



**Nito Theological College**  
**Sponsored by SBAK Nito Mount, Recognized by NBCC**

**Accredited by ATA**

**Application for the Admission of Bachelor of Theology/Master of Divinity**

**Instructions & Documents Requirements**

**2025 -2026**

**Entrance Date 20-05-2025**

**Time: 9:00 AM**

**Venue: College Campus**

S.No	Required Documents	Yes	No
1.	Duly filled Application Form		
2.	Sponsor's Letter		
3.	Recommendation Letter from Organization (Executive Secretary) & Church (Pastor)		
4.	Personal Testimony		
5.	Medical fitness certificate		
6.	Financial Statement form		
7.	Birth Certificate		
8.	Conduct Certificate from the previous educational institution (NOC)		
9.	10 <sup>th</sup> Mark List and Certificate		
10.	+2 / Pre-University Mark List and Certificate		
11.	Secular Degree Mark <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Others List: —  —  —		
12.	Theological Degree Marks (if any) : <input type="checkbox"/> B.Th./B.Mus./HCD <input type="checkbox"/> Others		
13.	<input type="checkbox"/> Transfer Certificate   <input type="checkbox"/> Migration Certificate		
14.	Two Passport size photographs		
15.	Aadhar Card copy		
16.	Baptism Certificate		
17.	Reference form (Pastor & Teacher)		

**Note:**

1. Application fee – Rs. 500/-;
2. Last date for submitting the application form **15<sup>th</sup> May**, The application fee is not refundable.
5. The applicant is requested to fill all columns as per the instruction.
6. Applications will not be considered by the Admission Committee until the required documents have been received.
7. Kindly send the application form with all the required documents to [nitoofticesbak@gmail.com](mailto:nitoofticesbak@gmail.com) or to the Academic Office [ 8730852554/ 9089229550 ].

## ADMISSION REQUIREMENTS FOR B.TH & M.DIV COURSE

Following are the criteria for admission to the college

1. She/ he should have pass 10+12/graduated from a recognized institution/college.
2. Should have completed at least 16 years of age at the time of admission.
3. Should be a dedicated born again Christian.
4. Should be a baptized member of any local church.
5. Student who have qualified from Open University recognized by the NBSE are also Qualified to apply for B.Th program.
6. The candidate should produce N.O.C (for transfer & B.Th Upgrades).
8. Areas of test: the entrance test generally covers three areas, followed by Viva Interview:

### Division of the Mark's for the Entrance Test B.Th & M.Div (Secular)

1. General knowledge - 50 (Pass Mark 20)/
2. Bible Knowledge - 50 (Pass Mark 20)
3. English - 100 (Pass Mark 40)
4. Viva - 100 (Pass Mark 40)
5. B.Th upgrades general paper (In place of Bible Knowledge) Biblical studies/Theology/History & Mission/Christian Ministry/Religion - 100 (Pass Mark 40).

Courses	Duration	Eligibility
Bachelor of Theology (B.TH)	3 Year	10+2 OR Equivalent
Master of Divinity (M.DIV)	2 Year	B.Th, from recognized college (ATA) with B Grade & above
	3 Year	Any Bachelor Degree B.Th with B - Grade

**Give your reasons for choosing NTC for your studies?**

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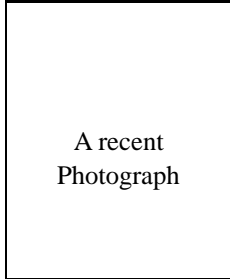
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**Personal testimony of Christian Experience and Commitment to Christ: Use a separate sheet of paper to write in about 300-500 words (1-2 pages) on the following:**

**Academic Year 2025-26**

**Nito Theological College**



**Admission sought for: (✓ One)**

- Bachelor of Theology       Master of Divinity  
 Master of Divinity Distance

1. **Full Name:** \_\_\_\_\_  
*(in block letter as per your latest academic records)*

2. **Gender** : \_\_\_\_\_      2a. **Blood Group** : \_\_\_\_\_

3. **Date of Birth:** \_\_\_\_\_      3a. **Age** : \_\_\_\_\_

4. **Marital Status** : \_\_\_\_\_

5. **Nationality** :

6. **Name of State/UT:** \_\_\_\_\_

7. **Church Denomination:** \_\_\_\_\_      7a. **Community/ Tribe** : \_

8. **Mobile:** \_\_\_\_\_      8a. **Email id:** \_\_\_\_\_  
*(Preferably WhatsApp No.)*      *(Write legibly. This will be used for official communications)*

9. **Mother Tongue:** \_\_\_\_\_

10. **Other Languages you know:** \_\_\_\_\_

11. **Educational qualifications** *(All applicable columns must be filled)*

<b>Examination Passed (specify)</b>	<b>Name and Place of Board/College/University</b>	<b>Subjects/Major (Where applicable)</b>	<b>Year of Completion</b>	<b>Name of Diploma/Degree</b>	<b>Class/Division</b>
10 <sup>th</sup>					
+2/Intermediate					
Graduate					
Post Graduate					
Other					

- Two sets of Photocopy of **all educational documents** are to be submitted along with the form. (Original copies are to be produced at the time of Interview/ATA Registration)

12. **Permanent address (Full)**

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**City:** \_\_\_\_\_ **District:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pin code:** \_\_\_\_\_

**13. Correspondence address (If different from above)**

City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_

**14. The details of parents/spouse/guardian**

A.	Name of Father/Guardian:	Name of Mother/Guardian:
	Occupation:	Occupation:
	Email ID:	Email ID:
	Contact Number: Address:	Contact Number: Address:

**15. Name of the local church where you are a member? \_**

(i) The period of your membership: \_\_\_\_\_

(ii) Address of your Church (full) \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_

**16. Give details of your work experience since leaving High School/College: (not compulsory)**

Type of work	Christian ministry/secular	Duration	Supervisor/Employer

**17. Are you sponsored by any Church / Organization?**

*If no, state how are you planning to financially support your studies?*

**18 Give the names and position of your referees (**

*(Referee must not be your immediate relative; it needs to be: (1) Pastor of your church;*

*(2) A teacher under whom you studied in school/college;*

1. Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Mobile: \_\_\_\_\_

**DECLARATION AND PLEDGE**

I, \_\_\_\_\_ solemnly affirm that all information/s given above are true and correct. I promise that, if admitted to the Institution, I shall abide with the rules and regulations of the institution and that I shall cede to the institution Administration the right to take any appropriate disciplinary action against me, if my behavior, character or doctrines of faith do not conform to the ethos of the institution.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

**Reference form**  
**Strictly Confidential**

*(1) Pastor of your church;*

*(2) A teacher under whom you studied in school/college (For B.Th Upgrades)*

As the institution is training men and women for a lifetime of Christian work and ministry, it needs to take utmost care in selecting candidates. Therefore, please fill up the following form to help us make the right decision.

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**Name of Applicant:** \_\_\_\_\_

**Name of Referee:** \_\_\_\_\_

1. **How long have you known the applicant?** \_\_  
\_\_\_\_\_
2. **In what capacity have you known him/her? (e.g. student, pastor, church member/worker.)**  
\_\_\_\_\_
3. **Do you know why the applicant wants to come to NTC?**  
\_\_\_\_\_  
\_\_\_\_\_
4. **What do you know about the applicant's personal commitment to Christ and his/her call to ministry?**  
\_\_\_\_\_  
\_\_\_\_\_
5. **In what ways has applicant been involved in his/her institution/church or other Christian work?**  
\_\_\_\_\_  
\_\_\_\_\_
6. **What gifts do you think the applicant possesses that might be useful in institution/Christian service?**  
\_\_\_\_\_  
\_\_\_\_\_
7. **All people have weaknesses. What in your observations are some of the weaknesses of the applicant?**  
\_\_\_\_\_

8. Kindly give your assessment of his/her general maturity and stability, ability to relate to others, honesty and reliability, moral standard and any other relevant information.

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9. Is the applicant fit for undergoing rigorous theological training?

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10. Do you know of any issues the applicant faces (*like opposition from parents, ill health, financial issues or anything else*) which might affect his/her studies?

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11. Please ✓ only one:

- I recommend the candidate very highly.
- I recommend the candidate.
- I recommend the candidate with certain hesitations.
- I do not recommend the candidate.

Name	Signature	Designation	Date
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Full address:

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City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

## MEDICAL FORM

Name of Applicant: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

### General Physical Examination

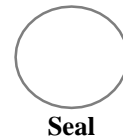
Height:	Weight:
BP:	P/R:

### Past/Present H/O Illness

Hypertension:	Seizure disorders:
Diabetes:	Major operations:
Asthma:	Any other chronic illness:
Eyes:	ENT:
History of allergy to drugs/food etc.	
Family History (HTN, DM, Mental Illness, Etc.):	
Any recommendation by the examiner?	
Is the applicant fit for a rigorous course of study?	

\_\_\_\_\_  
Name of the Doctor

\_\_\_\_\_  
Signature



Date: \_\_\_\_\_

Full address: \_\_\_\_\_

City: \_\_\_\_\_

District: \_\_\_\_\_

State: \_\_\_\_\_

Pin code: \_\_\_\_\_

Email: \_\_\_\_\_

Contact number: \_\_\_\_\_

FINANCE



**PLEASE STATE THE SPONSOR FOR YOUR STUDIES**

A. SELF/FAMILY/PARENTS

B. GUARDIAN

C. ASSOCIATION/ORGANISATION

D. CHURCH

E. OTHERS

(Financial guarantee letter by the sponsor to be duly filled and enclosed)

**FINANCIAL GUARANTEE FORM**

Please fill the form in BLOCKLETTERS with blue or black pen

NAME OF THE STUDENT \_\_\_\_\_

COURSE OF STUDY \_\_\_\_\_ DURATION \_\_\_\_\_

This is to confirm that \_\_\_\_\_ will financially

Sponsor the above named student for the full course study in Nito Theological College.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
POSITION/DESIGNATION/RELATION WITH THE STUDENT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SEAL