

CHIL CHIL GLOBAL UNIVERSITY

KANGLATONGBI-795136, MANIPUR, INDIA



DOCTORAL PROGRAM

APPLICATION FOR ADMISSION

Contact: Mobile - 9874584427/ 03880266405

email: registrar@chams77.com

Recent
Passport
Photograph

SL.No.:

IDENTIFICATION:

Name: Gender: Date of birth :

Name of Father/Guardian: Occupation.....

Ministry:Church/Organisation.....Position.....

Ethnic Origin: Nationality:

Permanent Address:.....

Present Address of different from previous.....

..... Email :.....

Aadhaar No. : Mobile No.....

Email :.....

COURSE OF STUDY:

Doctor of Ministry (D.Min.) Doctor of Philosophy(OT/NT/ST/Mission/P.Theology/Counselling)

When do you plan to begin your studies ? Summer Course Winter Course

How do you come to know CCGU?
.....

ACADEMIC BACKGROUND:

Enclose attested Photo copies of all degree marksheets & certificates.

List all schools attended

Name of Institution:

Degree Grade Year

Name of Institution:	Degree	Grade	Year

PERSONAL STATUS:

Single Married Engaged Widowed Separated Divorced

If married, give the no. of children : Male Female

If you or spouse have ever been separated or divorced, please attach statement giving details.

CHURCH RELATIONSHIP:

Give name and address of your local church:

With what ecclesiastical body is this church affiliated

Are you Licensed ? Are you ordained ?

Name of Pastor

A computerised recommendation letter should be sent from your church's pastor to the Registrar Office.

Two reference forms supplied herewith should be filled in by two separate Christian workers (in case of P.hD Form No. 1 must be filled by his or her Lecturer of Previous College while Form No. 2 may be filled by the head of the Institution/ministry where he/she is presently working.

Form No. (1) Name & Address:

Form No. (2) Name & Address:

Which Christian denomination do you belong to?.....

PHYSICAL CONDITION:

How is your health? Excellent Good Fair Poor

(Health Certificate supplied herewith should be filled in by a recognized physician.)

FINANCIAL RESOURCES: Family Church Other

Name: Contact No:

Address:

Signature:

SPIRITUAL CONDITION: (Enclose personal Testimony in a separate sheet)

1. Do you know Christ as your personal Saviour? Yes No

2. When was it that you were saved?.....

3. Are you convinced that the Lord has called you into a ministry? Yes No

4. Do you expect to be a : Pastor Evangelist Teacher School Teachr Chaplain
Missionary Others (Specify them).....

5. Do you use tobacco/Intoxicate/Narcotic? Yes No

6. Do you agree to abide by the standard of conduct of the University? Yes No

7. Are you in agreement with the University's doctrinal position? Yes No

8. Please write your comment if any:

I promise, in submission to the Holy Spirit's guidance, that if admitted to CCGU, I will at all times conduct myself as required by the University curriculum, promptly meet all financial and other obligations, and carefully observe the Rules and Regulations as set forth by the University and its Faculty.

Date: _____

Signature of Applicant

FOR OFFICE USE

Date Received : Date accepted:
Date entering : Classification:

CHIL CHIL GLOBAL UNIVERSITY

KANGLATONGBI, IMPHAL WEST -795136

MANIPUR, INDIA

DOCTORAL PROGRAM

REFERENCE FORM (1)



email: registrar@chams77.com

Contact: Mobile -

9874584427/ 03880266405

website: www.chilchil.in

Mr./Ms.(Applicant Name) has given your name as a reference in an application for entrance to the University our purpose is to admit students who are Academically and spiritually qualify and most importantly who are convicted and committed to the called of God . We will appreciate your honest assessment of the candidate personal character and will treat your reply as confidential.

1. How long have you known the applicant?
2. In what relationship/Teacher/Pastor/Friend/others.
3. His/Her Physical condition.
4. Emotional adjustment.
5. Team work/Ability to work with others?
6. Perseverance in completing the task?
7. His/Her nature in use of money?
8. Gift for Christian service?
9. What do you believe to be the applicant's motivation in applying to Chil Chil Global University?
.....
10. If there are additional facts which we should know, please write them.
.....
.....

You may include the names and address of additional references which you think would be of help in evaluating this applicant. And please send this form directly to the office of Registrar.

Thank you.

Date:

Contact No:

Seal

Name :

Position :

Address :

Signature:

CHIL CHIL GLOBAL UNIVERSITY

KANGLATONGBI, IMPHAL WEST -795136

MANIPUR, INDIA

DOCTORAL PROGRAM REFERENCE FORM (2)



email: registrar@chams77.com

Contact: Mobile - 9874584427/
03880266405

website: www.chilchil.in

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Thank you.

Date:
Contact No:
Seal

Name :
Position :
Address :
Signature:

CHIL CHIL GLOBAL UNIVESITY



KANGLATONGBI, IMPHAL WEST -795136

MANIPUR, INDIA

DOCTORAL PROGRAM MEDICAL CERTIFICATE

email: registrar@chams77.com

website: www.chilchil.in

Contact: Mobile - 9874584427/ 03880266405

1. Name of the candidate in full.....
2. Date of examination:
3. Place: Age: Gender:
4. Marital Status:
5. Pertinent medical history (Please enquire particularly about T.B. and other infections disease, nervous disorder, diabetes, operations undergone etc.).
.....
.....

6. All applicants must be vaccinated against Smallpox and Tetanus before they arrive at the institute and must bring certificates of such immunization.

Immunization

Date of last Inoculation

Typhoid:

Cholera:

Smallpox:

Tetanus:

7. General appearance of health:
8. Height:
9. ENT: Sinuses: Ear:
Eyesight: Rt. Lt. Glass.
10. Heart Rate:..... B.P. :
11. Laboratory: A, Haemoglobin Grams% Blood group

Having personally and throughly examined :
a candidate for admission to Chil Chil Global University, I hereby certify that to the best of my knowl-
edge, he/she is free of disease which would endanger others and physically fit to carry on with
the proposed studies.

Remarks:.....
.....

Name of Doctor: Position:

Address :

Date:

Signature & Seal