

9. Academic Record (see note 3)

Examination Passed	Name of College and University	Year of Completion	Branch	Class
B.A./B.Sc. etc.				
M.A/M.Sc. etc.				
B.D. M.Div.				
M.Th.				
Others*				

(*If claim to equivalent academic status is being made given full details and enclose Photostat copies or certified copies of the original certificates)

10. Title of Theses

B.D.

.....

M.Th.....

.....

11. Details of work experience:

12. Details of research experience and list of publications

a. Year.....

b..... Year

c. Year.....

13. Proposed area of doctoral research:

a) Tick one

- | | |
|----------------------------|-------------------------|
| i. Old Testament | vii. Christian Ministry |
| ii. New Testament | viii. Communication |
| iii. Christian Theology | ix. Social Analysis |
| iv. Christian Ethics | x. Missiology |
| v. History of Christianity | xi. Others..... |
| vi. Religions | |

b) Proposed area of research- please describe briefly, to the extent you are able to do so at this point, the area in which you hope to do your specialized research (*If more space is needed please attach a sheet*)

14. Give particular about the proficiency you have in the following languages (see Note 4):

No. of courses taken- specify the duration of each course	Grades/Marks obtained for each course
Hebrew	
Aramaic	
Syriac	
Greek	
Arabic	
Latin	
Sanskrit	
Pali	
German	
French	
Indian languages other than mother tongue	

15. Who will sponsor your DTh studies (Please tick)

- a. Church/ Institution Sponsor YES/NO (Letter from church/institution)
 b. Family Sponsor YES/NO (Letter from guardian/ family member)
 c. Self YES/NO (Self explanatory letter)

16. Are you employed in any institution? Yes/ No (If employed, give details with last salary drawn)

Name and address of the Institution	Nature and designation of the work of the applicant in the mentioned Institution

I Rev./Fr./Mrs./Ms./Mr.

Hereby declare that the particulars given above are true to the best of my knowledge and if admitted I shall abide by the rules and regulations of the D.Th. degree programme of the Senate of Serampore College.

Date.....

.....
Signature of the Applicant

**B. To be filled by the head of the Institution in which
the applicant is employed**

I..... hereby certify that
this application is being made with my consent and permission. I will take responsibility to see
thatis given necessary
leave for his/her study as per the regulations of the Senate of Serampore College.

.....
Date

.....
Signature of the Head of the Institution

Seal of the Institution

C. To be filled by the Sponsor

FINANCIAL DECLARATION FORM

To
The Dean
Department of Research/ SATHRI
Senate of Serampore College
Mack House Complex, Willam Carey Road
P.O. Serampore – 712201, Hooghly, West Bengal

I/We _____ hereby undertake to

support Rev/Mr/ Ms/Mrs _____ for the research program under Department of Research / SATHRI by arranging to transfer as per the provision made in rules, on or before **30th April, 2024**

- a. Fee required by Department of Research as per the Fee structure given in DTh Revised Regulation page 41.
- b. Fee required by the Senate of Serampore College as per the Fee structure given in DTh Revised Regulation page 40

I/We hereby undertake to support the above research student for the entire period of (tick one)

<input type="checkbox"/>	One year
<input type="checkbox"/>	Two years
<input type="checkbox"/>	Three years
<input type="checkbox"/>	As applicable for the completion of DTh research

Payment transfer schedule Department of Research/ SATHRI

Payment dated : _____

UPI reference number: _____

Sponsor's Signature _____

Date: Sponsor's Name: _____

Sponsor's Position: _____

(In case of family/relative, please mention sponsor's relation with the research student)

Sponsor's Seal
(Institution only)

D. To be filled by the Research Committee

1. The applicant is permitted / not permitted for admission into the D.Th. degree programme.

The following person/s are appointed as candidate's Screening Committee.

- i.
- ii.
- iii.

2. The applicant is admitted/not admitted into the D.Th. degree programme

The following person/s are appointed as candidate's Supervisory Committee.

- i.
- ii.
- iii.

3. Alternatives

- i.
- ii.

Date.....

.....

Signature of the Dean

E. FEE Transfer Form

Name:

Branch:

Email:

Mobile number:

Sl No	Fee Detail	Amount
1	Application fee	2,000.00
2.	Registration Fee (one time)	2,000.00
3	Admission Fee (one time)	2,000.00
4	Tuition fee (1 st year)	45,000.00
5.	Research Coordination Fee	12,000.00
6	Publication Fee	1,000.00
7	Assessment Paper Fee (one time)	4,000.00
8	Thesis Proposal Fee (one time)	3,000.00
	Total amount	71,000.00

Fee paid by NEFT/ G Pay/Paytm/ Phone Pay _____

Amount paid _____

UPI transaction number _____

Date of Transfer _____

(Attach a copy of the transfer receipt with this form)

Send email with name, mobile number and UPI reference number to dm.sathri@gmail.com after online transfer

Fee Paid by Demand Draft

Demand Draft Number: _____ Date of DD _____

Amount _____

Purchase Bank and Branch _____

Note to the applicant:

1. *This application should reach the office of the Department of Research/ SATHRI on or before 30th April, 2024.*
2. *The candidate should send along with this application the Photostat certified copies of the certificates and transcript of records of B.D. and M.Th. degrees and also theological degrees other than those from the Senate of Serampore College.*
3. *As per the Revised D.Th. regulations (2022) of the Senate of Serampore College the candidate should be a person who has previously obtained the M.Th. degree of the Senate with a minimum of 'B' grade or person who in the opinion of the Committee for Research holds and equivalent qualification. The candidate should also have the working knowledge of the language required in the area of his specialization before registration.*
4. *Application form should be sent in prescribed format along with fee of Rs.71,000/- (Rupees Seventy One Thousand only) by DD in favour of **DEPARTMENT OF RESEARCH/SATHRI payable at Serampore or Kolkata.***

For online transfer

Bank name: Indian Bank

Account name: Department of Research/ SATHRI

Account number: 945219520

IFSC Code: IDIB000S043

Bank Address: 617, A GT Road, Serampore, Hooghly

When completed, please send the application along with the fee to the under signed:

DEAN

Department of Research & SATHRI

Faculty of Theology

Serampore College (University)

P.O. Serampore – 712201

Dist. Hooghly, West Bengal

India.