

FACULTY OF THEOLOGY
Gospel & Plough Institute of Theology

PRELIMINARY APPLICATION FORM

Master of Arts

in

**Old Testament/ New Testament/Christian Theology/Christian Ethics/
Religions/ History of Christianity/Missiology/ Christian
Ministry/Counseling/Communication**

Affix your recent
Photograph here

1. Candidate's Full Name
(Use Capital Letter)
2. Father's /Husband's name
3. Mother's Name.....
4. Mailing Address.....
.....
- CityState..... Pin Code.....
- Telephone No..... Mobilee-mail
5. Church Membership.....

6. Educational Qualification:

Exam Passed	Board/University	Name of Institution	Division	Passing Year

7. Languages (speak, read and write).....
8. Mother tongue.....
9. Name and Addresses and Phone No. of:
 - a. Bishop/Head of the Church/Pastor.....
 - b. Academic Referee.....
10. Monthly income of (a) .Father..... (b). Mother.....
11. Name of Sponsor to support financially for your studies: Church/Institution/ Mission/ Family
.....
12. Date of Baptism
13. Proposed branch of study
14. Why do you want to join SHUATS for your theological Studies?.....
15. Do you smoke/drink alcohol/eat tobacco?.....
16. Will you obey the Rules and Regulations of SHUATS?.....

DECLARATION:

All the information given by me in this application is correct to the best of my knowledge. In case any of these information is found incorrect/incomplete or false, my admission may be treated as cancelled.

Date.....

.....

Full Signature

Please send the following documents with the completed Application Form:

1. A Testimony of yours of accepting Jesus Christ as Personal Saviour.
2. Baptismal Certificate
3. Xerox copy of:
 - a. All Certificates & Marks Sheets (High School onward).
 - b. Migration/Transfer Certificate.
2. Financial Sponsorship Letter from Church/Parents/Institution
4. Letter of recommendation from the Bishop/Head of institution/Pastor of your Church
4. Medical Fitness Certificate.

Note: Application shall be processed at the Departmental level prior to registration in the University at the time of admission.

Send completed application form with documents attached to:

Dr (Mrs.) Imlienla Ao
Faculty of Theology, SHUATS.
P.O. Agriculture Institute-211007
Prayagraj, U.P. India
Mobile: 9794906130
Email ID: imlienla.ao@shiats.edu.in