



UNITED THEOLOGICAL SCHOOL (UTS)

[An autonomous Baptist Institution]

Mission Road, Cuttack-1, Odisha

Email: utscuttack1@gmail.com

[Affiliated to Association for Theological Educational Authentication-ATEA]



9583365133

9439148972

Paste Your
Recent
Passport
Size Photo
here.

Application for Admission

Register No:..... Admission No:.....

1. Name in Full (in capital Letters) :.....

.....

2. Date of Birth:..... Age:.....

3. Place of Birth:..... Nationality:.....

4. Sex: 1) Male 2) Female

5. To which program are you seeking for admission

1) C.Th 2) B.Th. 3) Dip.T.S.

6. Medium of Instruction (English / Odia) :

7. Indicate your anticipated academic preference:

1) Residential 2) Correspondence

8. Permanent Address:

.....
.....

Mob..... E-Mail.....

9. Address for correspondence with PIN :

.....
.....

10. Marital Status : Single / Married

(a) Name of the Spouse:..... (b) Number of Children.....

11. Name of Father / Guardian.....

12. The occupation of Father / Guardian.....

13. How long have you been a Christian ?.....

14. Explain how you became a committed Christian. Mention an event of particular importance if any:

.....
.....

15. The name of your church denomination:.....

16. The full name and address of your local church.....

.....

17. Please indicate all significant employment and ministry experience you may have:

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

18. What type of Christian ministry do you hope to do when you complete your theological training?

.....
.....

19. Language Proficiency :

(a) Your mother tongue:.....

(b) Other languages you can speak, read and write:.....

.....

20. Have you had any Christian training before: 1)Yes 2)No

If yes please ,give details:

.....
.....

21. Educational Qualification :

Completed Courses	Name and place of School/College	Board/University	Year of Completion	Mark/Grade/Percentage
Matriculation				
+2/Equivalent				

22.If residential ,are you able to pay fee for tuition ,food and accommodation ?.....

If Yes, please mention who will pay?.....

23.Give the name and contact no of

(a) An official of your Church / Mission / Organization:.....

.....

(b) A responsible person who knows you well:

Declaration & Pledge

I affirm that my statements above are correct to the best of my knowledge. If admitted. I agree to abide by the standards of conduct of UTS. I shall submit to the right of the seminary administration to take any disciplinary action against me, if in their judgment, my behavior, character or doctrine is contrary to the spirit and emphasis of the Seminary.

Date.....

Signature.....

Please attach the following with the application form:

- (1)Self attested copies of certificates and mark list of mentioned courses
- (2)Pastoral Recommendation Form
- (3)Three recent passport size photos.

FOR OFFICE USE ONLY

1. Date on which application is received:
2. Application fee received Rs.....
3. Admission 1) Approved 2) Rejected 3) Differed :.....
4. Enrolled 1) First Year 2) Second Year 3) Third Year :.....
5. Qualifying papers required for admission :.....
6. Total semesters required for graduation :.....

Signature.....

Registrar



UNITED THEOLOGICAL SCHOOL (UTS)

[An autonomous Baptist Institution]

Mission Road, Cuttack-1, Odisha

Email: utscuttack1@gmail.com

[Affiliated to Association for Theological Educational Authentication-ATEA]



9583365133

9439148972

LETTER OF RECOMMENDATION

(For Residential Student Only)

(Strictly Confidential)

*Note: This form should be filled by your **Pastor** and sent directly to:
The Registrar, United Theological School, Mission Road, Buxibazar, Cuttack-753001, Odisha.*

Name of candidate *(IN BLOCK LETTERS)* : _____

Name of Referee : _____

UTS gives extreme care in selecting candidates to undergo theological training, for it moulds spiritual leaders of tomorrow. It would be of great assistance to us if you could answer a few questions about the applicant's abilities and spiritual commitment to Christ. This type of request can be somewhat onerous, but the pro-forma questions given below will ease the task.

Any information that you are able to give will help the Faculty of UTS to assess the suitability of the applicant and will be treated in the strictest confidence. Thank you, in advance, for your prompt reply.

1. How long have you been known the applicant? _____

2. In what capacity have you known him? _____

3. What do you know about the applicant's personal commitment to Christ? _____

4. What spiritual gifts and talents does the applicant possess? _____

5. What do you think are the main areas of strength and weakness in the applicant's life _____

6. Please write additional comments overleaf, if any.

7. Please tick one:

I recommend the candidate very highly.

I recommend the candidate.

I recommend the candidate with certain reservations.

I do not recommend the candidate.

Signature _____

Designation _____

Official Stamp:

Date : _____



UNITED THEOLOGICAL SCHOOL (UTS)

[An autonomous Baptist Institution]

Mission Road, Cuttack-1, Odisha

Email: utscuttack1@gmail.com

[Affiliated to Association for Theological Educational Authentication-ATEA]



9583365133

9439148972

MEDICAL CERTIFICATE

(For Residential Student Only)

Name of the Applicant : _____

Age : _____ Height: _____ Weight: _____

General Diagnosis

Eyes : _____ Skin: _____

Skeletal : _____ CVS: _____

R.S. : _____ Abdomen: _____

CNS. : _____ Blood Pressure: _____

Family History

Blood dyscrasia: _____ Diabetes : _____

Hypertension : _____ Asthma: _____

Past

Jaundice : _____ Surgeries : _____

Epilepsy : _____ Long term treatment : _____

Allergy to any drugs : _____ Allergy to any food : _____

Laboratory Report

Blood Group : _____ Rh Pos/Neg : _____

Hemoglobin : _____ Serology : _____

Urine : _____ Glucose Tolerance : _____

Any other : _____

Recommendations : _____

Date : _____ (Signature of the Doctor): _____

Reg. No. : _____

Official Seal