HARDING THEOLOGICAL COLLEGE

Edenbari, Tura P.O. Lower Chandmari
West Garo Hills, Meghalaya - 794002
Contact No : 9862557117

Affix Passport size Photograph

APPLICATION FOR ADMISSION

(USE BLOCK LETTERS)

Course : **BCS (Bachelor of Christian Studies)**

1. Name of the applicant in full _____

2. Fathers Name _____

3. Mothers Name _____

4. Present occupation of the applicant : _____

5. Sex _____; 6. Date of Birth: _____

7. Mother-tongue: _____; 8. Caste: _____ Religion: _____

9. State: _____ 10. Country: _____

11. Permanent address: _____

_____ PIN _____

Mobile No. _____ E-mail ID _____

12. Marital status (Married/Single) _____

13. If married (a) Name of your wife/husband: _____

(b) How many children you have? _____

14. How will you be supported financially?

Self/Family/Church/Assosiation or any: _____

Address: _____

(Attach letter from your Sponsor/s)

15. Your personal involvement in the Christian Ministry:

Part-time/Full-time : _____

(Give a brief report of your own personal testimony in a separate sheet of paper)

15. Academic Qualification :

	Institution	*Degree*	*Class*	*Year of completion*
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

(Attach attested copies of the degree certificates/marksheets)

P L E D G E

I, _____ declare that all the information given above are true and correct to the best of my knowledge. I promise that I shall cooperate with the College in all matters related to my BCS Programme.

Dated: _____ *Signature of the Candidate*

FOR OFFICIAL USE ONLY

1. When the application is recieved ? _____

2. Application Fee/Late Fee: Received Rs. _____

3. Admission Allowed: _____

4. Any other remark: _____

NOTE: Last Date of Submission - _31_/_10_/2021

Signature of the Principal/Dean

HARDING THEOLOGICAL COLLEGE
Health Statement of Candidates for Admission

FOR BCS

Name _____

Date of Birth _____ Height _____ Weight _____

General Physique _____

Previous Illness:

Infectious diseases: _____ TB _____

STD _____ Alcoholism _____

Drug Abuse _____ Malaria _____

Typhoid _____ Seizures _____

Family History:

Father (Name) _____ Age _____ Dead/Alive _____

Mother (Name) _____ Age _____ Dead/Alive _____

Brothers (Only Numbers) _____ Sisters (Only Numbers) _____

General Appearance:

Cleanliness _____ Nourishment _____

Glands:

Any enlargement in neck _____

Axillae _____ Groins _____

Circulatory System:

Heart _____ **Respiratory System** _____

Varicose Veins _____ Asthma _____

Filariasis _____ Chronic Bronchitis _____

Pulse Rate _____ Tuberculosis _____

Anemia _____ (LAB; TEST) HB: - _____ (LAB; TEST)

Blood Group _____ (LAB; TEST) HIV _____ (LAB;TEST)

Genito-Urinary System: Specific gravity of urine _____ (LAB;TEST)

Albumen _____ (LAB; TEST) Sugar _____ (LAB;TEST)

Fitness for Study:

Do you consider that the candidate has any physical condition, which would seriously interfere with his/her carrying out a rigorous programme of study?

_____

_____

Date _____

Physician's Name & Signature
Seal: