

# **BISHOP'S COLLEGE**

ADMISSION FORM

FOR

BACHELOR OF DIVINITY/COLLEGE DIPLOMA COURSES

224, A.J.C BOSE ROAD  
P. O.: CIRCUS AVENUE  
KOLKATA 700017  
WEST BENGAL, INDIA

PHONE: 033 2280 9659  
[www.bishopscollege.ac.in](http://www.bishopscollege.ac.in)

# ADMISSION FORM

1. NAME

--

2. DATE OF BIRTH (DD-MM-YYYY)

--	--	--	--	--	--	--	--

3. SEX

4. NATIONALITY

--	--

5. PERMANENT ADDRESS WITH PIN CODE

--

6. ADDRESS FOR CORRESPONDENCE WITH PIN CODE

--



7. PHONE NUMBERS & EMAIL ADDRESS

LANDLINE	CELL PHONE	EMAIL ADDRESS

8. MARITAL STATUS (INDICATE BY TICKING CORRESPONDING BOX)

SINGLE	
MARRIED	
WIDOW	
WIDOWER	
DIVORCED	
SEPARATED	

9. IF MARRIED PROVIDE THE FOLLOWING INFORMATION

SPOUSE'S NAME:
SPOUSE'S AGE:
SPOUSE'S OCCUPATION:



No.	CHILDREN'S NAMES	AGE

10. DO YOU REQUIRE MARRIED QUARTERS?

YES	No

11. FATHER'S NAME AND OCCUPATION

NAME:  OCCUPATION:
--------------------------

12. MOTHER'S NAME AND OCCUPATION

NAME:  OCCUPATION:
--------------------------



### 13. EDUCATIONAL QUALIFICATIONS

	NAME	SUBJECT	YEAR OF PASSING	PERCENT-AGE	CLASS/ CUMU- LATIVE GRADE POINT AVERAGE (CGPA)
SCHOOL					
COLLEGE/ UNIVER- SITY					



POST-GRADUATE DEGREE/ UNIVERSITY					

14. EXTRA-CURRICULAR ACTIVITIES

--



## 15. WORK EXPERIENCE

a. WITH CHURCH:

b. OTHER:

## 16. LEADERSHIP POSITIONS HELD

a. IN CHURCH:

b. OTHER:



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

	IF YES, PROVIDE DETAILS BELOW	SIGNATURE
No		
Yes		

18. STATEMENT OF FINANCIAL GUARANTEE

I/WE \_\_\_\_\_ HEREBY  
 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 FROM \_\_\_\_\_ TO \_\_\_\_\_.  
 I/WE FURTHER AGREE TO BE RESPONSIBLE TO SUPPORT HIS/HER SPOUSE AND  
 CHILDREN DURING THAT PERIOD.

SIGNATURE AND SEAL:

DESIGNATION:

DATE:

ADDRESS:





19. PLEASE ENCLOSE THE FOLLOWING DOCUMENTS AND MARK THE STATUS OF ATTACHMENT.

		YES	NO
1	MEDICAL FITNESS CERTIFICATE FROM MISSION HOSPITAL.		
2	STATEMENT AGREEING TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE COLLEGE.		
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	LETTER OF FINANCIAL GUARANTEE FROM SPONSOR.		
10	PHOTOCOPIES OF ALL DEGREE AND SCHOOL CERTIFICATES.		



## 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 CANDIDATE?
- c. WHAT DO YOU BELIEVE TO BE 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)

## 20. 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

PHONE: 033 2281 6822

EMAIL: [bishopcollege@vsnl.net](mailto:bishopcollege@vsnl.net)