

Sam Higginbottom University of Agriculture, Technology and Sciences

U.P. State Act No. 35 of 2016

FACULTY OF THEOLOGY

Gospel & Plough Institute of Theology

**PRELIMINARY APPLICATION FORM  
Bachelor of Arts (B.A.)**

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.....

.....

City ..... State..... Pin Code.....

Telephone No..... Mobile ..... e-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. Pastor.....

b. Bishop/Head of the Church.....

c. A responsible person of your locality.....

10. Monthly income of (a) .Father..... (b). Mother.....

11. Name of Sponsor who will support financially your studies: Church/Institution/ Mission/ Family

.....

12. Date of Baptism .....

13. Why do you want to join SHUATS for your theological Studies?.....

.....

14. Do you smoke/drink alcohol/eat tobacco?.....

15. 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**