MASTER OF THEOLOGY (M.Th.)

The branch of studies offered during the academic year 2027-2028

1. Old Testament
2. New Testament
3. Christian Theology
4. Christian Ethics
5. Women's Studies
6. History of Christianity
7. Missiology
8. Religion - Hinduism
9. Religions - Primal
10. CM - Pastoral Counselling
11. CM – Christian Education

Kindly note the following:

Kindly pay Rs. 750/- towards M.Th. Application Form 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 M.Th. Application Form with **Application form fee of Rs. 750/-** is **November 13, 2026.**

Last date to receive the filled in M.Th. Application Form with late fee of **Rs. 1,200/-** (**Rs. 750/- + Rs. 450 late fee)** is **November 20, 2026.**

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 MASTER OF THEOLOGY (M.Th.) for the academic year 2027-2028

I. Personal Details

1. **Name of Applicant in full**: _____ _____ (*As in the Degree Certificate in block letters*)	Photo

2. **Gender**: _____ 3. **Age**: _____

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
(if single, whether planning to get married during study period)

10. **Mother Tongue**: _____

II. Academic Qualifications

1. **Academic Information**

Degree	University	Medium of Education	Division	Year of Passing

2. **Proficiency in English**:

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

3. **Languages studied other than English**:

Language	**Period of study**	Reading			Speaking			Writing		
		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. **Experience Information**:

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. **List of Publications, if any (use separate sheet, if needed)**:

1. _____

2. _____

III. Church Membership & Ministerial Experience

1. **Church/ Denomination**: _____

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

3. **Ordained**: Yes/ No

4. **Ordination Date** *(If ordained)*: _____

5. **Sponsorship Status** *(enclose sponsorship letter from the head of institution/ church)*

Sponsorship Church/ Institution: _____

6. **Person responsible for financial support** (*only for self-supporting applicants*):

Name: _____ **Applicant's Relationship:** _____

7. **Name & Address of persons who can supply confidential information**

a. Bishop/ Church Head/ Principal/ Head of the Institution who sponsors

Name: _____	**Designation**: _____
Contact No: _____	**Email id**: _____

b. District Minster/ Area Chairman

Name: _____	**Designation**: _____
Contact No: _____	**Email id:** _____

c. Teaches under whom you studied BD

Name: _____	**Designation**: _____
Contact No: _____	**Email id:** _____

d. Teacher under whom you studied BD

Name: _____	**Designation**: _____
Contact No: _____	**Email id:** _____

IV. Branch of Study

1. **Branch or Field to study as per Senate of Serampore regulations**: **Biblical Cluster** Branch I: Old Testament Branch II: New Testament **Theology Cluster** Branch III: Christian Theology Branch IV: Christian Ethics Branch VI: Women`s Studies **History and Mission Cluster** Branch VII: History of Christianity Branch VIII: Missiology **Religion Cluster** Branch IX: Hinduism Branch XI: Primal Religions **Christian Ministry Cluster** Branch XVI: Pastoral Counselling Branch XVII: Christian Education	**Choice of Preferences**: 1. _____ 2. _____ 3. _____
2. **Overall BD Grade**: _____	2a. **Cluster Average**: _____

3. **Mention your BD Thesis Title**: _____

_____

_____

4**. Indicate your field of interest/ area of proposed research**:

_____

_____

_____

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,

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

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

THE UNITED THEOLOGICAL COLLEGE,
63, Millers Road, Benson Town, JC Nagar P.O, Bangalore- 560 006.

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. 750/-** 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 BD & Qualifying Transcript of Record/ Marksheet		
4.	Attested copy of BD Degree Certificate		
5.	Church Membership letter from your Presbyter/ Pastor		
6.	Sponsorship letter from Head of the church/ institution (*if sponsored*)		
7.	Self-supporting candidate must submit '***financial guarantee undertaking***' in Rs. 20/- Non - Judicial Stamp paper. *(for non-sponsored/ self-supporting applicant)*		
8.	Date of Birth proof *(10th / 12th / PUC marksheet /Birth certificate/ Aadhar)*		
9.	Health Report *(From a Medical Practitioner registered with IMC)*		
10.	Autobiographical statement		
11.	Family photo & Marriage Certificate *(if married)*		
12.	Aadhar copy of spouse & children/ Birth certificate of children who don`t have Aadhar *(those who prefer family quarters)*		
13.	Reference Forms *(Applicants will receive it after the registration of application. The person who refers the candidate must directly send in to the Registrar, UTC & confidentiality must be maintained)*		

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

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

ORTHOPAEDIC Posture Gait
Spine
Hand & Feet

RESPIRATORY INSPECTION
Lungs

Abdomen Liver Teeth and Gums
Spleen
Hernia

NERVOUS SYSTEM Higher Function
Speech
Motor
Reflexes

Any other abnormality

EMOTIONAL STABILITY

Evidence of psychiatric disorders

LABORATORY EXAMINATION

Stool Urine
H.B.%WMC .....T ..... 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: ……

… ……

THE UNITED THEOLOGICAL COLLEGE,

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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 M.Th. 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