BISHOP'S COLLEGE, KOLKATA

ADMISSION FORM

Academic year ……

Affix Passport size Recent Photograph

Bachelor of Divinity **(3 years)** ☐

Bachelor of Theology **(3 years)** ☐

Name of the Applicant:…….....
(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]:…….. Age:……..Gender:……..…

Mother Tongue: ……..…….Nationality:……

Aaddhar Number: ……..

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

Spouse's Occupation:……..……..

Children's Name: 1] ……..…Age:..…….....

2] …….....Age:..……

Do you require a Married Quarter?

YES	NO

Permanent Address with Pin Code :. ……..

.....……...

Correspondence Address with Pin Code: ……

..……...…...……...……...

Mobile:(1)……..……(2)……..WhatsApp:…….

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 ANYCOURT 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:

1.	FILLED MEDICAL EXAMINATION FORM	YES	· NO
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 DEGREES, SCHOOL CERTIFICATES & MARKSHEETS AND AADHAR CARD.		

BISHOP'S COLLEGE, KOLKATA

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. [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 APPLICANT AND IN WHAT CAPACITY?

b. WHAT DO YOU BELIEVE TO BE THE STRENGTHS OF THE APPLICANT?

c. WHAT DO YOU BELIEVE TO THE WEAKNESSES OF THE APPLICANT?

d. HOW DOES THE APPLICANT HANDLE RESPONSIBILITY AND LEADERSHIP?

e. HOW DOES THE APPLICANT HANDLE CONFLICT?

f. DO YOU BELIEVE THAT THE APPLICANT IS FIT FOR THEOLOGICAL EDUCATION / MINISTERIAL TRAINING?

g. AN ASSESSMENT OF THE ACADEMIC ABILITY OF THE APPLICANT (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, Acharya Jagadish Chandra Bose Road, Kolkata – 700 017, West Bengal, India.

Phone: (033) 2281 6822 / 2280 9659

E-mail: bishopscollege1820@gmail.com

OR

deanofstudiesbc@gmail.com

Website: www.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: ……..