



KANYAKUMARI THEOLOGICAL COLLEGE

JAMES NAGAR, MUTTOM – 629202

APPLICATION FORM FOR BACHELOR OF DIVINITY (B.D) ADMISSION (2025 – 2026)



1. Name of Applicant in full: _____
(In capitals as on Birth Certificate)

2. Date of Birth (DD/MM/YYYY): _____

3. Sex: Male Female

4. Permanent Address: _____

State: _____ Pin Code: _____

5. Address for Communication: _____

State: _____ Pin Code: _____

6. Telephone numbers: Home (with STD Code): _____

Mobile: _____ Email ID: _____

7. Mother Tongue: _____

8. Other Languages known: _____

9. Academic Qualifications: (List in the order of passing the examination and attach attested copies of all certificates)

Certificate/ Degree	School / College	Board/ University	Class obtained/ Medium of Education	Year of Passing Graduation

AFFIX
Recent
Photo

10. Work Experience (list most recent first):

- (a) Title: _____ Start date: _____ End date: _____
- (b) Description of work: _____
Reason for end of employment: _____
- (c) Title: _____ Start date: _____ End date: _____
Description of work: _____
Reason for end of employment: _____
- (d) Title: _____ Start date: _____ End date: _____
Description of work: _____
Reason for end of employment: _____

11. Marital Status:

Married **Single**

- a. Spouse Name: _____ Phone No: _____
- b. Spouse's Occupation: _____
- c. Spouse's Annual income (if any): _____
- d. Children: 1. _____ DOB: _____
2. _____ DOB: _____
3. _____ DOB: _____
4. _____ DOB: _____
- e. If Single, do you have plans to marry during period of study? **Yes** **No**
- f. If Single, do you understand that you are required to seek permission from the administration before finalizing your marriage date during your period of study?
Yes, I Understand **NO**

12. Father's Name: _____ Occupation: _____

13. Mother's Name: _____ Occupation: _____

14. Annual Income of Parents (family income): _____

15. Church of which the applicant is currently a member:

Denomination: _____

Congregation name and address: _____

16. Are you a sponsored Candidate of your Church? **Yes** **No**

If 'yes', give the name and address of your Church Head (*Enclose a letter from your Church Head sponsoring your candidature*)

Name of Authority: _____

Address: _____

State: _____ Pin Code: _____

17. Person(s) responsible for your financial support while at college, and level of anticipated support if you are an independent candidate:

a. Church (denomination): _____

b. Church (congregation): _____

c. Parents): _____

d. Institution): _____

e. Other:): _____

I hereby certify that the enclosed information is true and accurate, to the best of my knowledge.

Date & Place

Signature of Applicant.

DECLARATION

I hereby declare that if I get admission in the Kanyakumari Theological College, I will abide by the rules and regulations of the college and during the days of my studies I will not go into the sea or bathe in the sea even during the holidays and if any accidents or losses happens due to my disobedience the college management will not be responsible.

Parent's Signature

Signature of the Student

KANYAKUMARI THEOLOGICAL COLLEGE, MUTTOM

Health History to be Completed by the Candidate before Medical Examination

FAMILY HISTORY: Mention the kind of medical History.....

1. HIGH BLOOD PRESSURE
2. MENTAL ILLNESS OR T.B
3. HEART TROUBLE

ANY ILLNESS IF DEATH CAUSE OF DEATH

1. Father
2. Mother
3. Sisters / Brothers
4. Wife / Husband

Medical History (Indicate dates for any of the following conditions you have had)

Cancer	Inability to Concentrate
Major accidents	Substance Abuse
Stroke	HIV / AIDS
Alzheimer's disease	Mental Health
Pneumonia	Hernia
Kidney disease	Shortness of Breath
Suicide ideation	High B.P
Cancer	Diabetes
Major accidents	Stomach Trouble
Stroke	Eye Problem
Alzheimer's disease	Backache
Pneumonia	Easy Fatigue
Typhoid	Piles
Jaundice	Heart Trouble
Malaria	Asthma
Dysentery	Appendicitis
Diphtheria	Skin disease
Chicken Pox	Discharging Ears
Mumps	Deafness
Filariasis	Depression
Joint Pains	Lack of Confidence
Rheumatic Fever	Dizziness
Recent Loss / gain in weight	Nervous Breakdown
Pleurisy	Sleeplessness
T.B	Fainting Spells
Tonsillitis	Fits
Overweight and Obesity	Any Deformities

FOR WOMEN ONLY

1. Pregnancies
2. Any gynecologist treatment
3. Any Operation or Injuries

Brief about Medication being taken and date and dosage:

I certify that I have answered the above questions fully and honestly and there are no other significant health facts known to me.

Date:

Name and Signature of the candidate

PHYSICIAN'S EXAMINATION

Height Weight General Appearance
ENT
EYES Visual acuity Distant Vision Near Vision
Pupils
Eyes Lids Hearing Nose & Throat
Glands Cervical
Skin Rash Scars
Axillary Inguinal

Circulatory System B.P

Pulse
Peripheral Pulses
Varicose veins
Posture Gait
Spine
Hand & Feet

ORTHOPAEDIC

RESPIRATORY INSPECTION

Abdomen Lungs
Liver Teeth and Gums
Spleen
Hernia

NERVOUS SYSTEM

Higher Function
Speech
Motor
Reflexes

Any other abnormality

EMOTINAL STABILITY

Evidence of psychiatric disorders

LABORATORY EXAMINATION

Stool Urine
H.B%WMCT.....P.....L.....M.....E.....B
Blood Group

CHEST X-RAY

Summary of current findings:

FITNESS FOR STUDY

Do you consider that the candidate has any physical condition which would seriously interfere with his/her carrying out a rigorous programme of study.

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Physician's Name & Signature
Date: Post & Qualification
Address:
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ADDITIONAL INSTRUCTIONS TO THE CANDIDATE

Kindly note the following requirements for the B.D. Degree Course before applying

1) Candidates with Bachelor Degree (B.A., B.Sc., B.Com., B.E. etc. or higher degree) of recognized University (or equivalent qualification) are qualified for admission to the course leading to the B.D. Degree/Diploma in Theology.

2) Candidates with B.Th. of Senate of Serampore College with 'B' grade or other equivalent qualifications are qualified for admission to the third year of the B.D Course, provided they have passed the two B.Th. Senate examined English papers before applying for admission.

The complete application, with ALL supporting documents, must be sent to:

**The Principal,
Kanyakumari Theological Seminary,
James Nager, Muttom, – 629202, Kanyakumari Dist.
Tamil Nadu. South India
Mobile 9486731639**

SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

1. Proof of age (Copy of Birth / School Leaving Certificate)
2. Adhar Card Copy
3. Two recent Passport size photographs (*Other than the one affixed in this form*)
4. Submit attested photocopies of all original certificates.
5. Last Degree Certificate Copy
6. Transfer Certificate
7. Photocopy of Migration Certificate from the University.
8. Certificate of Baptism and Certificate of Confirmation.
9. A letter from Pastor/ Presbyterian indicating the status of your membership.
10. A letter from Bishop/Church authority indicating the status of sponsorship/Permission.
11. A letter from those guaranteeing financial support, including medical expenses.
12. Three letters of character reference from:
 - a) Your Pastor, Presbyterian or Chaplain
 - b) A responsible lay person in your church.
 - c) A teacher under whom you studied in College / Higher Secondary School.

(*Note: Referees must include name, position, relationship to applicant, and contact details, including address, phone, and email address. Referees should not be family members.*)
13. A brief Auto-biographical statement on a separate sheet of paper mentioning the factors that motivated you to pursue theological education (300 to 500 words)
14. Last Date to receive the filled in Application form with fee of Rs. 500/- : March 05, 2025
With late fee of Rs. 750/- : March 15, 2025
15. Registration Fee by any of the following payment method. a) Online fund transfer via NEFT/ RTGS / Internet Banking / Mobile banking / IMPS/ Money Order/ Demand Draft/ Cheque drawn in favour of

**KANYAKUMARI THEOLOGICAL COLLEGE FUND,
A/C NO: 075-3220-1000-1005
IFSC CODE : UBIN0907537
Union Bank of India, College Road, Nagarcoil 629001.**

16. Kindly send the relevant transaction copy with all the required attachments to kktcdean@gmail.com, kktcprincipal@gmail.com