



Application for Admission

Academic Year 20....– 20....

MISSION INDIA THEOLOGICAL SEMINARY

INSTRUCTIONS FOR ADMISSION

Dear applicants

Thanks 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. Fill the application clearly and legibly in block letters. The last date of receiving application without from 30th April and with late fine on 15th may.
3. MITS requires entrance examination and personal interview with all applicants before admission.
4. The entrance examination and interview will be held at MITS campus in Nagpur in the first and second week of June, 20.....
5. The invitation for interview does not give you guarantee for admission. The decision of the MITS admission committee will be informed to you after personal interview.
6. Send the application forms and the supporting documents by registered/speed post or DTDC courier to the Registrar's office.
7. The applicant should produce her/him original certificates on the day of admission.

B. DOCUMENTS REQUIRED FROM THE APPLICANT

1. Duly completed application form with non-refundable application fee Rs.200/-.
2. Xerox copy of all academic records such as certificates; Mark sheet / Transcript from schooling until previous education.
3. Two copies of recent passport size color photograph.
4. The applicant's Christian experience and personal commitment to Jesus Christ.
5. The applicant's purpose in pursuing theological studies at MITS.
6. The Church reference, 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 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: 0712-2047669 Cell: 08007110209 / 07350106517

E-mail: admissions@mits-india.org, principal@mits-india.org



PROGRAMME: *(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 |
| <input type="checkbox"/> Master of Arts in Missiology of Movement (online) | |
| <input type="checkbox"/> Doctor of Ministry | |

A. PERSONAL INFORMATION

- Name (in block letters): _____
Last/Family Name First Middle
- Gender: Male Female
- Date of Birth: Date Month Year
- Place of Birth: _____
 City State Country
- Nationality: _____.
- Address For Communication:**
House No: _____ Village/Town _____
Post Office: _____ Mandal/Tehsil _____
City/District _____ State _____
Country _____ PIN
Phone Number: _____ E-mail: _____
- Permanent address (If different from above):**
House No: _____ Village/Town _____
Post Office: _____ Mandal/Tehsil _____
City/District _____ State _____
Country _____ PIN
Phone Number: _____ E-mail: _____

8. Mother Tongue _____

9. The Languages you know:

	Mother Tongue	English	Other	Biblical
Speak				
Read				
Write				

B. FAMILY INFORMATION

1. Marital Status: Single Married Divorced/Widowed

2. If Married . Date of Marriage: Date Month Year

3. a. Spouse's Name :

Occupation :

b. Do you have Children? Yes No

Name of Children	Date of Birth	Sex

4. Is your spouse applying for any course of study in the Seminary? Yes No

If yes, course _____.

5. Will you require family quarters in the campus? Yes No

6. If a family quarter is not available on the campus what will be your alternatives?

a. Accommodate with the single student's dormitory

b. Make my own arrangement

7. Father/ Guardian

Mother/ Guardian

Name _____ Name _____

Occupation _____ Occupation _____

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 EXPERIENCE

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:

Types of Work Ministry	Duration	Organisation

9. Specify your special talents, hobbies or Interests: _____

10. Have you ever work 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 finance your education at MITS ?

Self Parents Church Organization

2. If you are being supported by your local church or organization, MITS requires 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.

2. Do you have financial debts in your name? Yes No
3. Would you like to apply for work scholarship? Yes No

F. 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 earnestly declare that all details, which are mentioned above, are true and accurate to the best of my knowledge. If I am admitted, I will abide by the rules and regulations of Mission India Theological Seminary. I will maintain a very high academic standard and lead a life of Christian conduct and 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

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 of the applicant _____

Address: _____

Desired Program of Study: _____

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

I/We (sponsor's name) _____ hereby
agreed to pay the sum of Rs. _____ per year towards the financial support of Mr./ Mrs./ Miss
_____ for one/ two/ three years upon his / her
admission at Mission India Theological Seminary for the course _____.

Please tick one:

I/We recommend the candidate, and offer to pay Rs. _____ for one/two/three years as per the
requirement of the course.

I/We recommend the candidate, but offer to pay partially, Rs. _____ (monthly/ quarterly/ half
yearly/ yearly)

Place _____
Date _____ Designation _____

Sponsor's Signature: _____
Address: _____

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

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)

Seal

CHURCH REFERENCE

(To be filled by the Church Pastor: Confidential)

(As 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** on for before 30th April 20__.

Name of the applicant: _____

Program Applied to _____

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?

In what extent the applicant involves 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 MITS? _____

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

Are they able to pay for the applicant's studies? _____

How much can they pay 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: _____

(Seal)

Signature: _____

Name: _____

Designation: _____

Address: _____

ACADEMIC REFERENCE

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

Name of the applicant: _____

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. 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 : _____

(Seal)

State : _____ Pin: _____

Date : _____