

(For Office Use Only)

Web Form

Student ID: _____

Degree / Diploma Course: _____

Fees Paid: _____



Senate of Serampore College (University)

FACULTY OF THEOLOGY

Application for Registration

Year of Registration.....

Student ID (if exists).....

Affix recent
passport size
photograph with
signature over it

I. PERSONAL INFORMATION

Name: _____

(As per Highest Board / Council / Degree Certificate)

Father's Name: _____

Mother's Name: _____

Spouse's Name: _____

Guardian's Name: _____

Marital Status:

M S O

Gender:

M F O

Date of Birth:

(attach document)

dd

mm

yy

Mother Tongue: _____

Married / Single / Other

Male / Female / Other

Church Affiliation: _____

Nationality: _____

II. ADDRESS FOR COMMUNICATION

House No.: _____

Locality: _____

City: _____

District: _____

State: _____

Pin code: _____

Email: _____

Country: _____

Phone No. _____

Fax: _____

III. COURSE INFORMATION

Course of Study: _____

Tutor's Name and Address: (If any) _____

Branch of Specialization : (If applicable) _____

Medium of Examination: _____

Name of College / Seminary / Federated Faculty: _____

IV. ACADEMIC (Attach marksheets and certificates)

Examination Passed	Name of University / Board / School	College Attended	Year of Passing	Registration No.	Class/ Grade

Name of the University from which migrating: _____

(Please turn over)