

K.No. 175, Mission Hospital Road, Shahurpur, Fatehpur Beri P.O,
Mehrauli, New Delhi-110074

☐ Residential ☐ External Program

Attach passport
size photo

- ## GENERAL INFORMATION

Date of Birth

DD MM YEAR

Special training / talents (music, sports, arts etc).....

APPLICANT'S PERSONAL TESTIMONY

Briefly answer all the following questions:

My life before becoming a Christian

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How conviction came?

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How were you saved?

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How do you know that you are saved right now?

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What has your life been like since you received Christ?

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RELIGIOUS RECORD

Member of which Church?.....Since when?.....

Denominational affiliation.....

Pastor's name and address.....

.....

.....

What type of Christian service have (are) you engaged in?.....

.....

What is your future plan relative to Christian service?.....

.....

Are you an ordained pastor? If yes, when and by whom.....

..... (attach certificate)

EDUCATIONAL RECORD

School/College/University	Medium of learning	Year(s)	Qualification	Marks scored (%)

Any previous Bible training? If yes, specify.....

.....

Have you been suspended or expelled from any school? If yes, explain.....

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REFERENCES

(To be filled by two important individuals in your community/church, not related to you.)

1. I have known the applicant since.....years. He/ She has not been convicted of any crime/ used illegal drugs/ addicted to alcohol/ dismissed from any school to the best of my knowledge. His / Her character and conduct is good/ average/ not good. I recommend / do not recommend him/her for theological studies.

Name:

Designation:

Address:

Phone No:

2. I have known the applicant since.....years. He/ She has not been convicted of any crime/ used illegal drugs/ addicted to alcohol/ dismissed from any school to the best of my knowledge. His / Her character and conduct is good/ average/ not good. I recommend / do not recommend him/her for theological studies.

Name:

Designation:

Address:

Phone No:

Declaration:

I declare that the information given in this application form is correct, to the best of my knowledge. Any information found incorrect / false would lead to the cancellation of my admission.

Date:

Applicant's full signature.