

BACHELOR OF DIVINITY (B.D.)

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./ Diploma in Theology Course, provided they have passed the two B.Th. Senate examined English papers before applying for admission.

Kindly pay **Rs. 500/-** for B.D. Application Registration Fee by any of the following payment method.

- a) Online fund transfer via NEFT/ RTGS / Internet Banking / Mobile banking / IMPS to **UNITED THEOLOGICAL COLLEGE, SAVING BANK ACCOUNT, A/C NO. 0429101003275 with Canara Bank, Benson Town Branch, IFSC Code: CNRB0000429.**
- b) UPI payment id: **492082003275@cnrb**
- c) Money Order/ Demand Draft/ Cheque drawn in favour of **"United Theological College, Bangalore"**

Kindly send the relevant transaction copy to acc.unitedtc@gmail.com and attach it to the application form.

Last date to receive the filled in BD Application Form: **November 21, 2025**
with **Application Registration fee of Rs. 500/-**

Last date to receive the filled in BD Application Form: **November 28, 2025**
with late fee of **Rs. 900/- (Rs. 500/- + Rs. 400/- late fee)**

With all good wishes,

Yours sincerely,

I. John Rogin Jacob

Registrar



THE UNITED THEOLOGICAL COLLEGE

63, Millers Road, Benson Town, JC Nagar P.O, Bangalore- 560 006.

E-mail: registrar@utc.edu.in | Tel./ WhatsApp: +91 96112 70124 |

Website: www.utc.edu.in

Application for BACHELOR OF DIVINITY (B.D.) for the academic year 2026-2027

I. Personal Details

1. Name of Applicant in full: _____ _____ (As in the Degree Certificate in block letters)		Photo
3. Age: _____		
2. Gender: _____	Date of Birth: ____/____/____	
4. Mother's Name: _____	4a. Occupation: _____	
5. Father's Name: _____	5a. Occupation: _____	
6. Guardian's Name: _____	6a. Occupation: _____	
7. Address for Communication:		
Permanent Address: _____ _____ _____ Pin Code: _____		
Present Address: _____ _____ _____ Pin Code: _____		
8. Contact Details:		
Email id: _____		Mobile No: _____
WhatsApp No: _____		Phone No: _____
9. Marital Status: Married/ Single		
10. Mother Tongue: _____		

II. Academic Qualifications

1. Academic Information

<i>Degree</i>	<i>University</i>	<i>Medium of Education</i>	<i>Division</i>	<i>Year of Passing</i>

2. Proficiency in English:

Reading	Good	Fair	Poor
Speaking	Good	Fair	Poor
Writing	Good	Fair	Poor

3. Languages studied other than English:

<i>Language</i>	<i>Number of Years studied</i>	<i>Speaking</i>			<i>Reading</i>			<i>Writing</i>		
		Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
		Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
		Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
		Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor

4. Indicate your work experience (past and present):

Position/ Designation	Organization/ Institution/ Church	Period of Service

5. Give a brief **auto-biographical statement** on a separate sheet of paper with special reference to that influence significant for your decision to pursue theological education.

6. Vocational Engagements, if any:

1. _____

2. _____

III. Church Membership & Ministerial Experience

1. **Church/ Denomination:** _____
2. **Length of Membership** (*attach membership letter from local church pastor*): _____

3. **Sponsorship Status** (*enclose sponsorship letter from the head of institution/ church*)
Sponsorship Church/ Institution: _____

4. **Person responsible for financial support** (*for self-supporting applicants*):
Name: _____ Applicant's Relationship: _____

5. **Contact details of a Family Member** (*to contact in case of Emergency*)
Name: _____ Mobile No: _____

6. **Name & Address of persons who can supply confidential information**
a. *Bishop/ Church Head*

Name: _____ Designation: _____

Contact No: _____ Email id: _____

b. *District Minister/ Area Chairman*

Name: _____ Designation: _____

Contact No: _____ Email id: _____

c. *A lay person responsible in your Church*

Name: _____ Designation: _____

Contact No: _____ Email id: _____

d. *A teacher under whom you studied in college*

Name: _____ Designation: _____

Contact No: _____ Email id: _____

***I certify that the information given by me are true and accurate.
If admitted, I assure to pay the fees to the college at the prescribed dates
and to faithfully abide by the rules and regulations of the college.***

Date:

Signature of the Applicant

FOR THE APPLICANTS WHO ARE MARRIED

(to be filled by all married applicants)

1. Spouse's Name: _____

(attach Family Photo and Photocopy of Marriage Certificate)

2. Is he/she employed? If so, the nature and length of his/her service and emoluments: _____

3. Is he/she intending to do theological studies at UTC? (If the spouse is eligible): Yes/ No

(UTC offers CCS/DCS/BCS/ DPC for spouses)

4. Highest Academic qualification of the spouse: (Give degree and year of passing)

1. _____

2. _____

5. Details of Children

Name	Gender	Age	Class

(Enclose Aadhar card copy of each family member if you prefer family quarters)

6. Are you planning to reside with your family in the campus during your course of studies? Yes/ No

7. Nature of Financial source to support the family:

8. Would you be able to join if family quarter is not available? Yes/ No

Date:

Signature of the Applicant



THE UNITED THEOLOGICAL COLLEGE,

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



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DOCUMENTS CHECK LIST FOR BD APPLICATION FORM 2026-2027

No application will be considered unless the following required documents are enclosed

Kindly attach this sheet with the application

S. No	Required Documents	Yes	No
1.	Filled Application Form		
2.	Transaction copy of Application Registration Fee Rs. 500/- to be paid through any one of the following methods. - A/C NO. 0429101003275 Bank: Canara Bank, Branch: Benson Town IFSC Code: CNRB0000429 - UPI payment id: 492082003275@cnrb		
3.	Attested copy of Transcript of Record/ Marksheet		
4.	Attested copy of University Degree Certificate		
5.	Church Membership letter from your local Presbyterian/ Pastor		
6.	Sponsorship letter from Head of the church/ institution <i>(if sponsored)</i>		
7.	Self-supporting candidate must submit ' financial guarantee undertaking ' in Rs. 20/- Non - Judicial Stamp paper. <i>(for non-sponsored/ self-supporting applicant)</i>		
8.	Date of Birth proof <i>(10th / 12th / PUC marksheet / Birth certificate/ Aadhar)</i>		
9.	Health Report <i>(From a Medical Practitioner registered with IMC)</i>		
10.	Autobiographical statement		
11.	Family photo & Marriage Certificate <i>(if married)</i>		
12.	Aadhar copy of spouse & children/ Birth certificate of children who don't have Aadhar <i>(those who prefer family quarters)</i>		
13.	Reference Forms <i>(Applicants will receive it with application acknowledgement. This must be send in a sealed cover & confidentiality must be maintained)</i>		

The filled-in form along with the required documents, should be sent to the below address.

Application form through email must be in **pdf** format.

The Registrar,

The United Theological College,

63 Miller's Road, Benson Town,

J.C. Nagar Post, Bangalore - 560 006.

E-mail: registrar@utc.edu.in | Tel./ WhatsApp: +91 96112 70124 |

Website: www.utc.edu.in

PHYSICIAN'S EXAMINATION

ENT	Height	Weight	General Appearance	
	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

ORTHOPAEDIC

Posture Gait
Spine
Hand & Feet

RESPIRATORY INSPECTION

Abdomen

Lungs
Liver
Spleen
Hernia

Teeth and Gums

NERVOUS SYSTEM

Higher Function
Speech
Motor
Reflexes

Any other abnormality

EMOTIONAL STABILITY

Evidence of psychiatric disorders

LABORATORY EXAMINATION

Stool

Urine

H.B.%WMCT P..... L..... M..... E..... B

Yellow Fever

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.

Physician's Name & Signature.....

Date:..... Post & Qualification.....

Address:.....

.....



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SPONSORSHIP FORM

This is to certify that Mr./Mrs./Miss:..... from
..... members of has been sponsored by our
Church/Institution for BD Studies at the United Theological College, Bangalore. By Sponsorship
we mean **(Please indicate one of the following statements by ticking in ...)**

- 1. **We will support** the candidate financially during his/her studies for this
Degree/Diploma, **intend to employ** him/her upon the completion of his/her
studies at U.T.C.
- 2. **We will support** the candidate financially during his/her studies for this
Degree/Diploma, but we may not employ him/her upon the completion of his/her
studies at U.T.C.
- 3. We intend to employ the candidate upon the completion of his/her studies at U.T.C., but
are **unable to support** him/her financially during his/her studies.
- 4. **We recommend** the candidate for studies at U.T.C., but are **unable either to support**
him/her financially during his/her studies at U.T.C. or **to employ** him/her upon
the completion of his/her studies at U.T.C.

NAME OF CHURCH/INSTITUTION:

DATE:

.....
(Signature)
BISHOP/ PRESIDENT/ DIRECTOR

OFFICIAL SEAL