

# CENTRAL INDIA THEOLOGICAL SEMINARY

P. O. Box – 63, Malviyaganj, Itarsi- 461 111, M.P. India. Email: citsitarsi@gmail.com

Website: www.centralindia.org/seminary

**(ACCREDITED BY ATA)**

Academic Year 20\_\_\_\_ 20\_\_\_\_

Student's Name \_\_\_\_\_

Affix  
Your passport  
size Photo

## OFFICE USE ONLY

If Received, Tick (✓)

1. Duly filled Application Form
2. Reference form
3. Written Testimony of the Candidate
4. Medical Certificate of Physical Fitness
5. An Affidavit
6. A Recommendation Letter from Pastor
7. NOC from Parents of the Candidate
8. Financial Responsibility Form
9. Two Passport size colour Photos
10. Registration Fee Paid  Dues
11. Copy of Academic Documents
  - (a) 10<sup>th</sup> and 12<sup>th</sup>
  - (b) B.Th/ B.A.  Any other Degree \_\_\_\_\_
  - (c) Birth/migration Certificate
  - (d) Water Baptism Certificate
  - (e) National Identity Card No

## ADMISSIONS REMARKS

1. Admitted in: MTh  MDiv  BTh  Dip. Th
2. Regular  Days Scholar  Distance
3. On scholarship  Non-scholarship
4. Registration No.  Duration Studies

Reason for NOT admitting in \_\_\_\_\_

Global Comments:

Signature of Official: \_\_\_\_\_

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## APPLICATION FOR ADMISSIONS

Academic Year 20\_\_\_\_ 20\_\_\_\_

Admission sought for: (Tick (✓) one)

MTh  MDiv  BTh  Dip. Th

Affix  
Your Passport  
Size Photo

**NOTE:** Please write in **BLOCK LETTERS** your responses for every question. Use extra papers, if necessary, for explanation/additional information on any item. The application fee and late fee are non-refundable.

1. Name of the Applicant \_\_\_\_\_

2. Gender:  Male  Female

3. Date of Birth 

Date	Month	Year

 4. Present Age: \_\_\_\_\_

5. Marital Status:  Single  Engaged  Married  Divorced

6. If married, Date of Marriage: \_\_\_\_\_ Name of Spouse \_\_\_\_\_

No. of Children \_\_\_\_\_ Total Member of Dependency \_\_\_\_\_

7. Present Address \_\_\_\_\_ Village/City \_\_\_\_\_

District \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

8. Permanent Address \_\_\_\_\_ Village/City \_\_\_\_\_

District \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

9. Have you previously applied to CITS? If yes, in which Year \_\_\_\_\_

10. Contact No \_\_\_\_\_ 11. Place of Birth: \_\_\_\_\_

12. Nationality: \_\_\_\_\_ 13. Mother Tongue \_\_\_\_\_

14. Other languages you know:  
(i) Speak \_\_\_\_\_ (ii) Read \_\_\_\_\_ (iii) Write \_\_\_\_\_

15. Name & Address of Father/Guardian \_\_\_\_\_

Occupation of Father/Guardian: \_\_\_\_\_

16. Have you been involved in any of the following?

Substance abuse	Yes/no	How often	How long	Date of last abuse
Drinking Alcohol				
Smoking				
Use of Tobacco				

17. Have you ever been arrested or convicted of a crime? If yes, please attach an explanation.
18. State the name and address of one or two person(s) who directly influenced you to apply to CITS:  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_
19. Are you born again? Yes/No, if yes, When? \_\_\_\_\_  
 (Please write your testimony on separate sheet A4 size paper)
20. Have you had baptism by immersion? Yes/No, if yes, When? \_\_\_\_\_
21. Have you filled with the Holy Spirit with the evidence of speaking in tongues according to Acts 2: 1-4? \_\_\_\_\_
22. Have you received any specific call of God for Christian service? Yes/No, if yes, specify \_\_\_\_\_
23. Of which local church are you a member? Give Name and Address:  
 Name of the Pastor \_\_\_\_\_ Village/ City \_\_\_\_\_  
 District: \_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_  
 The Period of your membership: \_\_\_\_\_
24. Educational qualifications (All applicable columns must be filled)

Examination passed	Name & Place of Board/College/ University	Subjects/ Majors	Name of Diploma/ Degree received	Year of Completion	Class/ Division
SSLC					
+2 or Equivalent					
Secular Degree					
Theological Degree					

**DECLARATION**

I, \_\_\_\_\_ (name in full) hereby, declare that all information given above is true, and I will abide with the rules and regulations of CITS as long as I study here.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

**INSTRUCTIONS**

**Send the following items along with the Application Form:**

1. Medical Fitness form, Financial Responsibility form, and copies of your certificate and transcripts (originals must be produced at the time of admission).
2. A statement of your Christian Experience and Baptism certificate.
3. Affidavit of your own decision to study in the Seminary & NOC from Parents/ guardians.
4. Recommendation Letters of a pastor or a Christian leader.
5. Affix photo on the Application Form and enclose two additional passport size photos.

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## LETTER OF RECOMMENDATION

Dear Pastor/Christian Leader,

As the Seminary is training men and women for a lifetime of Christian work and ministry, it needs to take the utmost care in selecting applicants. Therefore please give adequate information on the applicant's strengths and weaknesses, which is very important for decision making. All information given will be treated strictly confidential. Please send your reply promptly and directly to the Dean of Admissions.

Name of the Applicant: \_\_\_\_\_

Name of the Referee: \_\_\_\_\_

1. What is your relationship with the above applicant? (E.g. employer, pastor, relative etc. If you are a blood relation, state the relationship)

2. How well do you know the applicant? Very well  Well  Some what

3. How long have you known the applicant? Years  months

4. Do you know why the applicant wants to come to this seminary, if Yes, why \_\_\_\_\_

5. What do you know about the applicant's personal commitment to Christ? Yes  No

6. In what ways has the applicant been involved in the life of his/her congregation or other Christian work? \_\_\_\_\_

7. In your opinion is the applicant show spiritual readiness to attend a training programme as mentioned above? \_\_\_\_\_

8. What gifts do you think the applicant has shown that might be useful in Christian Service? Specify: \_\_\_\_\_

9. Is there anything that might work against applicant's studies in the Seminary? Please specify \_\_\_\_\_

10. Please tick (✓) one:

- I recommend the candidate very highly.  
 I recommend the candidate with certain hesitations.  
 I do not recommend the candidate.

Referee's Signature: \_\_\_\_\_ Designation: \_\_\_\_\_

Address \_\_\_\_\_

Contact number: \_\_\_\_\_ Email \_\_\_\_\_ Seal \_\_\_\_\_

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## MEDICAL FITNESS FORM

Name of Applicant:

Age:

Date of Birth:

Gender:

Height:

Weight:

Marital Status:

### General Physical Examination

ENT:

Eyes:

Skin:

Skeletal:

Cardio Vascular System:

Respiratory System:

Abdomen:

Central Nervous System:

### Family History

Blood dyscrasia:

Diabetes:

Hypertension:

Asthma:

### History of previous illness

Jaundice:

Operations:

Fits:

Long term treatment:

Tuberculosis:

Congenital anomaly:

Rheumatic heart disease:

Respiratory Problems:

Allergy to any drugs:

Intolerance or allergy to any food:

### Laboratory Reports

Blood-Hd, TC, DC, ESR:

Blood group & Rh:

VDRL:

RBS:

Hbs Ag:

HIV:

Stool-occultblood:

Ova/Cyst:

Urine-Routine/ Misc:

Typhoid:

Tetanus:

Cholera:

### Summary of Above Examination and Fitness Report

I do hereby certify to the best of my knowledge that the above candidate is physically fit for an intensive program of study.

Date:

Name & Signature of the Doctor:

Full Address:

City/District:

State:

Country:

Pin code:

Contact Number:

Email:

Seal:

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## FINANCIAL RESPONSIBILITY FORM

The total fee for Residential program is estimated Rs. 36,000/- for MDiv; Rs. 27,000/- for BTh and Rs.15, 000/- for Dip.Th for your Tuition, Food, and Accommodation fee. In addition, Admissions fee will be collected at the time of Admissions, and Graduation fee will be collected from you at the time of your Graduation.

Please specify the amount that you will pay \_\_\_\_\_ in words \_\_\_\_\_

Give the address of person to whom bill shall be sent for payment

Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If it is by yourself, write your name and address

Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the Student

### OFFICE USE

Remarks:

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**SEMESTER-IV**

SL No.	Course Code	Subject	Instr.	Marks Obtained	Total Marks	Letter Grade	Remarks

**SEMESTER-V**

SL No.	Course Code	Subject	Instr.	Marks Obtained	Total Marks	Letter Grade	Remarks

**SEMESTER-VI**

SL No.	Course Code	Subject	Instr.	Marks Obtained	Total Marks	Letter Grade	Remarks

**Global Comments: (Academic, Moral and Spiritual Life)**

<div style="border: 1px solid black; padding: 5px; display: inline-block;">Signature of the Officer, CITS</div>
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