_\_\_\_ Mandal/Tehsil \_\_\_\_\_  
City/District \_\_\_\_\_ State \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DECLARATION AND PLEDGE**

I, \_\_\_\_\_, do hereby, declare that all details, which are mentioned above, are true to my best knowledge. If I am admitted, I will abide by the rules and regulations of Mission India Theological Seminary. I will try to maintain a very high academic standard and lead a life worthy of the calling I have received. I will submit to the spirit of unity and love, and to the right of the Seminary administration to take any appropriate disciplinary action against me, if in their judgment, my behavior or character or doctrine is contrary to the spirit and emphasis of the Seminary.

**Date:**

**Signature of the applicant**

**(Any falsification of the document may cause dismissal)**

## CHECK LIST

*(Kindly check if you have all the necessary documents included with your application)*

1. Duly filled application form.
2. Two pass port size photos.
3. All Certificates and Transcripts.
4. Pastor's Reference
5. Three References
6. Medical Reference
7. Sponsor's Reference
8. Personal Testimony (Conversion experience, Call for Ministry, why have you chosen MITS?, How would MITS help you to sharpen your vision?)

### **FOR OFFICE USE ONLY**

Date of the receipt of application : \_\_\_\_\_

Interview Intimation sent on : \_\_\_\_\_

Interview fixed to be held on : \_\_\_\_\_

Result of Interview & Written Exam : Admit / Wait list / Reject

Required to join on : \_\_\_\_\_

Have all the required documents been submitted: \_\_\_\_\_

Date of Admission : \_\_\_\_\_

**Registrar's Signature**

**SPONSOR'S FINANCIAL COMMITMENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Desired Program of Study: \_\_\_\_\_

Details below should be filled by the sponsor: Church / Organization / Individual

I/We \_\_\_\_\_ hereby agreed to sponsor the  
Total cost of the studies of Mr./Mrs./Miss \_\_\_\_\_ at Mission India  
Theological Seminary. I/We shall be responsible for all his / her financial matters related to the studies and we  
are entitled to clear all dues on months before the end of every academic year.

**Please tick one:**

- I/We recommend the candidate, and offer to pay full fee of Rs. \_\_\_\_\_ for two/three years as per the details for the MITS Students given at the back of this page.
- I/We recommend the candidate, but offer to pay partially, Rs. \_\_\_\_\_ (yearly)

Place \_\_\_\_\_

Date \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

Designation \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Official seal, if the sponsor is a Church/ Institution)**



## MEDICAL FORM FOR APPLICANT

Name of the applicant: \_\_\_\_\_

Address \_\_\_\_\_

Desired Program of study \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Height (in cms): \_\_\_\_\_ Weight (in kgs): \_\_\_\_\_

### General: ENT

Skin: \_\_\_\_\_ CVS \_\_\_\_\_

Eye-Sight \_\_\_\_\_ Abdomen \_\_\_\_\_

Skeletal: \_\_\_\_\_ R.S. \_\_\_\_\_

CNS: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

### Family History:

Hypertension \_\_\_\_\_ Diabetes \_\_\_\_\_

Blood Dyscrasia \_\_\_\_\_ Asthma \_\_\_\_\_

### Past:

Jaundice \_\_\_\_\_ Operations \_\_\_\_\_

Fits \_\_\_\_\_ Long term treatment \_\_\_\_\_

Allergy to any drugs \_\_\_\_\_ Epilepsy: \_\_\_\_\_

Intolerance or allergy to any food \_\_\_\_\_

### Laboratory Report:

Blood Group \_\_\_\_\_ Rh Pos/Neg \_\_\_\_\_

Hemoglobin \_\_\_\_\_ Serology: \_\_\_\_\_

Urine: \_\_\_\_\_ Glucose Tolerance: \_\_\_\_\_

Chest X-Ray/screen: \_\_\_\_\_

**Past treatment and recommendations:** \_\_\_\_\_

Full Name: \_\_\_\_\_

Reg.No. \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Doctor)

## CHURCH REFERENCE

(To be filled by the Church Pastor: Confidential)

(Confidential)

(As the Mission India Theological Seminary is training young men and women for full time Christian ministry; it needs utmost care in selecting the candidates. Your help in this regard is greatly appreciated. Please give adequate information about the strengths and weaknesses of the applicant, which will help us in decision-making. All information given will be treated as confidential. Please send the form directly to the office of the **Registrar** at the earliest so that it may reach before 31<sup>st</sup> March 2006.

Name of the applicant: \_\_\_\_\_

Programme \_\_\_\_\_

for which the candidate is applying?

Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known him/her? (State relationship e.g. pastor, friend, teacher, Employer etc.) \_\_\_\_\_

Has the applicant accepted Christ as his or her personal Savior? \_\_\_\_\_

What do you know about the applicant's Christian experience and personal commitment to Christ?

What is the applicant's involvement in his or her local church and Christian work?

Do you think he/she has a real call and aptitude for full time ministry? \_\_\_\_\_

What are his/her gifts that might be useful for Christian service? \_\_\_\_\_

Does the applicant have any weakness? If so, kindly state \_\_\_\_\_

What are his/her gifts that might be useful for Christian service? \_\_\_\_\_

Kindly give your opinion about his/her character (e.g. general maturity, relationship with others, Reliability, honesty, moral standards, etc.)

Is the candidate healthy enough for the strenuous work schedule followed in Mission India Theological Seminary?

What is the financial condition of the applicant's parents/guardians? \_\_\_\_\_

Are they able to full\* support the applicant's studies? \_\_\_\_\_

How much can they give every month? \_\_\_\_\_

If they are not able to fully support, are there any other sources the candidate might have to raise the support? \_\_\_\_\_

If yes, please give details.

**Please tick one of the following:**

I recommend the candidate highly

I recommend the candidate with hesitation

I recommend the candidate

I do not recommend the candidate

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone no. \_\_\_\_\_

Email: \_\_\_\_\_

## ACADEMIC REFERENCE

### A professor or a teacher who is acquainted with the applicant's academic performance

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Desired Program of Study: \_\_\_\_\_

1. How long are you acquainted with the applicant? \_\_\_\_\_

2. The last course of study the applicant had before he left your institution (the appropriate)

S.S.L.C     Pre-University     Undergraduate     Postgraduate

3. How would you appraise the applicant's abilities in the following area?

	Not Observed	Poor	Average	Good	Outstanding
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social congeniality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental cognizance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Kindly use this space to make any additional remarks pertaining to the applicant's strengths and weaknesses that might be helpful in appraising this applicant for admission.

5. Do you recommend this applicant for studies at Mission India Theological Seminary? (the appropriate)

Strongly recommend     Recommend     Recommend with reservations     not recommended

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Institution : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

District : \_\_\_\_\_

State : \_\_\_\_\_

Pin : \_\_\_\_\_

Date : \_\_\_\_\_