

(for office use only)

Date rec'd \_\_\_\_\_

Fee \_\_\_\_\_ Year \_\_\_\_\_



**APPLICATION FOR ADMISSION**

**CHURCH ON THE ROCK THEOLOGICAL SEMINARY**

Christ City, Box-3, Bheemunipatnam P.O., Visakhapatnam - 531 163, A.P. India

Phone : 08933-200182, 200097, 200092 E-mail : mktitus@hotmail.com

An Educational Institution of the New Testament Church of India		
Please indicate the program	<input type="radio"/> Master of Theology in Missiology	Affix passport size picture
	<input type="radio"/> Master of Theology in History of Christianity (Pentecostal Studies)	
	<input type="radio"/> Master of Divinity	
	<input type="radio"/> Master of Divinity (Satellite Program)	
	<input type="radio"/> Bachelor of Theology	
To be filled in by the applicant and submitted to the Office of the Registrar before _____		

1. Name (in block letters) \_\_\_\_\_  
Last / Family Name First Middle

2. Present Mailing Address \_\_\_\_\_  
H.No./Name Post Office

City/district State Pin code Country

3. Permanent Mailing Address \_\_\_\_\_  
Hs. no./name Post Office

City/district State Pin code Country

4. Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year

6. Gender: Male \_\_\_\_\_ / Female \_\_\_\_\_

7. Marital Status : Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_ Number of Children \_\_\_\_\_

Is your spouse accompanying you? \_\_\_\_\_ / planning to study ? \_\_\_\_\_

8. Name and Address of Father/Guardian \_\_\_\_\_  
Hs. no./name

Post Office

City/district State Pin code Country

9. Mother Tongue \_\_\_\_\_. Other language (s) you speak, read and write \_\_\_\_\_

10. Country of Citizenship \_\_\_\_\_

11. If you have previously applied to COTRTS, indicate year and program \_\_\_\_\_
12. Are you a transfer student? \_\_\_\_\_. If yes, will you request to transfer any previous seminary credits? \_\_\_\_\_. Show details \_\_\_\_\_
13. List in chronological order all the institutions (high school, undergraduate or graduate), which you have attended since high school (including vocational training).

Name and Location of the Institution	Dates Attended	Medium of Instruction	Degree	Date Received or expected	GPA/ Class

15. Special honors conferred \_\_\_\_\_
16. Who will provide your letters of reference (attach the letters)
- a. Ecclesiastical Reference \_\_\_\_\_  
\_\_\_\_\_
- b. Academic Reference \_\_\_\_\_  
\_\_\_\_\_
17. What is the name of the local congregation you attend, minister's name and address? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. What is your denominational affiliation? \_\_\_\_\_
19. What are your special talents, hobbies or interests? \_\_\_\_\_
20. Are you personally acquainted with a member of the COTRTS faculty or staff? \_\_\_\_\_ If so, please identify that person \_\_\_\_\_

21. Please indicate all employment and /or ministry experience you have

No.	Title or Description of Work. / Ministry	Employer	Dates

22. How did you hear about COTRTS ? \_\_\_\_\_
23. At present, what are your vocational objectives? (List 1,2, and 3 in order of your preference)  
 Pastoral Ministry  Teaching  Missionary Service  Youth Ministry  Other
24. Please attach a statement explaining your desire to pursue theological education, and reasons for your interest in COTRTS in particular. (one page). Use additional paper.
25. Please provide a statement of your experience as a Christian, including your conversion, significant spiritual events in your life, and areas in which you have seen or are experiencing growth. (one page) Use additional paper.
26. When did you accept Jesus Christ as your personal Savior and Lord? \_\_\_\_\_
27. When did you take water baptism? \_\_\_\_\_ (attach Baptismal Certificate)
28. Do you exercise any spiritual gift/s? \_\_\_\_\_ Specify \_\_\_\_\_
29. Do you have the call of God for Christian ministry ? \_\_\_\_\_ What assurance do you have of the call? \_\_\_\_\_  
 \_\_\_\_\_
30. Are you willing to be a servant - leader? \_\_\_\_\_
31. What is your attitude towards work? \_\_\_\_\_
32. Do you have any known health or physical problem which may hinder your study? \_\_\_\_\_ if so, please describe \_\_\_\_\_  
 Enclose medical certificate by a registered medical practitioner.
33. **If you admitted to COTRTS, you will be required to present certification which shows that you are able to support yourself, and your family, if family accompanies you.**  
 If you are not supporting yourself, who will be supporting you?  
 Father/Guardian \_\_\_\_\_ Local Church / Headquarter \_\_\_\_\_ Any Organization/  
 Sponsoring Body/Agency \_\_\_\_\_  
**Please complete the enclosed financial Guarantee form**

## **DECLARATION AND PLEDGE**

I, \_\_\_\_\_, hereby, do declare that all the details, which are mentioned above, are true to my best knowledge. I assure that, if I am admitted, I will abide by the rules and regulations of COTR theological Seminary. I will try to maintain a very high academic standard and lead a life worthy of the calling I have received. I will submit to the Spirit of unity and love, and to the right of the Seminary administration to take any appropriate disciplinary action against me, if in their judgement, my behaviour or character or doctrine is contrary to the spirit and emphasis of the Seminary.

Signature of the applicant

Date

(Any falsification of the document may cause dismissal)

## **FOR OFFICE USE ONLY**

- a. Date when the application was received .....
- b. Has application fee been paid ? .....
- c. Have all the required documents been submitted? .....
- d. Grade of the Entrance Examination .....
- e. Admission : Approved / Rejected / Deferred
- f. Remarks .....
- Date ..... Signature of the Registrar .....

## **DOCUMENTS REQUIRED**

- |  |   |
|--|---|
| 1. Two Passport-size Photographs                         | 7. One Page Testimony                             |
| 2. One Stamp-size Photograph                             | 8. Non-Refundable Application Fee of Rs. 100/-    |
| 3. Transcripts of all your Diplomas and Degrees (Xerox)  | 9. A Statement of Why Seeking Admission at COTR   |
| 4. Certificates of all your Diplomas and Degrees (Xerox) | 10. Reference Form (Academic)                     |
| 5. Medical Certificate as in the Form Appended           | 11. Reference Form (Ecclesiastical)               |
| 6. Financial Commitment Letter as in the Form Appended   | 12. No Objection Certificate (Incase of Transfer) |

*Send your duly filled in application with all documents to :*

**REGISTRAR**  
**COTR Theological Seminary**  
**Christ City, Box-3, Bheemunipatnam P.O.,**  
**Visakhapatnam - 531 163**  
**A.P. INDIA.**



	Not Observed	Weak	Fair	Good	Out Standing
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please use this space (or a separate page if necessary) to make additional comments regarding the applicant's strengths and weaknesses that might be helpful in evaluating this applicant for admission.

**Summary**

\_\_\_\_\_ recommend with enthusiam  
 \_\_\_\_\_ recommend  
 \_\_\_\_\_ recommend with reservation  
 \_\_\_\_\_ not recommend  
 \_\_\_\_\_ please contact me for the further information

Signature .....  
 Name .....  
 Position .....  
 Institution .....  
 Address .....  
 .....  
 .....  
 .....  
 Phone .....  
 Email .....  
 Date .....



	Not Observed	Weak	Fair	Good	Out Standing
D. Relationship to those outside the church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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E. Applicant's gifts and potential for ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. What have you (or the church) recognized as the applicant's primary qualification both for study and for ministry and why?
4. How would the applicant respond to an academic training environment such as the one here at COTRTS and why?
5. What might be the main hindrance to the applicants's time of study here and why?
6. Please list any and all reservations you have concerning the applicant.
7. Would you happily receive the applicant, upon his completion of course, for your pastorate or church staff or prefer him/her as a colleague? Why/why not?

**Summary**

- \_\_\_\_\_ recommend with enthusiam
- \_\_\_\_\_ recommend
- \_\_\_\_\_ recommend with reservation
- \_\_\_\_\_ not recommend
- \_\_\_\_\_ please contact me for the further information

Signature .....

Name .....

Position .....

Institution .....

Address .....

.....

.....

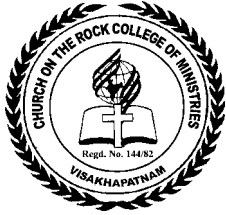
.....

Phone .....

Email .....

.....

Date .....



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## **FINANCIAL STATUS AND GUARANTEE FORMS**

Dear applicant,

Please fill in section A and forward section B to the person/organization taking responsibility for paying your fees at COTRTS. If you are self-sponsored, you may fill in section B yourself, but it must be co-signed by a responsible person (father/guardian). The completed form should be mailed to the Office of the Registrar along with the application for admission. COTRTS prefers the sponsor to be an organization or a local church.

### **SECTION A - Financial Status Form**

1. Name :	_____
2. Name of father/guardian	_____
Occupation	_____ Annual income _____
Employer's name and address	_____
	_____
3. Name of father/guardian	_____
Occupation	_____ Annual income _____
Employer's name and address	_____
	_____
4. If married, name of spouse	_____
Occupation	_____ Annual income _____
Employer's name and address	_____
	_____
5. Total family income	_____ and property owned _____
6. Details on the dependent(s), If any	
Name	_____ Age _____
Name	_____ Age _____
Name	_____ Age _____

**SECTION B - Financial Guarantee Form**

This section is to duly filled and signed by the sponsor of the student and returned to the Seminary. The student is required to pay his/her fees before the 15th of every month of his/her stay at COTRTS. If a student fails to clear his/her arrears at least one week prior to the date of final examination, the admit card will not be issued to him/her. If fee is sent directly to the COTRTS, DD/MO must be drawn/ addressed in favor of/to COTR College of Ministries.

(Answer either 1 a or 1b)

1a. Name(s) of sponsor(s) ( If sponsored by individual (s) \_\_\_\_\_

\_\_\_\_\_

Address(es) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1b. Name of sponsoring body \_\_\_\_\_

(if sponsored by an organization)

Name of the Executive Director/President of the organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

2. Duration of sponsorship (please tick one of the following)

One year       Two year       Three year

**KINDLY TREAT THE STATEMENT OF SPONSORSHIP WITH UTMOST SERIOUSNESS BECAUSE THE SEMINARY HOLDS THE SPONSOR RESPONSIBLE TO FULFILL THE FINANCIAL COMMITMENT.**

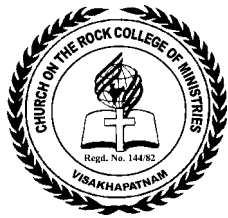
**STATEMENT OF SPONSORSHIP**

I hereby solemnly undertake the full financial sponsorhsip of \_\_\_\_\_  
\_\_\_\_\_ upon his, her admission to COTR Theological Seminary, in  
accordance with the terms stipulated above.

Signature

Official Seal (if an Organization)/  
Co-sign. of father/guardian

Date



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## **MEDICAL REPORT (To be completed by a Registered Medical Practitioner)**

Name \_\_\_\_\_ Age (in figures) \_\_\_\_\_

Eye \_\_\_\_\_ Ear \_\_\_\_\_ Arms \_\_\_\_\_

Legs \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_

Mouth \_\_\_\_\_ Teeth \_\_\_\_\_ Skin \_\_\_\_\_

Heart \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Lungs \_\_\_\_\_ Any symptom of Tuberculosis \_\_\_\_\_

Adbomen \_\_\_\_\_ Liver \_\_\_\_\_ Spleen \_\_\_\_\_

Urine \_\_\_\_\_ Sp. Gr. \_\_\_\_\_ Albumen \_\_\_\_\_

Result of VDRL test \_\_\_\_\_ Hernia \_\_\_\_\_ Venereal Diseases \_\_\_\_\_

Sugar \_\_\_\_\_ Does the candidate suffer from Epilepsy or fits ? \_\_\_\_\_

Does the candidate suffer from any contagious disease? \_\_\_\_\_, If so, what ? \_\_\_\_\_

Has the candidate suffered from any illness in the past year ? \_\_\_\_\_

Is the candidate medically fit to undergo rigorous training? \_\_\_\_\_

## **CERTIFICATE**

Having personally given a thorough examination to \_\_\_\_\_, who is a candidate for admission to COTR Theological Seminary, I do hereby certify that to the best of my knowledge, he/she is free from all contagious and infectious diseases.

Other remarks \_\_\_\_\_

.....  
Signature of the candidate

Doctor's signature & Official seal .....

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

- Note :
1. Candate must be vaccinated against smallpox, typhoid, cholera within three months prior to admission the Seminary or an arrival.
  2. Candidate will be expected to submit any further examination or tests suggested by Seminary Doctor.
  3. Frequent sickness can cause termination of studies.