

# WUNG THEOLOGICAL COLLEGE

Mission Compound, Ukhrul-795142, Manipur, India

## General Information

1. The application forms can be obtained from the office of the college or can be downloaded from [www.wungtheologicalcollegel.com](http://www.wungtheologicalcollegel.com). The filled in form and documents should be submitted to the office or can also be sent by post or emailed.
2. Applications received without the necessary documents will be considered incomplete and will not be processed.
3. A sum of Rs. 300 (three hundred) will be charged as application and processing fee (non-refundable) which also includes the cost of the applications form. The fee should be paid while collecting the forms. Those who download the form can pay while submitting the forms. Those who choose the online payment method must email proof of transaction to [admissionswtc@gmail.com](mailto:admissionswtc@gmail.com).
4. The completed application forms along with all the relevant documents must be submitted on or before **May 08, 2026**. Forms submitted after the deadline shall have to pay extra Rs. 200 as late fees (Rs. 500).
5. There will be Entrance Exam and Interview. Date, time and venue will be intimated to the applicants if they are invited for the entrance exam. The Entrance exam will consist of three papers: **Bible, English, and General Knowledge**.
6. Original certificates should be produced at the time of the interview.
7. Any incomplete/wrong information in the forms would disqualify the person for admission to this institution.
8. Use **CAPITAL** to fill the application forms.
10. Please read the instructions carefully before filling the forms.

## Documents to be submitted along with the Application Forms:

1. A recommendation letter from the local church pastor
2. A reference letter from the applicant's Association/Church Bodies/Organisation
3. Financial Guarantee Form from the sponsoring body/individual/family.
4. A Confidential Report Form to be filled out by the two "Referees" is enclosed along with the form. The form should be given by the applicant to the referees, who should fill it up and send the same directly to the college.
5. Two self-attested photocopies of your educational qualification certificates.
6. A photocopy of your Aadhar Card.
7. Three recent passport size colour photographs of the applicant.
8. A Medical certificate from a certified doctor.
9. Personal testimony of calling and commitment to theological studies, as well as motivation to enter Christian ministry (1 or 2 pages).

### Mailing Address

Vice Principal  
Wung Theological College  
Mission Compound, Ukhrul-795142  
Manipur, India  
Email: [admissionswtc@gmail.com](mailto:admissionswtc@gmail.com)  
[wtcukhrul@gmail.com](mailto:wtcukhrul@gmail.com)

### Bank Account

Wung Theological College  
Account No. 1719010354013  
Punjab National Bank  
IFSC Code: PUNB0171920



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Govt. Reg. No. 15/UD/SR/2024

Affix Passport size recent photograph

## APPLICATION FORM (Academic Session 2026-2027)

Tick the Degree Program you are applying for:

Bachelor of Theology (B.Th)

Master of Divinity (M.Div)

SL. No.

Date

Full Name

(as per Board/Degree Certificate)

Date of Birth  Gender  Male  Female

Village  State

Mother Tongue  Nationality

Contact No.  Email ID

Father Name

Contact No.  Occupation

Mother Name

Contact No.  Occupation

Present Address:

Permanent Address:

Local Guardian/Relative

Contact No.

Church Affiliation

Marital Status  Married  Single

Spouse Name (If married)  No. of Children

Name of Children and their Age

Financial Support  Family  Church  Self  Others

Two Persons who can supply confidential information about you:

a. Name   
(Local Church Pastor)

Contact No.  Email ID

Address

b. Name   
(A teacher under whom you studied or a Christian leader)

Contact No.  Email ID

Address

Medium of your higher education

Special Interest or Skills you have

Other languages that you can speak, read or write:

**ACADEMIC QUALIFICATIONS(Highest Qualifications at the Top)**

Academic Qualification	Name of the School/College/ University	Year of Passing	Class/Grade/Percentage

**WORK EXPERIENCE WITH THE CHURCH**

**WORK EXPERIENCE WITH OTHER ORGANIZATIONS**

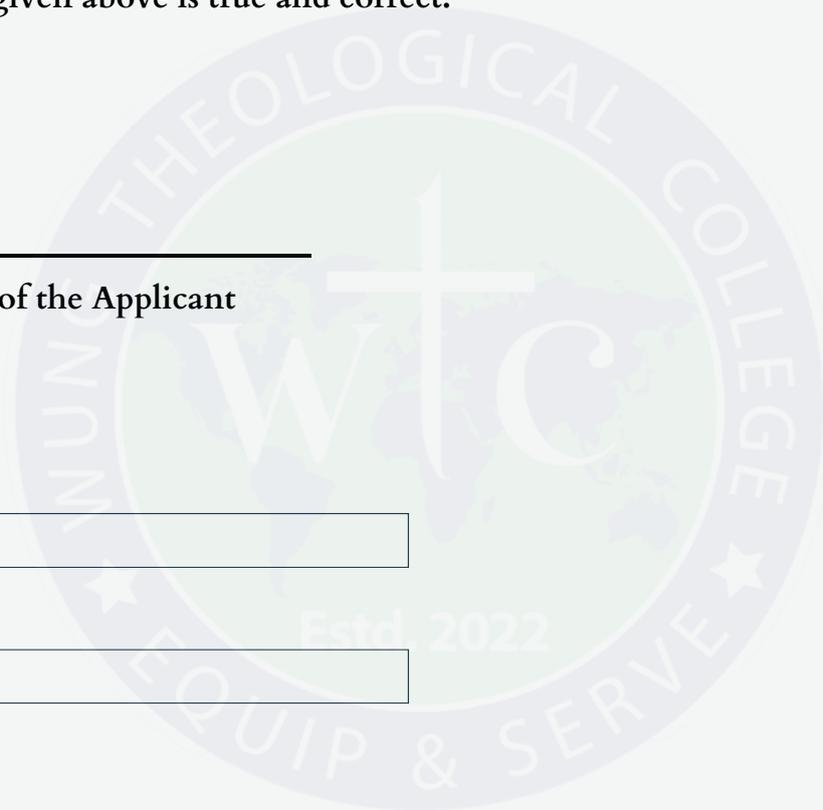
## DECLARATION

I, \_\_\_\_\_ hereby declare that all the information given above is true and correct.

\_\_\_\_\_  
Signature of the Applicant

Place:

Date:





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## FINANCIAL GUARANTEE FORM

Name of the Applicant

Course Applied For

I/We, the undersigned, undertake the responsibility to pay all the necessary financial support to the student named above up to the completion of the study as a student at Wung Theological College.

Name

Designation

Contact No.

Address

Signature

Seal

Place

Date



# WUNG THEOLOGICAL COLLEGE

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## CONFIDENTIAL REPORT FORM

*Dear Sir/Madam, this form will be given to you by a person who is preparing to undertake theological studies in our college. Please fill the form with honest and accurate information. It will allow us to have a better understanding of the applicant. The information provided will be treated confidentially. Please send the form directly to the Dean, Wung Theological College, Mission Compound, Ukhrul-795142, Manipur, India. Thank you.*

Name of the Applicant

How long have you known the applicant?

Relationship with the Applicant?

Mention the strength of the Applicant.

Mention the weakness of the Applicant.

How is the Applicant's relationship with family members?

What is your opinion regarding the applicant's family financial background? Would they be able to support him/her or would they need help?

Do you think the applicant is fit physically and mentally to undergo rigorous theological studies?

Give your opinion regarding the applicant's participation or involvement in the church.

Please rate the applicant according to your observation by ticking the appropriate box.

	Excellent	Above Average	Average	Below Average
Academic Ability				
Leadership Skills				
Social Awareness and concern				
Teachability				
Commitment to Ministry				
Sense of Responsibility				
Communication Skills				
Relationship with others				

Would you recommend the applicant for theological studies?

Name  Signature

Designation  Contact No.

Address

Place  Date



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## MEDICAL CERTIFICATE

*(To be filled by a certified medical doctor)*

Name of the Applicant

Date Of Birth

Gender

Address

Contact No.

Email ID

### PERSONAL HISTORY

#### 1. History of Past Illness

Tuberculosis

Jaundice

Fits/Epilepsy

B.P.

Joint Pains

Typhoid

Malaria

#### 2. Do you have any history of

Surgery

Allergies (Food and drugs)

Chronic illness

Hospitalization

Accident or injuries

Mental illness  
/Depression

**3. Do you have any history of substance abuse? If yes, please give details**

**4. Are you under any medication? If yes, please give details**

**FAMILY HISTORY**

	Any Illness	If Death, cause of Death
Father		
Mother		
Siblings		
Husband/Wife		

Diabetes

T.B.

Hypertension

Asthma

Jaundice

## PHYSICIAN'S EXAMINATION

Height

Weight

General Appearance:

CVS

CNS

Respiratory System

Abdomen

Skin

Eyes

ENT

## LAB REPORTS

Blood Group

Hepatitis C

Hepatitis B

HIV

.....  
Name of the Doctor

Signature of the Doctor

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Address

Date

Place