Trinity Theological College Qtr. - 4015, Sector 12B, Bokaro Steel City, Jharkhand-827012 Ph.: 09431322448 / 09934363077

Ph.: 09431322448 / 09934363077 www.trinitytheologicalcollege.org info@trinitytheologicalcollege.org admissions.ttc@gmail.com



Dear Applicant,

We are pleased to know of your desire to study at Trinity Theological College. We are committed to help you as you consider applying to TTC.

Our vision is to see the inimical and exiguously reached communities of India impacted through the transforming ministry of the anointed, equipped and exemplary Bible-Teachers, Compassionate-Pastors and Christian-Workers, by being a centre of excellence in Bible and Ministry for the glory of God.

Please read the entire prospectus carefully and follow all the instructions while filling the application. Please return the completed application form to the admissions office with all the following documents attached before the due date.

- Copies of all your academic certificates including all your marks sheets, Without these your application will not be processed. Do not attach any original certificates. These are to be produced at the time of registration for verification.
- <u>The Medical Certificate of physical fitness</u> in the prescribed form along with copies of medical records. Please note: <u>Non-disclosure of history of past illnesses and medications shall be considered as a breach of trust and will lead to cancellation of admission.</u>
- A detailed Personal Testimony in your own words. This must not exceed two pages (500 words) and should
 include the following aspects—conversion experience, call to ministry, previous ministry experience,
 encouragement you have received from family members and friends for ministry and how you feel TTC would
 help you to fulfill your call.
- Two recent passport size photographs, one pasted to the application form, and the other clipped to the form.
- The <u>Reference Forms</u> duly filled and signed by the persons you mentioned in your application, sealed in envelopes. These must not be from parents, family members or other close relatives.
- The <u>Finance/Sponsorship/Scholarship Form</u> duly filled and signed with the official seal of the sponsoring individual or organization. If you are being supported by your parents, please have them sign the form. Please enclose a detailed description of your financial plan for your studies at TTC.
- A demand draft towards the non-refundable application processing fee of Rs. 200/- drawn in favour of Trinity Theological College payable at Bokaro Steel City.

Fully completed application forms will be processed and reviewed by the Admissions Committee. Eligibility for admission is determined through careful evaluation of all the application materials. Incomplete applications or applications without supportive documents will not be processed for admission.

The Last date for receiving completed applications is May 15. The final deadline for receiving applications with a late fee of Rs. 300/- is June 15. You may expect to hear from us by June 30 about the decision of the Admissions Committee. If you do not receive any information by then, you may please contact us.

Please be assured that we will do our best to assist you in the whole process. If you have any questions, please feel free to contact us by email at info@trinitytheologicalcollege.org, admissions.ttc@gmail.com or by phone at 09934363077, 09431322448.

We wish you God's guidance as you seek His will for your life.

Director of Admissions / Registrar





Trinity Theological College

	Date Appli	catior	ved n fee p	paid _								A												
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care is in process.

B. Family Information: Check one: Single Married Widowed/Separated/Divorced (Please include details in the Testimony) Father/Guardian Mother Name: Name: Occupation: Occupation: Address: Address: City State City State PIN_____ Country____ PIN_____ Country____ Phone (____)____ Phone () Email:____ **Brothers and sisters:** Age Occupation Has attended TTC Yes No Name Age Occupation Has attended TTC Yes No Name Has attended TTC Yes No Name Age Occupation Nationality _____ Mother Tongue: _____ Languages that you Speak Read Write C. Mandatory Disclosures: Are you undergoing treatment or under medication for any illness? | Yes | No If yes, specify: Are you now or have you ever been treated for substance abuse/addiction? Yes No If yes, please explain on a separate sheet of paper. Have you ever been under mental or emotional healthcare? Yes No If yes, please explain on separate sheet of paper what has been the resolution of the care and what on-going



D. Academic Information:

List high School, Colleges and universities in the order in which you attended. It is the applicant's responsibility to have all certificates sent to the Admissions Office at TTC.

Programme	Name and Place of the College/Institution	e Medium of Instruction	Year of completion	Class / Division and aggregate %
Schooling				
PUC/PDC/HSC				
Graduation				
Post-Graduation				
Any Other				
E. Enrolment	Information:			
Are you currently enr	olled in any other institution? Yes 🗌 No [if yes, where?		
seminary? Yes	el as a single student	parate sheet of paper. No if yes, specify		
Make my own a	rrangements off campus and commute t	to the campus		
	xperience and Church Aff			
Have you received be	lievers' baptism? Yes No if yes, wh	en?		
Have you received the	e baptism in the Holy Spirit (Acts 2:4)?	Yes No if yes, when?		·
Which church do you	presently attend or serve?			
Name of the	e Church and City :	Denomina	tion :	
Name of the	e pastor :	Are you a member	of this Church?	☐ Yes ☐ No
What is your denomi	national affiliation ?			



Do you ho	ld ministerial cre	dentials with any den	omination ? \square Yes \square	No		
if yes, give	details			Denomir	nation	
What is yo	ur present occup	oation ?				
Have you s	erved in any min	isterial capacity in the	e Church or any Christ	an organisation? 🗌 Y	es No	
if so, expla	in					
G Fina	ncial Info	rmation				
			·C?			
			<u> </u>			
Are you be	ing supported by	y any Church, Organiz	ation or Sponsoring A	gency? Yes No		
if yes, give	e details					
Briefly exp	lain your financi	al situation				
⊔ Dof	erences					
		s and addresses of a	a Christian Leader/Pa	stor and an academ	c reference person who	will provide
					ner close relatives. Please	•
	•			· · · · · · · · · · · · · · · · · · ·	them along with the appl	
	o Trinity Theolog		in them to you in sear	ed envelopes, include	them along with the appi	ication form
you seriu t	o minity meolog	ical college.				
Christian	Leader /Pastor's	Reference Name :_				
Address :	Street		Town/City		State	
	Dingo do	Phone		Email		
L	Pincode	Priorie		Email		
General R	eference Name :					
			ſ			
Address :	Street		Town/City		State	
	Pincode	Phone		Email		
_		1				



Declaration

I solemnly declare that all the above information is accurate and true to the best of my knowledge. I understand that any false and misleading information given above may lead to disqualification for admission or summary dismissal and that acceptance to TTC is subject to review and verification of all final records from all institutions I have attended.

mitted	

Date :_____

- I shall attempt to maintain high academic standards.
- I agree to abide by the Community Life Standards, observe all policies and regulations of TTC and maintain a high standard of Christian conduct both on and off campus. I shall endeavour to balance my spiritual, personal, family, and social life with my academic life in order to faithfully fulfil my responsibilities in all areas my life.
- I shall accept and abide by the decisions of the administration of TTC, and understand that I may undergo discipline, including the possible termination of my study at TTC, if my behaviour, character or doctrine is contrary to the spirit and emphasis of TTC.

Signature :_____

Ch	Checklist :						
Kin	dly check if you have all the necessary documents included with your application:						
	Application Form duly filled						
	Copies of all academic Certificates						
	Application processing Fee of Rs. 200.00 enclosed as Demand Draft drawn in favour of Trinity Theological College payable at Bokaro Steel City						
	A detailed personal testimony (This should include your conversion experience, call for ministry, previous ministry experience, encouragement you have received from family members and friends for ministry and how you feel TTC would help to fulfil your call.)						
	Christian Leader/Pastor's Recommendation form filled by someone who is not related to you.						
	General Reference form filled by someone who is not related to you.						
	Finance / Sponsorship/ Scholorship Form duly filled and signed by your sponsor/ parent.						
	Medical Certificate of Physical Fitness duly filled by a Registered Medical Practitioner						

Please return the application form along with all the above enclosures to :

Trinity Theological College Admissions Office

Qtr. - 4015, Sector 12B, Bokaro Steel City, Jharkhand-827012 Ph.: 09431322448 / 09934363077 info@trinitytheologicalcollege.org admissions.ttc@gmail.com





Christian Leader /Pastor's Recommendation

,							
To the Applicant							
Please complete the following information and forward this form to your Christian Leader/Pastor for completion.							
	This form should be completed by the leader and sealed in envelope and sent along with the application form						
Name of Applicant							
Program Applied to							
To the Christian Leader/Pastor The above individual is applying for a evaluation of the Christian Leader/Pa of the mission and work of the local of Consequently, we rely heavily on you emotionally mature enough to find s request you to complete this form car	astor's Recommenda hurch, preparing lea I, the Pastor, to help success here, and th	tion. As a ministr ders and workers us distinguish be ose who are not.	y training institution to serve in significations tween those stude Therefore, we va	on, we see oursel cant ways in the c ents who are spir lue your comme	ves as an extension thurch and mission itually, socially, and nts very highly and		
 How long have you known the a How long has the applicant bee Is the applicant related to you? Does the applicant have any he How would you rate the applicant 	n a member of your ☐ Yes ☐ No if yes, ir alth problems? ☐ Y	church? n what relationsh 'es	ip ? lease explain brief]y?			
	Excellent	Above Average	Average	Below Average	Not observed		
Christian Commitment							
Spiritual Maturity							
Christian Character/Testimony							
Attitude to authority							
Ability to study in English							
Sense of Responsibility							
Willingness to learn							
Ability to work with others							
Integrity / Honesty							
Willingness to help others							
Leadership ability							
Relationship with the Family							



Trinity Theological College

6.	How would you rate the applica	ant's financial ability to support h	imself/herself TTC?	
	Able to support himself/herself	Would need some help	Unable to pay	In real need of help
7	If the applicant pands financia	al help or is unable to pay fees, h	our and to what out ant will us	وماهم معامله مطامعيناه سيد
/.	Take full responsibility			-
	Take full responsibility	Raise support	Help partially	Not be able to help at all
8.		ive or negative characteristics yo	ou have observed in the life of	the applicant
	(personal, social, family, etc.)			
۵	In your oninion, what areas of	f the applicant's life would peed	special attention here at TTC	
9.	iii your opiiiioii, wiiat areas oi	f the applicant's life would need	special attention here at 11C	i e e e e e e e e e e e e e e e e e e e
10.	Would you like us to call you t	to discuss this student? 🗌 Yes] No	
	-	gly recommend 🔲 I recommen		ot recommend
	Please Type/Write the inform	nation below about yourself:		
	Name			
	Name of the church		Denomination	
	Position			
۱ddr	ess: Street	Town (City)		State
-luui	'ess: Street	Town/City		State
	1			
	Pincode F	Phone	Email	
		!	Signature :	
		,	Date :	

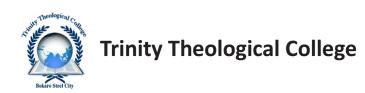


General Reference

To the Applicant

	nd sent along with the ame of Applicant						
Р	rogram Applied to						
_							
The p evalu giver	ne Referee person name above is a pation of the your Reconsill be treated as str or your assistance.	commendat	tion. We highly valu	ie your honest	and accurate remar	ks and estimation	ns. All information
2.	How long have you kn Is the applicant relate Does the applicant ha	d to you?	Yes No if yes, in	what relations		ly?	
1.	To what extent is the a	applicant er	ngaged in Christian N	Ministry activitie	es? (Please mark with 🗸	along the scale below	<i>ı</i> .)
	Enthusiastic		Co-operative		Seldom participates	Attend	ds irregularly
5.	What is the applicant	's spiritual i	nfluence on his/her	peers? (please ma	ark with ✓ in the appropr	riate column)	
	Evangelistic		Positive		Neutral	Negat	ive
õ.	How would you rate t	he applican	t in the following are	eas: (Please mark v Above	vith in the appropriate co	lumn) Below	
			Excellent	Average	Average	Average	Not observed
Chri	stian Commitment						
Spir	itual Maturity						
Chri	stian Character/Testi	mony					
Attit	tude to authority						
Abil	ity to study in English						
Sens	se of Responsibility						
Will	ingness to learn						
Abil	ity to work with othe	rs					
Lead	dership ability						
Rela	itionship with the Fan	nily					

This form is to be completed by the person whose name you have given as reference in your application form. Please Type/Write your name neatly and forward this form to the person. The completed form should be sealed in envelope



7.		cant's financial ability to support hi	i i	
L	Able to support himself/herself	Would need some help	Unable to pay	In real need of help
8.	Please comment on any posi (personal, social, family, etc.)	tive or negative characteristics yo	u have observed in the life of	the applicant
9.	In your opinion, what areas o	of the applicant's life would need	special attention here at TTC?	
10.	Would you like us to call you	to discuss this student? Yes	No	
11.	Recommendation : I stron	gly recommend	d with reservation 🔲 I do no	ot recommend
		_	_	
	Please Type/Write the inform	mation below about yourself:		
	Name			
	Name			
	Position			
				ı
Addr	Pess: Street	Town/City		State
	1		l	
	Pincode	Phone	Email	
		Signature:		



Finance / Sponsorship / Scholarship form

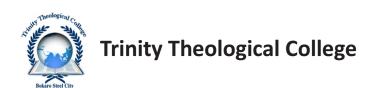
Sponsorsi	np inform	lation			
Name of the App	olicant :				
Are you sponsor	ed by a church /	organization/s	sponsoring agency?	☐ Yes ☐	No
	•	_	oody		
			aying your fees		
			ion Individual :		
ivame and addre	ess of the spons	oring Organizat	ion individual :		
Address: Street			Town/City		State
		I		I	
Pincode		Phone		Email	
STUDENT'S			the sum of Rs	_this year towards my	fees at TTC.
I expect to pay t	the same through	gh the following	g sources of income.		
Family :	Rs				
Sponsor:	Rs				
Others	Rs		(specify)		
TOTAL:	Rs				
 Limited Schola observed duri 	e to be innovato arships are avai ng the 1st year.	ed on work Dut lable from 2nd	o? Yes ty to be eligible to cover fer year onwards on the basis le from 1st year.	e ?	iritual life on campus as
Signature:				Date	:

^{*} Fee information for current session is posted on the college website – www.trinitytheologicalcollege.org



DECLARATION:

DECEMENTON:	
I hereby solemnly declare that all the information given above is true to the best of	my knowledge. I understand that any
$information found to be in accurate will lead to penal action including summary \ dismissal \ formation found to be in accurate will lead to penal action including summary \ dismissal \ formation found to be in accurate will lead to penal action including summary \ dismissal \ formation found to be in accurate will lead to penal action including summary \ dismissal \ formation found \ formation for \ formation found \ formation for \ formation \ formation for $	rom the college. I also assure that if I am
provided any financial aid or work-scholarship, I will gladly fulfill all the necessary work red	quirements to the complete satisfaction
of my supervisor. I also promise that if there is any change of situation in my financial status	s, I will inform the college at the earliest.
Signature :	Date:



Medical Certificate of Physical Fitness

Name	Ag e
HISTORY OF ANY PREVIOUS ILLNESS / MEDICATION	
Jaundice	
Tuberculosis	
Conngenital troubles	
Rheumatic heat	
Epilepsy	
Respiratory problems	
Any other (Please specify)	
GENERAL PHYSICAL EXAMINATION	
ENT Examination	
Eye	
Cardio-vascular system	
Respiratory System	
Abdominal examination	
Central nervous system	
I do hereby certify that, to the best of my knowledge the above candidate is physically	fit to an intensive programme of study.
Name:	
Date:	
_	(Doctor's Signature and Reg. No.)
Address:	

