

# CENTRAL INDIA THEOLOGICAL SEMINARY

(Affiliated to Christian Life College, USA and International College of Excellence, USA)  
P.O. Box 63, Itarsi – 461111, MP, Ph. 07572-406249, E-mail: [citseminary@ymail.com](mailto:citseminary@ymail.com)

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## Application Form for Admission

- ❖ Please write legibly in all Block Letters
- ❖ Unduly filled forms will be automatically invalid

Affix Your Passport  
Sized Photo Here

Kindly tick the program you are applying for:

BTh       MDiv       MTh       MA

1. Name: \_\_\_\_\_

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

3. Sex:      Male       Female

4. Languages Spoken (Mother Tongue): \_\_\_\_\_

5. Father's Name: \_\_\_\_\_

6. Father's Profession: \_\_\_\_\_

7. Mother's Name: \_\_\_\_\_

8. Mother's Profession: \_\_\_\_\_

9. Marital Status:    Single       Engaged       Married       Divorced       Widowed

10. (If married) Name of Spouse: \_\_\_\_\_

11. (If married) Profession of Spouse: \_\_\_\_\_

12. (If having children) Names and Ages of Children: \_\_\_\_\_

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13. Permanent Address: \_\_\_\_\_

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14. Residential Address: : \_\_\_\_\_

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15. Have you applied in CITS before? \_\_\_\_\_

16. (If applied before) In which year? \_\_\_\_\_

17. Your Church's Name and Address: : \_\_\_\_\_

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18. Name of Pastor: \_\_\_\_\_

19. Address and Phone No. of Pastor: \_\_\_\_\_

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20. Have You Accepted Christ As Your Lord and Savior: \_\_\_\_\_ Year: \_\_\_\_\_

21. Have You Been Baptized: \_\_\_\_\_ Date: \_\_\_\_\_

22. Do You Have Experience in Christian Ministry: \_\_\_\_\_ Years: \_\_\_\_\_

23. Names and Addresses of Two Christian Leaders Who Can Recommend You:

(a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Educational Qualifications:

Course	Board or University	Year	Division/Grade

## Declaration

I declare that the above mentioned information is true to the best of my knowledge and, on being granted admission, I will abide by all the rules and regulations set by Central India Theological Seminary during my course of study there.

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

Place: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Pastor: \_\_\_\_\_

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**(For Official Use Only)**

Application No. \_\_\_\_\_ Registration No. \_\_\_\_\_ Date: \_\_\_\_\_

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**Note:**

The following documents must be submitted along with the application:

1. Statement of Christian Experience
2. Attested Copies of all Certificates. Originals must be produced during the time of admission.
3. Medical Fitness Certificate
4. Statement of Financial Responsibility
5. Recommendation Letters
6. Three Passport-sized Photographs

**Send Completed Application Along With Application Fee (Rs. 100) to:**

**The Dean of Admissions**  
Central India Theological Seminary  
P.O. Box 63, Malviyaganj,  
Itarsi – 461 111, M.P. India

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## STATEMENT OF FINANCIAL RESPONSIBILITY

I (Name) \_\_\_\_\_ hereby declare that I assume full responsibility for all the fees and financial liabilities incurred by (Name of Candidate) \_\_\_\_\_ during his/her course of study at Central India Theological Seminary.

Signature: \_\_\_\_\_

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## **RECOMMENDATION LETTER #1**

*To be filled by the recommender and mailed by him/her to the Office in a separate envelope.  
The recommender must not be a relative of the applicant. Kindly give your honest opinion.*

1. Name: \_\_\_\_\_
  
2. Designation: \_\_\_\_\_
  
3. How long have you known the applicant? \_\_\_\_\_
  
4. What is the role of the applicant in the local church? \_\_\_\_\_  
\_\_\_\_\_
  
5. What is your honest opinion regarding the Christian commitment of the applicant?  
\_\_\_\_\_  
\_\_\_\_\_
  
6. What talents/skills does the applicant possess? \_\_\_\_\_  
\_\_\_\_\_
  
7. What do you know about the attitudes and behavioral dispositions of the applicant?  
\_\_\_\_\_  
\_\_\_\_\_
  
8. What is your opinion about the academic capabilities of the applicant? \_\_\_\_\_  
\_\_\_\_\_
  
9. Do you recommend the applicant for theological education? \_\_\_\_\_

10. Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Address of Recommender: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Official Seal:**

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## **RECOMMENDATION LETTER #2**

*To be filled by the recommender and mailed by him/her to the Office in a separate envelope.  
The recommender must not be a relative of the applicant. Kindly give your honest opinion.*

1. Name: \_\_\_\_\_
  
2. Designation: \_\_\_\_\_
  
3. How long have you known the applicant? \_\_\_\_\_
  
4. What is the role of the applicant in the local church? \_\_\_\_\_  
\_\_\_\_\_
  
5. What is your honest opinion regarding the Christian commitment of the applicant?  
\_\_\_\_\_  
\_\_\_\_\_
  
6. What talents/skills does the applicant possess? \_\_\_\_\_  
\_\_\_\_\_
  
7. What do you know about the attitudes and behavioral dispositions of the applicant?  
\_\_\_\_\_  
\_\_\_\_\_
  
8. What is your opinion about the academic capabilities of the applicant? \_\_\_\_\_  
\_\_\_\_\_
  
9. Do you recommend the applicant for theological education? \_\_\_\_\_



10. Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Address of Recommender: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Official Seal:**