

# NEW LIFE BIBLICAL SEMINARY

Accredited by Asia Theological Association ( A.T.A)

Cheruvakkal P.O, Ayoor, Kollam, Kerala, India. Pin - 691 533

Phone (0474) 2671112, 2671113, Fax: (0474) 2671114.,

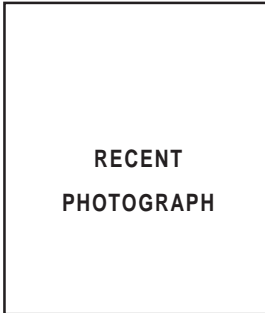
E-mail: newlifebs2008@hotmail.com.,newlifebs2008@gmail.com, www.nlbs.org

## APPLICATION FOR ADMISSION

( Every questions must be answered)

The course applied for

- 1.C.Th (Malayalam)
- 2. G.Th (Malayalam)
- 3. B.Th (Malayalam)
- 4. B.Th (English)
- 5. M.Div Residential
- 6. M. Div. External



### I. PERSONAL DETAILS.

- 1. Name in full (Use Block Letters) .....
- 2. Address (Complete with pincode)  
Present..... Permanent.....  
.....  
.....  
.....
- E-mail .....Phone:..... Mob:.....
- 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. (a) Name and Address of Father/ Guardian.....  
.....  
(b) Relationship with the applicant.....

**II. EDUCATIONAL INFORMATION.**

**A. Secular**

<b>Course</b>	<b>Board / University</b>	<b>Year of Completion</b>	<b>Pass / Fail / Grade</b>
S.S.L.C			
Pre-University			
B.A./ B.Sc./ B.Com.			
M.A. / M.Sc./M.Com			
If any other			

**B. Theological**

<b>Course</b>	<b>Institution</b>	<b>Board/ University</b>	<b>Year of Completion</b>	<b>Class / Grade</b>

1. Have you ever been terminated from any institution or church? If yes, explain.

.....  
 .....

2. Do you have any secular skills such as typing, accountancy, mechanical, electrical, painting, etc

.....

**III. SPIRITUAL BACKGROUND**

1. Present church you attend.....

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

3. Date of born again.....

4. Date of Baptism.....

5. Are you baptized by the Holy Spirit ?.....

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

7. Do You Know for what specific ministry you are called ?.....

8. Do you have any spiritual talents like music / composing songs / story writings/ preaching etc...

.....

**IV. GENERAL INFORMATION.**

- 1. Mother tongue.....
- 2. Do you know any other language ? .....
- 3. Are you presently employed ?.....Where?.....
- 4. Is your spouse employed ?.....Where?.....
- 5. How do you meet your financial needs ?
  - (a) I want work for the Scholarship (only for Internal Students)
  - (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 specify.....
- 7. (a) Your monthly income Rs.....  
(b) Aproximate monthly income of your father/ Guardian.....
- 8. Name and address of the person who will be responsible for your financial needs  
.....
- 9. Do you have any chronic diseases or physical disabilities?.....
  - (a) Describe them and the duration.....
  - (b) Do you require any special diet?.....
  - (c) Do you need any medications?.....
- 10. General appearance of your health: Excellent / Good / Fair / Poor.
- 11. Name the Christian leader who have influenced you the most .....  
How?.....
- 12. How did you come to know about New Life Biblical Seminary?.....  
.....
- 13. What led you to apply for the training programme in New Life Biblical Seminary?.....  
.....
- 14. What do you hope to accomplish by studying in New Life Biblical Seminary?.....  
.....
- 15. Give the name and address of the Two persons (not related) for a confidential evaluation.

Local Pastor	Christian Friend
.....	.....
.....	.....
.....	.....

## V. DECLARATION

I,.....,here by solemnly declare that the information given by me in this form is correct and I pledge to obey the rules and regulations of the college for the glory of God with absolute spirit of obedience, love and co-operation.

Name.....Signature of applicant.....

Date.....

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### **REQUIREMENTS:-**

1. For scholarship, you must work atleast two hours every day in the campus.( Only for internal students)
2. If any student discontinue his studies he must pay minimum Rs 1000/- per month from the date he joined.
3. Return this application duly filled to the Registrar with
  - (a) Three copies of your recent photograph including the one pasted in the application form.
  - (b) Medical certificate from a Doctor.
  - (c) Conduct certificate from your pastor.
  - (d). Copies of your academic certificates with marklists.  
(Original certificates must be produced at the time of interview, and must be submitted in the college office at the time of admission)
  - (e) Two reference form.
  - (f) Personal Testimony.

**Note:- *Incomplete applications will not be accepted.***

New Life Biblical Seminary 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 termination at on any candidate, whose performance and conduct is unsatisfactory.

**Filled applications must be send along with Rs 100/- MO**

### 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

Please answer the questions below to the best of your knowledge concerning the applicant. Frank comments will be appreciated and all evaluations will be kept strictly confidential. Please return this form directly to the Registrar, New Life Biblical Seminary, Cheruvakkal P.O, Ayoor, Kollam, Kerala, India. Pin 691 533.

1. Name of Candidate:.....
2. How long do you know the Applicant? .....
3. How do you know the Applicant? .....
4. Is the Applicant a good Christian? .....
5. Is the Applicant saved ?.....
6. His qualifications? .....
7. Do you think that he has a real call for God's work? .....
8. Is he healthy ?.....
9. Do you think that he would benefit from our Seminary Training? Yes/No
10. What is the financial condition of the Applicant ? .....
11. Does the Applicant have a proper acceptance and testimony in the local Christian community?.....
12. How do you recommend the candidate?

Highly Recommend

Without Reservation

With Reservation

Place:.....

Date : .....

Signaturer.. .....

Name .....

Designation:.. .....

Address.. .....

Seal

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Place:.....

Date : .....

Signaturer.....

Name .....

Designation:.....

Address.....

Seal