

SERAMPORE COLLEGE
THEOLOGY DEPARTMENT

ALUMNIA BIO-DATA FORM

I. PERSONAL INFORMATION

1. Full Name :
2. Sex:
3. Date of Birth:
4. Are you an ordained Minister?
5. Church/ Denomination:
6. Temporary Address:
7. Permanent Address:
8. Complete Postal Address for Correspondence:
9. Email:
10. Mobile/ Telephone Number:
11. Name of the place/organisation presently working:
12. Designation:
13. Ministerial/ Work Experiences:

II. FAMILY INFORMATION

1. Marital Status:
2. Name of the spouse (*if married*):
3. No of children with name, age, standard, profession, etc

III. COLLEGE EXPERIENCE/ PAST INFORMATION

1. Name of the course studied:

2. Year of studying:

3. Student's responsibility/ position held during studies:

4. Kindly supply all teachers' name you remembered during your studies:

(1)

(2)

(3)

(4)

(5)

(6)

(7)

5. Please give us the names and contact information of the former students you know during your studies.

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

6. Please share us your experiences and your memorable moments in Serampore College.

We appreciate your kind cooperation. Kindly send back to sertheology@yahoo.in, we will keep up updated. God bless you and your ministry.