



# 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 : Master of Christian Studies (MCS)

1. Name of the applicant in full

2. Father's Name

3. Mother's 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 :

	<i>Institution</i>	<i>Degree</i>	<i>Class</i>	<i>Year of completion</i>
(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*

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**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 MCS**

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:*