



Church of the Province of Myanmar (ANGLICAN)

**HOLY CROSS THEOLOGICAL COLLEGE**

104, Inya Road, Kamayut Township, Yangon.

University post 11041

## Application for Admission Master of Ministry 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](mailto: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.

### A. Personal Information

Full Name: -----

NRC NO. -----

Gender: -----

Marital Status: -----

Date of Birth: -----

Date of Baptism: -----

Date of Confirmation: -----

Date of Ordination: -----

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. Work Experience**

Position	Date of employment	Date of reassignment	Remark

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

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

**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: -----

## Application Checklist

THE FOLLOWING INFORMATION IS REQUIRED:

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

- a. Completed Application Form.
- b. One-page essay on " My life" which should include information about your working experiences, why do you want to attend the school and what benefits do you expect.
- c. Scanned copy of three letters of Recommendations: (from priest in charge, Diocesan Bishop,)
- d. Scanned copy of your NRC. (if available)
- e. Scanned copy of original matriculation or other equivalent educational certificates.
- f. Scanned copy of original B.Th degree certificate & transcript or its equivalent.
- g. Scanned copy of recent passport photo. (1.5" x 1.5")

## Declaration

I certify that the information provided in this form and all supporting documentation is 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: -----

## 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 **Master of Ministry 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:	



## Medical Report

### Patient Identification

Name .....Age .....Sex.....  
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 ..... Regularity .....LMP  
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**

Bp .....Pulse rate .....  
Heart sound .....

**Respiratory System**

RR .....Chest wall .....  
Lungs .....

**Abdomen**

Liver .....Spleen .....Kidneys .....  
Hernia orifices .....Any abnormalities .....

**CNS**

Any abnormality .....

**Locomotor**

Any abnormality .....

**INVESTIGATIONS**

CXR .....Hbs Ag .....HCV.....  
HIV .....Urine RE .....Blood for Cp.....  
Comment .....  
.....

**MEDICAL OFFICER**

Signature	
Name	
Sama	
Contact No:	
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 Master of Ministry 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:	