



DHARMA JYOTI VIDYA PEETH

Alexander Mar Thoma Centre for Theological & Developmental Studies
Affiliated to the Senate of Serampore College (University)
Fazipur Khader, Chandpur P.O.
Faridabad-121 101, Haryana

Reference Form (Confidential)

Section One : *(To be filled by the applicant before sending it to the Referee.)*

Full Name :

Permanent Address :

.....

Address for correspondence :

.....

Phone : E-mail :

Section Two : *(To be filled by the Referee and sent directly to the address above. The Referee may use additional sheets if necessary)*

Full Name of the Referee :

Address for Correspondence :

.....

Phone : E-mail :

1. What is your assessment of the applicant's overall ability to undertake the academic course ?
His/her Commitment to Christian witness - His/her character and interpersonal relationships.

2. What is the ability of the applicant to work with others as a team ?

3. Are there any aspects of the personality of the applicant that would adversely influence his/her future career?
Please give details :

4. Please rate the applicant in the following scale.

	Above Average	Average	Below Average	Low
Intellectual ability				
Oral articulation				
Written articulation				
Team work				
Motivation				
Christian Commitment				

5. Any other information that would help us process the application.

Place

Date

Signature



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HEALTH AND FITNESS CERTIFICATE

SECTION - I

(To be completed by the Applicant)

1. Name of the Applicant :
2. Age and Date of Birth :
3. Place of Birth :
4. Permanent Address :
5. Present Address :
6. Name of Parents/Spouse/Guardian :

7. Family History	Name	Relationship
a. Blood Pressure		
b. Mental Illness		
c. Heart Trouble		
d. Tuberculosis		
e. Asthma		
f. Diabetes		

8. Death in the Family :	In Case of Death	Cause of Death	Name	Relationship
a.				
b.				
c.				

9. Past History:
 - a. Do you have any Chronic Illness? Yes/No
If yes, specify :
 - b. Allergy? Yes/No
If yes, specify :
 - c. Heart Problem? Yes/No

- d. Tuberculosis? Yes/No
If yes, specify :
- e. Epilepsy Yes/No
If yes, specify :
10. Have you had any Surgery? Yes/No
Specify the year and the surgery :
11. Have you been hospitalised recently? Yes/No
Reason :
12. Medication been taken, date and dosage :

SECTION - II
PHYSICIAN'S EXAMINATION
(To be filled by a Physician)

1. a. Height : d. Weight : g. General Appearance :
- b. Blood pressure : e. Pulse : h. Respiration :
- c. Eye sight : f. Visual Activity : 1. Distant Vision :
2. Near Vision :
2. Physical Assessment :
- a. Respiratory System :
- b. Cardiovascular System :
- c. Nervous System :
- d. Endocrine System :
- e. Circulatory. System :
- f. Gastro Intestinal Tract :
- g. Genito Urinary Tract :
3. Laboratory Findings :
- a. Stool Routine :
- b. Urine Routine :
- c. Blood Routine :
4. Fitness for Study :
5. Do you consider that the candidate has any physical condition which would seriously interfere with his/her carrying out a rigorous Programme Study:

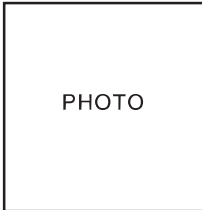


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Application For Admission

(Please fill up the application form in block letters.)



I. Personal Information

Full Name.....

Date of Birth.....Male/Female.....Married/Single.....

Name of Parents.....

Permanent Address.....

.....

Address for Correspondence.....

.....

Phone/Mob.....E-mail :.....

II. Church Background :

Church Affiliation.....Parish.....

Name of the Parish Minister.....

Address.....

.....

Phone/Mob.....E-mail :.....

Mention your Involvements in :

1. Sunday School :

2. Youth Activities :

III. Academic Qualification :

Examination Passed	Subject/s	Name of the College/ University	Class/Overall Percentage	Year of Completion	Medium of Instruction

IV. Family Details :

If married, name and educational qualification of the Spouse.....

Number of Children and their age.....

Are you intending to bring your family : YES / NO

V. References :

Provide name and address of two persons who can provide confidential information about you.

1. Name..... Designation

Address.....

.....

Phone :.....E-mail :.....

2. Name..... Designation

Address.....

.....

Phone :.....E-mail :.....

Note : The reference letter should be sent directly to The Principal, Dharma Jyoti Vidya Peeth, by the concerned person.

VI. Finance :

Are you financially sponsored by any Church/Institution ? If so, provide the information.

1. Name of the sponsoring body.....

Address.....

.....

Phone :.....E-mail :.....

Note : You should attach a letter of financial guarantee from the /Church/Institution/Parents.

2. If not, specify the means of your financial support :

VII. Other Information :

- 1. Mother Tongue.....
- 2. English Proficiency. : Speak :.....
 Read :.....
 Write :.....
- 3. Ministerial Experience :.....

- 4. Achievements in Co-curricular Activities.....

- 5. Special Interests/Talents.....

- 6. On a separate sheet please give an autobiographical sketch stating your life, call to ministry and future goals.

DECLARATION

I.....hereby declare that the particulars given above are true to the best of my knowledge and belief. If admitted, I shall respect the faith and practice of the Mar Thoma Church and abide by the Rules and Regulations of the Senate of Serampore College and those of Dharma Jyoti Vidya Peeth.

Place

Date

Signature of the applicant

Please return the completed application form with the following documents.

- Copies of academic transcripts.
- Letter of financial support.
- Autobiographical statement
- A letter from the Vicar, recommending you for theological studies.