



Church of the Province of Myanmar (Anglican)

HOLY CROSS THEOLOGICAL COLLEGE

104, Inya Road, Kamayut Township, Yangon.

University post 11041

Application for Admission

B.Th program

Please attach
recent Passport
Photo Here

Size – 1.5" x1.5

Please complete and return this form and all relevant documents to HCTC office via post or email: hctcmmang@gmail.com. Please phone HCTC office 01-534658 for questions about the application process.

All questions must be answered. Where appropriate, please write "none" or use dashes. Do not leave blanks.

- To be written in Block Letters.

A. Personal Information

Full Name:

NRC NO.

Gender:

Marital Status:

Date of Birth:

Date of Baptism:

Date of Confirmation:

Permanent Home Address:

No. : Street :

Ward/Township: City :

State/Region : Country:

Phone No. Email :

Father's Name : Occupation:

Mother's Name : Occupation:

Diocese:

Parish:

Priest :

Permanent Home Address of Priest :

No. : Street :

Ward/Township: City :

State/Region : Country:

Phone No. Email :

B. Educational Background (all copies of certificates must be attached)

Class	Name of School/institute	Year of finishing	Certificate/ Degree

C. Emergency Contact

Name : ----- Relationship:-----

Signature : ----- Phone No.-----

D. Financial Guarantor Pledge

I hereby grantee that I am responsible for the under-signed-student's financial accountability to the school. If the student fails to pay the needed schooling fees, I will take full responsibility.

Name : -----

Signature : -----

NRC No . : -----

Occupation : -----

Permanent Home Address:

No. : ----- Street: -----

Ward/Township: ----- City: -----

State/Region : ----- Country: -----

Phone No. ----- Email: -----

E. Declaration

I hereby pledge that I will comply all rules and regulations issued by the school. I agree to accept the decision of the school if I fail to comply the rules of the school.

Signature of Applicant: -----

Date: -----

F. Application Checklist

THE FOLLOWING INFORMATION IS REQUIRED:

(please check that you have enclosed the followings in your application package.)

- a. Completed Application Form.
- b. One-page essay on " My life" which should include information about your family, home, school, hobbies, activities, why do you want to attend the school and what benefits do you expect.
- c. Scanned copy of three letters of Recommendations: (from Church's priest, Diocesan Bishop, Medical Examination report)
- d. Scanned copy of your NRC. (if available)
- e. Scanned copy of original matriculation or other equivalent educational certificates.
- g. Scanned copy of recent passport photo. (1.5" x 1.5")
- h. Application processing fees. (5000 kyat)

G. Declaration

I certify that the information provided in this form and all supporting documentation are accurate. I understand that any incorrect or false information will render this application invalid and may result in disciplinary proceedings being taken against me.

Signature of Applicant: -----

Date: -----

H. For Office Use Only

Application proceeded:

Signature : -----



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RECOMMENDATION BY Diocesan Bishop

Applicant's Name:

TO THE PERSON COMPLETING THIS RECOMMENDATION: We thank you for taking the time to help us with the admission process by filling out this Recommendation form. We appreciate your collaboration. Please provide your candid opinion and accurate evaluation of the applicant's abilities who has applied to **the Bachelor of Theology program** of Holy Cross Theological College.

Please, carefully read the questions and sincerely answer as the applicant's admission depends on your feedback.

**(to be sent in separated envelope)*

1. How long and in what relationship have you known the applicant?
2. Does the diocese have specific purpose for the applicant?
3. Does the diocese take fully responsibility for the schooling fees of the applicant?
4. How and where would the diocese use the applicant after he/she has completed the program?

Recommender's Remark: (Please tick one of the following statements)

- I do not recommend this applicant for admission.
- I recommend this applicant for admission
- I strongly recommend this applicant for admission.



Signature:	
Name:	
Diocese	
Contact No.:	
Email	
Date:	



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RECOMMENDATION BY PRIEST IN-CHARGE

Applicant's Name:

TO THE PERSON COMPLETING THIS RECOMMENDATION: We thank you for taking the time to help us with the admission process by filling out this Recommendation form. We appreciate your collaboration. Please provide your candid opinion and accurate evaluation of the applicant's abilities who has applied to **the Bachelor of Theology program** of Holy Cross Theological College.

Please, carefully read the questions and sincerely answer as the applicant's admission depends on your feedback.

**(to be sent in separated envelope)*

1. How long and in what relationship have you known the applicant?
2. In your opinion, what is the ethical commitment and moral character of the applicant?
3. Applicant's involvement in the church?
4. Your expectation on applicant by sending him/her to HCTC.
5. Any other Comments.

Recommender's Remark: (Please tick one of the following statements)

- I do not recommend this applicant for admission.
 I recommend this applicant for admission
 I strongly recommend this applicant for admission.



Signature:	
Name:	
Parish:	
Diocese	
Contact No.:	
Email	
Date:	



Medical Report

Patient Identification

NameAgeSex.....
Father's name N.R.C No.
Address
Contact Number

Past Medical History

Malaria Tuberculosis Typhoid Dysentery Fits
 Pneumatic disease Heart disease Hypertension Diabetes
 Mental illness Others

Past surgical History

Injury Any bone fracture Hernia Hydrocele Piles
Others

Past Menstrual History

Menarche
Cycle RegularityLMP
Gynecological diseases

Family History

Tuberculosis Malaria Malignancy Fits
 Mental illness Hypertension Heart disease Diabetes

Social History

Smoking Alcohol drinking Betel chewing

GENERAL EXAMINATION

Height Weight Gait
Eyes Mouth Neck
Hands Legs

Cardiovascular System

BpPulse rate
Heart sound

Respiratory System

RRChest wall
Lungs

Abdomen

LiverSpleenKidneys
Hernia orificesAny abnormalities

CNS

Any abnormality

Locomotor

Any abnormality

INVESTIGATIONS

CXRHbs AgHCV.....
HIVUrine REBlood for Cp.....
Comment
.....

MEDICAL OFFICER

Signature	
Name	
Sama	
Contact No:	
Date	