

Student ID:

Degree / Diploma Course:

Fees Paid:



Senate of Serampore College (University)

FACULTY OF THEOLOGY

Application for Registration

Year of Registration.....

Student ID (if exists).....

Affix recent passport size photograph with signature over it

I. PERSONAL INFORMATION

Name: _____ (As per Highest Board / Council / Degree Certificate)

Father's Name: _____

Mother's Name: _____

Spouse's Name: _____

Guardian's Name: _____

Marital Status: M S O Gender: M F O Date of Birth: (attach document) dd mm yy

Mother Tongue: _____

Church Affiliation: _____

Nationality: _____

II. ADDRESS FOR COMMUNICATION

House No.: _____ Locality.: _____

City: _____ District: _____ State: _____ Pin code: _____

Email: _____ Country: _____

Phone No. _____ Fax: _____

III. COURSE INFORMATION

Course of Study: _____

Tutor's Name and Address: (If any) _____

Branch of Specialization : (If applicable) _____

Medium of Examination: _____

Name of College / Seminary /Federated Faculty: _____

IV. ACADEMIC (Attach marksheets and certificates)

Examination Passed	Name of University / Board / School	College Attended	Year of Passing	Registration No.	Class/ Grade

Name of the University from which migrating: _____

Declaration by the Student

- I, hereby declare that,
- A) The information furnished by me in this registration form is true, complete and correct to the best of my knowledge and belief.
 - B) I understand that in the event of any information given have been found false or incorrect at any stage, my candidature is liable to be rejected / cancelled.
 - C) I undertake that in the event of any wrong statement or discrepancy in the statement furnished by me being detected even after my admission (and graduation), is liable to be terminated without any notice to me.
 - D) I have read the rules and regulations pertaining to the Degree / Diploma course and shall abide by them and all other stipulations and decisions of the Senate of Serampore College and / or its Committees as applicable to me.
 - E) I am neither engaged in nor am intending to undertake any course of study or employment in any other University / Institution / Organization while I am registered for the Course with the Senate of Senate of Serampore College.
 - F) I understand that if I am engaged in / registered for any concurrent degree / diploma course of any other university, my registration shall be cancelled.

Date of Application: _____

Full Signature of Candidate

I hereby recommend the name of the above cited candidate for admission to the Course through the College / Seminary / Federated Faculty.

College Seal:

**Signature of College / Seminary
Principal/Federated Faculty Registrar***

Date: _____