...Be holy, for I am holy - Leviticus 19: 2

# KANYAKUMARI THEOLOGICAL COLLEGE

## JAMES NAGAR, MUTTOM – 629202

1. Name of Applicant in full:

### APPLICATION FORM FOR BACHELOR OF DIVINITY (B.D) ADMISSION (2025 – 2026)

	(In capitals as or	n Birth Certificate)		AFFIX Recent
2. Date of Birth (DD/M	M/YYYY):			Photo
3. Sex:	<b>Male</b> □	Female □		
4. Permanent Address	:			
	State:	Pin (	Code:	
5. Address for Comm	unication:			
	State:	Pin (	Code:	
6. Telephone numbers	s: Home (with STD Code):			
Mobile:		Email ID:		
7. Mother Tongue:				
8. Other Languages kn	own:			
9. Academic Qualifica	ations: (List in the order of pass	ing the examination and	l attach attested copi	es of all
certificates)				
Certificate/ Degree	School / College	Board/ University	Class obtained/ Medium of Education	d/ Year of Passing Graduation

10. W	ork Experie	ence (list most recent	et first):	
(a)	Title:date:		Start date:	_End
(b)	Description o	of work:		
	Reason for en	d of employment:		
(c)	Title:		Start date: End	date:
	Reason for en	ad of employment:		
(d)	Title:date:		Start date:	End
	Reason for en	nd of employment:		
11. <b>N</b>	Iarital Status	s:	Married □ Single □	
a.	Spouse Na	ame:	Phone No:	
b.	Spouse's (	Occupation:		
c.	Spouse's A	Annual income (į	if any):	
d.	Children:	1	DO	B:
		2	DO	B:
		3	DO	B:
		4	DO	В:
e.	If Single, o	do you have plans	s to marry during period of study? <b>Yes</b>	□ No □
f.	If Single, d	lo you understand	d that you are required to seek permission	on from the
	administra	tion before finaliz	zing your marriage date during your per	riod of study?
		Yes, I Under	rstand   NO	
12.Fa	ther's Name	<b>3</b> :	Occupati	on:
13. <b>M</b>	other's Nam	ne:	Occupati	on:
14. <b>A</b> r	nual Incom	ne of Parents (fan	nily income):	

15. Church of which the applicant is currently a member:
Denomination:
Congregation name and address:
16. Are you a sponsored Candidate of your Church? Yes □ No □  If 'yes', give the name and address of your Church Head (Enclose a letter from your Church Head sponsoring your candidature)
Name of Authority:
Address:
State:Pin Code:
17. Person(s) responsible for your financial support while at college, and level of anticipated support if you are an independent candidate:
a. Church (denomination):
b. Church (congregation):
c. Parents):
d. Institution):
e. Other: ):
I hereby certify that the enclosed information is true and accurate, to the best of my knowledge.
Date & Pace Signature of Applicant.
<u>DECLARATION</u>
I hereby declare that if I get admission in the Kanyakumari Theological College, I will
abide by the rules and regulations of the college and during the days of my studies I will
not go into the sea or bathe in the sea even during the holidays and if any accidents or
losses happens due to my disobedience the college management will not be responsible.

**Parent's Signature** 

**Signature of the Student** 

#### KANYAKUMARI THEOLOGICAL COLLEGE, MUTTOM

#### Health History to be Completed by the Candidate before Medical Examination

**FAMILY HISTORY**: Mention the kind of medical History.....

- 1. HIGH BLOOD PRESSURE
- 2. MENTAL ILLNESS OR T.B
- 3. HEART TROUBLE

ANY ILLNESS IF DEATH CAUSE OF DEATH

- 1. Father
- 2. Mother
- 3. Sisters / Brothers
- 4. Wife / Husband

Medical History (Indicate dates for any of the following conditions you have had)

Cancer	Inability to Concentrate
Major accidents	Substance Abuse
Stroke	HIV / AIDS
Alzheimer's disease	Mental Health
Pneumonia	Hernia
Kidney disease	Shortness of Breath
Suicide ideation	High B.P
Cancer	Diabetes
Major accidents	Stomach Trouble
Stroke	Eye Problem
Alzheimer's disease	Backache
Pneumonia	Easy Fatigue
Typhoid	Piles
Jaundice	Heart Trouble
Malaria	Asthma
Dysentery	Appendicitis
Diphtheria	Skin disease
Chicken Pox	Discharging Ears
Mumps	Deafness
Filariasis	Depression
Joint Pains	Lack of Confidence
Rheumatic Fever	Dizziness
Recent Loss / gain in weight	Nervous Breakdown
Pleurisy	Sleeplessness
T.B	Fainting Spells
Tonsillitis	Fits
Overweight and Obesity	Any Deformities

#### FOR WOMEN ONLY

- 1. Pregnancies
- 2. Any gynecologist treatment
- 3. Any Operation or Injuries

Brief about Medication being taken and date and dosage:

I certify that I have answered the above questions fully and honestly and there are no other significant health facts known to me.

Date: Name and Signature of the candidate

### PHYSICIAN'S EXAMINATION

Height	Weight		General Ap	ppearance		
ENT EYES Pupils		Visual acuity	Dis	stant Vision	n Near `	Vision
Eyes Lids Glands Skin Rash Axillary	Cervica	Hearing al Scars Inguinal		Nose o	& Thro	at
Circulatory S	System 1	<b>B.P</b>	Pul		1	
ORTHOPAEDIC		Var Pos Spi	Peripheral Pulses Varicose veins Posture Gait Spine Hand & Feet			
RESPIRATO Abdomen	ORY IN	SPECTION	Lur	_		T. 1. 1.C.
NERVOUS SYSTEM		Her Hig Spe Mo	een rnia gher Functi eech	ion	Teeth and Gums	
Any other abn	ormality	y	Itel	ICACS		
<b>EMOTINAL</b> Evidence of p						
Stool	T	AMINATION UrinePL		EB		
FITNESS FO  Do yo  his/her carryin	OR STU u considing out a	DY ler that the car rigorous progra	amme of stu	ıdy.		ndition which would seriously interfere with
Date:		Signature	ication			

#### ADDITIONAL INSTRUCTIONS TO THE CANDIDATE

Kindly note the following requirements for the B.D. Degree Course before applying

- 1) Candidates with Bachelor Degree (B.A., B.Sc., B.Com., B.E. etc. or higher degree) of recognized University (or equivalent qualification) are qualified for admission to the course leading to the B.D. Degree/Diploma in Theology.
- 2) Candidates with B.Th. of Senate of Serampore College with 'B' grade or other equivalent qualifications are qualified for admission to the third year of the B.D Course, provided they have passed the two B.Th. Senate examined English papers before applying for admission.

The complete application, with ALL supporting documents, must be sent to:

The Principal, Kanyakumari Theological Seminary, James Nager, Muttom, – 629202,Kanyakumari Dist. Tamil Nadu. South India Mobile 9486731639

#### SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

- 1. Proof of age (Copy of Birth / School Leaving Certificate)
- 2. Adhar Card Copy
- 3. Two recent Passport size photographs (Other than the one affixed in this form)
- 4. Submit attested photocopies of all original certificates.
- 5. Last Degree Certificate Copy
- 6. Transfer Certificate
- 7. Photocopy of Migration Certificate from the University.
- 8. Certificate of Baptism and Certificate of Confirmation.
- 9. A letter from Pastor/ Presbyter indicating the status of your membership.
- 10. A letter from Bishop/Church authority indicating the status of sponsorship/Permission.
- 11. A letter from those guaranteeing financial support, including medical expenses.
- 12. Three letters of character reference from:
  - a) Your Pastor, Presbyter or Chaplain
  - b) A responsible lay person in your church.
  - c) A teacher under whom you studied in College / Higher Secondary School.

(**Note**: Referees must include name, position, relationship to applicant, and contact details, including address, phone, and email address. Referees should not be family members.)

- 13. A brief Auto-biographical statement on a separate sheet of paper mentioning the factors that motivated you to pursue theological education (300 to 500 words)
- 14. Last Date to receive the filled in Application form with fee of Rs. 500/-: May 26, 2025
- 15. Registration Fee by any of the following payment method. a) Online fund transfer via NEFT/RTGS / Internet Banking / Mobile banking / IMPS/ Money Order/ Demand Draft/ Cheque drawn in favour of

KANYAKUMARI THEOLOGICAL COLLEGE FUND, A/C NO: 075-3220-1000-1005 IFSC CODE: UBIN0907537

Union Bank of India, College Road, Nagarcoil 629001.

16. Kindly send the relevant transaction copy with all the required attachments to kktcdean@gmail.com, kktcprincipal@gmail.com