



# AGAPE BIBLE COLLEGE

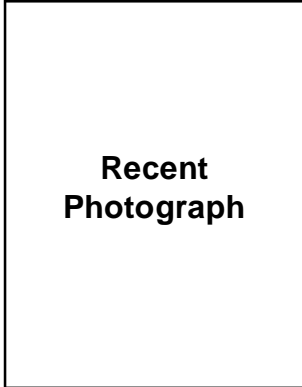
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www.agapeministry.org

## APPLICATION FOR ADMISSION

(Every question must be answered)

The course applied for:

- 1. B.Th
- 2. G.Th
- 3. Dip.Th
- 4. C.Th



### I. PERSONAL DETAILS

- 1. Name in full (Use Block Letters) .....
- 2. Address with pin code  
Present..... Permanent.....  
.....  
.....  
.....
- 3. Date of birth..... Age..... Nationality.....
- 4. Marital Status:  
(a) Single/Married  
(b) Date of Marriage..... Name of Spouse.....  
(c) Do you have children?..... How many?.....
- 5. Name and Address of Father/ Guardian .....
- (a) Relationship with the applicant .....
- 6. Residence Phone No: ..... Mobile No .....
- 7. E-mail.....

## II. EDUCATIONAL INFORMATION

1. State the examinations you have taken.

S.S.L.C. / Matriculation    Passed/Failed Year.....School.....

+2 or Equivalent            Passed/Failed Year ..... Collage.....

Other Degree..... Year..... Collage.....

2. Have you had any theological education?

If yes, list the name, address and degree obtained.

1.....

2.....

3. Have you ever been terminated from an institution or church ?If yes, explain.

.....

4. Do you have any secular skills such as typing, accounting, mechanical, electrical, painting, etc.?

.....

## III. SPIRITUAL BACKGROUND

1. Present church you attend.....

2. How long have you been a member of this church?.....

3. Date you were born again.....

4. Date of Baptism.....

5. Are you Baptized in the Holy Spirit?.....

6. Do you speak in other tongues according to Acts Ch.2?.....

7. Do you have a definite call for the Lord's work?.....

8. Do you know for what specific ministry you are called for?.....

9. Do you have any spritual talents like music, composing songs, story writting, preaching, etc.?

.....

## IV. GENERAL INFORMATION.

1. Mother tongue.....
2. Do you know any other languages?.....
3. Are you presently employed?..... Where? .....
4. Is your spouse employed?.....Where?.....
5. How do you plan to meet your financial needs?
  - (a). I want work for a Scholarship.
  - (b) I will pay or make arrangements to pay my fees
6. Are you able to get any financial support from your local church? If yes, please specify  
.....
7. (a) Your monthly income Rs.....  
(b) Approximate monthly income of your Father/Guardian.....
8. Name and address of the person who will be responsible for you financially  
.....
9. Do you have any chronic diseases or physical disabilities?.....
  - (a) Describe them and their duration.....
  - (b) Do you need any medications?.....
10. General appearance of your health:           Excellent/Good/Fair/Poor
11. Name the Christian leader who has influenced you the most and why  
.....
12. How did you come to know about Agape Bible College?  
.....
13. What led you to apply for the training program at Agape Bible College?  
.....
14. What do you hope to accomplish by studying at Agape Bible College?  
.....
15. Give the name and address of three people (not related) for a confidential evaluation

Local Pastor	Center Minister	Christian Friend
.....	.....	.....
.....	.....	.....
.....	.....	.....
Ph:.....	Ph:.....	Ph:.....

## V. DECLARATION

I, ....., hereby solemnly declare that the information given by me in this form is correct and I pledge to obey the rules and regulations of this college for the glory of God with an absolute spirit of obedience, love and co-operation. By signing this you waive your right to view any confidential evaluations received by Agape Bible College.

Date:.....

Signature of applicant.....

Printed Name.....

### **REQUIREMENTS**

1. In order to receive a scholarship, you must work at least two hours every day in the college campus.
2. If any student discontinues his/her studies he/she must pay a minimum of Rs. 1500/- per month from the date he/she joined.
3. Return this completed application to the Registrar with
  - a) Three copies of a recent photograph including the pasted one in the application form.
  - b) Medical Certificate from a Doctor
  - c) Conduct Certificate from your Pastor
  - d) Copies of your academic certificates with mark lists  
**(Original Certificates must be produced at the time of interview, and must be submitted in the college office at the time of admission)**
  - e) The reference forms (must be mailed separately by the person providing reference)
  - f) Personal Testimonial

#### **Note: Incomplete applications will not be accepted**

Agape Bible College has the right to modify the rules and regulations without prior notice. The authorities of this institution have the right to take any disciplinary actions, including the termination, at any time, of those whose performance and conduct is unsatisfactory.

#### **FOR OFFICE USE ONLY**

Registration No..... Admission No.....

Date of Registration..... Date of Admission.....

Details of Scholarship.....

Date of Joining.....



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## REFERENCE FORM

Print Applicant's Name Below

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has applied for admission to Agape Bible College and you are requested to provide an evaluation of his/her personal qualifications and character. Please answer the questions below to the best of your knowledge concerning the applicant. Frank comments are appreciated and all evaluations will be kept strictly confidential. Please return this form directly to the Registrar. Agape Bible College, Njakkunilam P.O., V-Kottayam, Pathanamthitta, Kerala, India, Pin - 689 656

1. How long have you known the Applicant?.....
2. How you know the Applicant?.....
3. Is the Applicant a good Christian?.....
4. Is the Applicant saved?.....
5. What are his/her qualifications?.....
6. Do you think that he/she has a real call for God's work?.....
7. Is he/she healthy?.....
8. Do you think that he/she would benefit from our Bible College Training?.....
9. What is the financial condition of the applicant?.....
10. Does the Applicant have proper acceptance and testimony in the local Christian Community?

Signature.....

Name:.....

Designation.....

Address.....

Place.....

Date .....

Ph:.....

E-mail:



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## MEDICAL FORM

<p>This portion to be filled by the applicant</p> <p>Name:.....</p> <p>Address:.....</p> <p>Desired Program of study.....</p>
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\* This portion of the form should be filled by an authorised medical practitioner

- Name of the applicant;.....
  - Date of birth : .....Sex.....
  - Height(in cms).....Weight (in Kgs) .....
  - General : ENT .....
  - Skin.....CVS .....
    - Eye-Sight.....Abdomen.....
  - Family History.....

Hypertension..... Diabetes.....

Asthma..... Cholesterol.....
  - Blood Group.....
- Past
- Jaundice.....Malaria.....
  - Fits.....Long Term Treatment.....
  - Allergy to any drugs.....
  - Intolerance or allergy to any food.....
  - Operations.....
- Past treatment and recommendations.....
  - Physical appearance of his health.....

Date:

Signature of the Doctor

Seal

Address.....

Ph : .....