

**FACULTY OF THEOLOGY**  
*Gospel & Plough Institute of Theology*  
**PRELIMINARY APPLICATION FORM**  
**Bachelor of Divinity (B. D.)**

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**