



APPLICATION FORM FOR ADMISSION

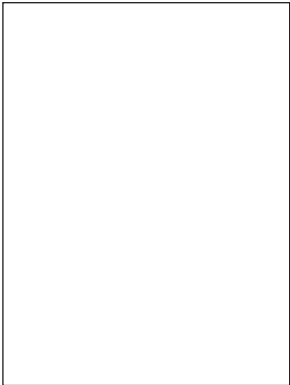
Diploma In Clinical Pastoral Counselling (DCPC) & Clinical Pastoral Education (CPE)

FOR OFFICIAL USE ONLY

Application No. : _____

Date Received: _____

Received by : _____



NOTE:

- I. Do not send original certificates
- II. Make sure you are eligible to apply before you send the application
- III. This form should be filled in legibly in applicant's own handwriting
- IV. Insert NIL if there is no answer to a question

Select your course DCPC CPE

1. Name in full (Block Letters):

2. Permanent Address:

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3. Present Address:

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4. Date of Birth:

Sex : Male Female

5. Father's/Husband's/:

Guardian's Name:

Address :

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Telephone:

Occupation:

6. Total Income of Family:

(In words):

7. Nationality and State:

1. Church Affiliation:

2. Marital Status: Single Married Widow Widower
 Separated

3. If Married, No. of Children:

4. Highest Educational Qualification:

5. Year of passing B.Th. / B.D / B.A / B.Sc / B.Com or any other degree:

6. Languages Known: Speak Read Write

a.

b.

c.

d.

e.

7. Present Occupation, if any:

8. Details of Past Employment:

 From:

 To:

 Designation:

 Institution:

9. Academic Record:

 Examination:

 Institution:

 Year:

 Class:

 No. of Attempts:

10. Any Other Qualifications :

11. Are you sponsored? Yes No
 (If yes, list name & address
 of sponsoring body

12. Are you receiving scholarship? Yes No
 support? (If yes, how
 much & from where)

1. References: a.
 (Name & Address)

 b.

2. Are the following enclosed? (Please tick)

- Photostat copies of Certificates & Mark-list of B.Th / B.D. / M.Div. / Bachelor degree in any subject
- Secondary School Leaving Certificate
- Medical Fitness Certificate
- Character Certificate and Testimonial from two persons
- Autobiography
- Two Photos (one Stamp size)
- Copy of bond agreement, if sponsored
- Additional documents as listed in prospectus to be attached to application (Attested true copies must be enclosed)
- Work experience certificate

Note:

Your admission to the DCPC programme is conditional to the Senate of Serampore accepting your application. In the event of the Senate rejecting your application you will have to continue your studies under the DPHM programme of the Christian Medical Association of India (CMAI).

DECLARATION BY CANDIDATE

I, hereby declare that the facts mentioned above are correct to the best of my knowledge. I agree to abide by the terms and conditions for admission, if selected to the Diploma in Clinical Pastoral Counselling (DCPC) programme at Bangalore Baptist Hospital and promise to abide by the rules of the institution.

Date:

Signature of Candidate

