



BISHOP'S COLLEGE, KOLKATA

Affix Passport size Recent Photograph

ADMISSION FORM

- Bachelor of Divinity (4 Years)**
- Integrated Bachelor of Divinity (5 Years)**

Name of the Candidate
(In Capital Letters as per Board/Degree Certificate)

Father's/Guardian Name:

Occupation:

Mother's Name:

Occupation:.....

Church Affiliation:

Full Address of the Church :.....

.....

Date of Birth [DD-MM-YYYY] : Gender : Age:.....

Mother Tongue: Nationality:

Marital Status :Spouse's Name:.....

Spouse's Occupation:

Children's Name: 1] Age:

2]..... Age:.....

3]..... Age:.....

Do You Require Married Quarters:

YES	NO
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Permanent Address with Pin Code :

.....

.....

Correspondence Address with Pin Code :

.....

Contact Numbers: 1] 2]

Email ID.



BISHOP'S COLLEGE, KOLKATA

ACADEMIC QUALIFICATION: (Highest Qualification at the Top)

Academic Qualification	Name of the University/College	Year of Passing	Class /Grade/ Percentage

Extra-Curricular Activities:

.....

WORK EXPERIENCE WITH CHURCH:

WORK EXPERIENCE WITH OTHER ORGANISATIONS

DO YOU HAVE ANY CIVIL OR CRIMINAL CASES PENDING AGAINST YOU IN ANY COURT OF THIS LAND?

YES NO

If Yes, Provide Details Below:

.....
Signature



BISHOP'S COLLEGE, KOLKATA

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS AND MARK THE STATUS OF ATTACHMENT

		YES	NO
1	FILLED MEDICAL EXAMINATION FORM		
2	STATEMENT LETTER OF FINANCIAL GUARANTEE FROM SPONSOR.		
3	PERSONAL TESTIMONY OUTLINING YOUR COMMITMENT AND CALLING.		
4	LETTER FROM HEAD/BISHOP OF THE CHURCH/ASSOCIATION.		
5	LETTER OF RECOMMENDATION FROM PASTOR.		
6	LETTER OF RECOMMENDATION FROM CHURCH ELDER/LEADER.		
7	LETTER OF RECOMMENDATION FROM YOUR TEACHER.		
8	LETTER OF RECOMMENDATION FROM PEER/FRIEND/CLASSMATE.		
9	STATEMENT AGREEING TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE COLLEGE.		
10	PHOTOCOPIES OF ALL DEGREE AND SCHOOL CERTIFICATES & MARKSHEETS		



BISHOP'S COLLEGE, KOLKATA

STATEMENT OF FINANCIAL GUARANTEE

I/WEHEREBY
AGREE TO BE RESPONSIBLE FOR **MR/MS**
AND PAY ALL NECESSARY AND LEGITIMATE EXPENSES FOR HIM/HER. I/WE WILL REIMBURSE
BISHOP'S COLLEGE ANY EXPENDITURE INCURRED ON HIS/HER BEHALF DURING THE STUDY
PERIOD FROMTO.....
I/WE FURTHER AGREE TO BE RESPONSIBLE TO SUPPORT HIS/HER SPOUSE AND CHILDREN
DURING THAT PERIOD. [Cut out if not applicable]

SIGNATURE AND SEAL:

(NAME IN CAPITALS)

DESIGNATION:

DATE:

ADDRESS:



BISHOP'S COLLEGE, KOLKATA

FORMAT FOR THE LETTERS OF RECOMMENDATION

- a. HOW LONG YOU HAVE KNOWN THE CANDIDATE AND IN WHAT CAPACITY?
- b. WHAT DO YOU BELIEVE TO BE THE STRENGTHS OF THE CANDIDATES?
- c. WHAT DO YOU BELIEVE TO THE WEAKNESSES OF THE CANDIDATE?
- d. HOW DOES THE CANDIDATE HANDLE RESPONSIBILITY AND LEADERSHIP?
- e. HOW DOES THE CANDIDATE HANDLE CONFLICT?
- f. DO YOU BELIEVE THAT THE CANDIDATE IS FIT FOR THEOLOGICAL EDUCATION/MINISTERIAL TRAINING?
- g. AN ASSESSMENT OF THE ACADEMIC ABILITY OF THE CANDIDATE (FOR TEACHERS ONLY)

STATEMENT OF AGREEMENT TO ABIDE WITH ALL RULES AND REGULATIONS OF THE COLLEGE

"I AGREE TO ABIDE WITH ALL THE RULES AND REGULATIONS OF THE COLLEGE."

SIGNATURE

DATE

CONTACT INFORMATION

BISHOP'S COLLEGE, 224 A.J.C BOSE ROAD, KOLKATA – 700 017,
WEST BENGAL, INDIA.

Phone: 033 2281 6822,

E-mail : bishopscollege1820@gmail.com **OR** deanofstudiesbc@gmail.com

Website: bishopscollege.ac.in

BISHOP'S COLLEGE, KOLKATA
MEDICAL EXAMINATION FORM

Form (Filled in by Doctor with at least MBBS degree) for basic survey for health check

PROFILE:

Name:

Gender: Date of birth: Age:.....

Contact Address:

.....

.....

Contact numbers: 1] 2]

Email Id :

QUESTIONNAIRE:

- Any medical issues that we should know about?
.....
.....
- Have you ever been hospitalized?
.....
- Have you ever undergone or been advised any surgery?
.....
- Have you ever had
 - Blood transfusion
 - Jaundice
 - Blood pressure problems
 - Breathing problems
 - Joint pains
 - Headaches
 - Nervous problems
- Have you or any of your family (parents or siblings) had
 - Tuberculosis
 - Cancer
 - Heart problems
 - Kidney disease
 - Diabetes
- Any accidents or injuries?
- Are you on any medication?

(List type of medication present and in the last 5 years)

- Do you have any known allergies to foodstuff or medicines?.....
- Menstrual history/Gyne problems
- Any history of mental illness/Depression?

PHYSICAL EXAMINATION

General appearance including nutrition

Posture and Gait

Mentation

BP: Pulse:
(If BP readings exceed = 140/90; include Serum Creatinine, Cardiologists report)

Ht (cms):..... Wt (Kgs) BMI Waist size(cms).....

(if BMI $Wt(Kg)/Ht(Mtr)^2 > 30$ in adults or Waist > 90 in females / > 102 in males, Do Fasting blood sugar, Serum Cholesterol, Serum TSH)

Eyes (include fundoscopy for DM or HTN)

Vision: Right Left Near vision Color vision

(Ophthalmologists report if corrected vision worse than 6/12 in either eye)

Ears including hearing: Whispered voice at 6meters/20 feet

Throat and Teeth including oral hygiene

Thyroid gland and neck nodes

Chest and Spine

Heart

Lungs

Abdomen including hernia sites

Limbs including pedal edema& Joints

Skin including scars

Neurological

Others

Special referrals if any:

.....
.....
.....

Doctors comments:

.....
.....
.....
.....
.....

Date: Signature:.....

Name of Doctor:.....

Registration:

Contact number:

Seal: