



GOLDEN CROWN THEOLOGICAL COLLEGE

Recognized by Higher and Technical Education, Govt. Of Nagaland

Accredited by Asia Theological Association (ATA)

HN-389 Kuda B Khel (Nagarjan-B)

P.O. Dimapur-797112, Nagaland

Email: academic.office@gctcnagaland.in

HP:9856124314/9436658844

Office: 03862-224129

APPLICATION FOR ADMISSION

RESIDENTIAL DEGREE PROGRAM TO WHICH YOU ARE APPLYING:

(Tick one)

☐ Master of Divinity (M.Div.). (ATA)

☐ Bachelor of Theology (B.Th.) (ATA)

☐ Certificate in Church Music (CCM) Major: _____ Minor: _____

☐ Bachelor of Church Music (BCM) Major: _____ Minor: _____

Affix a recent passport size photograph here and attach two with the application.

INSTRUCTIONS:

1. This application must be completed by the applicant personally.
2. This application must be returned to the Academic office one month before the beginning of the new academic year.
3. Please complete fully every item requested, leaving blank only those items that do not apply. Incomplete application will be returned for completion.
4. The Admissions Committee will consider this application after receipt of all items requested herein.

A. PERSONAL DATA

1. Full Name (Capital letter): _____

2. Current Address: _____

Mobile: _____ Email: _____

3. Mailing Address (if different from current address): _____

4. Date of birth: ____/____/____ Gender: _____ Citizenship: _____ Tribe: _____
Day / Month / Year

5. Marital status: ☐ Single ☐ Engaged to be married ☐ Married
☐ Separated ☐ Divorced ☐ Widowed
☐ Remarried, if so state previous status _____

If married, give spouse's name: _____ Spouse's occupation: _____

If you have relatives in Dimapur, please provide the following:

Name: _____

Nature of Kinship: _____

Address: _____

Telephone: _____

Please summarize any past or present serious health problems and use/involvement with drugs, if any.

B. CHRISTIAN AFFILIATION

Have you received Jesus Christ into your heart as Saviour and Lord? _____

When? _____ Where? _____

Have you been baptized in water by immersion? If yes, when? _____ Where? _____

If no, please explain: _____

Have you received the Holy Spirit according to Acts 2:4, 10:46, 19:6? If yes, when? _____

Where? _____

If no, are you seeking? _____

Name and address of home church: _____

Denomination: _____ Tel: _____

Pastor's name and address: _____

Tel: _____

How long have you been a registered member of your home church? _____

If you are not a registered member of any local church, explain: _____

Describe ministry/positions (if any) held by you in your local church. State duration of service.

C. EDUCATION BACKGROUND

List in chronological order all schools, colleges and/or universities attended.

School and Place	Medium of Instruction	Dates Attended	Certificate/Degree
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you completed any theological course (training, Correspondence, etc.) before? If yes, please list.

How often do you attend your church's weekly Prayer Meeting / Bible Study / Cell Group?

☐ Never ☐ Seldom ☐ Occasionally ☐ Regularly

D. WORKING EXPERIENCE

If you have worked before, provide the following information:

Employer	Job	Duration	Salary
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What skills have you acquired? _____

E. FINANCIAL STATUS

If you are accepted as a student, who will be supporting you while you are in GCTC? Please enclose a letter of support from your sponsor.

Name: _____

Address: _____

Do you have any financial commitment or debts? _____ If so, how much? _____

Do you expect to have this settled before you come to GCTC? _____

F. GENERAL INFORMATION

Do you feel God has called you to full-time Christian ministry? Yes ☐ No ☐

Explain clearly why you wish to study at the Golden Crown Theological College of Dimapur.

Are you in agreement with the statement of FaithGCTC as stated in the prospectus?

Yes ☐ No ☐ (If not, explain on a separate sheet of paper.)

Do your parents or guardians approve of your studying at GCTC? Yes ☐ No ☐

(If not, explain fully on a separate sheet of paper)

Please give two references. Your references should include your pastor and lay christian leader over the age of twenty-five who have known you personally for at least two years.

a. Pastor: _____

Address: _____

Tel: _____ (H) _____ (O) _____

b. Christian Leader: _____ Relationship: _____

Address: _____

Tel: _____ (H) _____ (O) _____

I have enclosed: (Please tick)

1. ☐ Medical Fitness certificate
2. ☐ Academic documents of both school Leaving Certificate(s)/college and theological.
3. ☐ 3 Recent Photographs
4. ☐ Testimony of Conversion *and* Testimony of Call to Full-Time Service (*two pages only*)
5. ☐ Two Recommendation Forms from Pastor and Christian Leader.
6. ☐ Letter of Endorsement for Financial Support from your sponsor.
7. ☐ The Non-Refundable Rs.200 for Application processing Fee.

Please note that all of the above items MUST be received BEFORE your application can be evaluated by the Admissions Committee.

DECLARATION AND PLEDGE

I, _____ (Applicant's Name) declare that all the information given by me in this form is true and correct.

I understand that any information, which I have furnished above, if proved to be false or incorrect, will automatically disqualify me from being admitted to, or continuing at GCTC. I shall attempt to maintain high academic standards and a spirit of unity and love while at GCTC. I shall abide by the GCTC rules and regulations.

Date: _____

Place: _____ Signature of the applicant: _____

**Mail to: Director, Golden Crown Theological College, HN-389 Kuda B Khel (Nagarjan-B)
P.O. Dimapur-797112, Nagaland**



STRICTLY CONFIDENTIAL
PASTOR'S RECOMENDATION FORM
GOLDEN CROWN THEOLOGICAL COLLEGE

The Admission Committee gives serious consideration to the reference of those pursuing theological studies at GCTC and maintains it in strict confidence. We look forward to admit people who are called by God for such training and have the persistent discipline to develop and use their spiritual gifts. We greatly appreciate your honest and careful consideration of the applicant. After completely filling out this reference form at your earliest possible convenience, please return it DIRECTLY to the Director, GCTC. Thank you.

Name of the Applicant: _____

1. How long have you known the applicant? _____ years.

2. How well do you know the applicant?

☐ Very well ☐ Rather well ☐ Casually ☐ Not well

3. In what relationship do you know the applicant?

☐ Teacher ☐ Pastor ☐ Friend ☐ Employer
☐ Mentor ☐ Advisor ☐ Neighbour ☐ Other

4. Please rate the candidate by ticking one or more items under each heading mentioned below. You may briefly describe specific instances that support your judgment. Do not mark items in which you are uncertain and have not got an opportunity to observe.

Physical Condition

- ☐ Frequently incapacitated
- ☐ Fairly healthy, but somewhat below par
- ☐ Good health
- ☐ Rugged and vigorous

Sociability or Friendliness

- ☐ Avoided by others
- ☐ Tolerated by others
- ☐ Liked by others
- ☐ Well-liked by others
- ☐ Sought by others

Perseverance (in completing task)

- ☐ Gives up easily/easily discouraged
- ☐ Needs encouragement to persevere
- ☐ Persists in most circumstances
- ☐ Persists even under adversity

Responsiveness (to other's Feelings/needs)

- ☐ Slow to sense how others feel
- ☐ Reasonably responsive
- ☐ Understanding and thoughtful
- ☐ Responses with unusual insight and consideration

Emotional Adjustment

- ☐ Yields to urges or cravings
- ☐ Tense, fearful, worried
- ☐ Easily angered, easily frustrated
- ☐ Downhearted, depressed
- ☐ Maintains balance, self-controlled

Teachability

- ☐ Rigid, argumentative
- ☐ Highly opinionated
- ☐ Open-minded
- ☐ Willing to receive instruction
- ☐ Eager to receive instruction

Teamwork (ability to work with others)

- ☐ Frequently causes friction
- ☐ Prefers to work alone
- ☐ Usually cooperative
- ☐ Able to work with those of different personality or temperament
- ☐ Most effective in team work

Achievement (ability to formulate, execute, and carry plans to conclusion)

- ☐ Does only what is assigned
- ☐ Starts but does not finish
- ☐ Meets average expectations
- ☐ Resourceful and effective
- ☐ Superior creative ability

Leadership (ability to inspire others and maintain their confidence)

- ☐ Makes no effort to lead
- ☐ Tries but lacks ability
- ☐ Has some leadership promise
- ☐ Good leadership ability

Intelligence

- ☐ Learns and thinks slowly
- ☐ Average mental ability
- ☐ Alert; has a good mind
- ☐ Brilliant; exceptional capacity

Wisdom in use of money

- ☐ Talks frequently of debt/financial worries
- ☐ Expects others to meet needs
- ☐ Careless
- ☐ Extravagant
- ☐ Careful, has a budget

Self Image

- ☐ Insecure
- ☐ Inferiority complex
- ☐ Self-confident
- ☐ May be prone to boast
- ☐ Modest, true estimate of self

5. How is this applicant gifted for full time Christian service?

6. Do you have any reason to doubt the applicant's personal integrity? If so, please specify.

7. What have you (or the Church) recognized as the qualifications of the applicant for Christian ministry and why?

8. What do you believe to be the applicant's motivation in applying to GCTC?

9. Please list any and all reservations you have concerning the applicant.

10. What might be the main hindrances to the applicant's training at GCTC?

11. Would you hire the applicant for your organization or Church?

12. How would you rate the applicant's potential for in full-time Christian ministry?

- ☐ Exceptionally good ☐ Very good ☐ Good ☐ Fair ☐ Poor

If there are additional facts that we should know, please write them on a separate sheet. You may include the names and address of additional references that you think will be of help in evaluating the applicant.

Summary

- | | | |
|---------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Recommended with
Enthusiasm | <input type="checkbox"/> Recommended | <input type="checkbox"/> Recommended with
Reservations |
| <input type="checkbox"/> Not Recommended | <input type="checkbox"/> Please contact me for further | |

Information

Signature: _____ Date.: _____

Name: _____

Position: _____

Church / Organization: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

E-mail: _____

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