

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.,

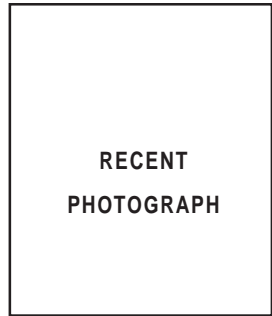
E-mail: newlifebs2008@gmail.com, newlifebs2008@hotmail.com, www.nlbs.org

APPLICATION FOR ADMISSION

(Every Question Must Be Answered)

The course applied for:

(1) M.Th. In Missiology



I. PERSONAL DETAILS.

1. Name in full (Use Block Letters).....

2. Address (Complete with pincode)

Present.....Permanent.....

.....

.....

.....

E-mailPhone:.....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.....

IV. GENERAL INFORMATION.

1. Mother Tongue.....
2. Do you know any other language?
3. Assess the Rate of English Proficiency

Read	Write	Speak	Comprehension
Excellent	Excellent	Excellent	Excellent
Good	Good	Good	Good
Fair	Fair	Fair	Fair

4. Are you presently employed? Yes/No Where?.....
5. Is your spouse employed? Yes/No Where?.....
- 6 How do you meet your financial needs?.....
- 7 Give the name and address of the two persons (not related) for a confidential evaluation..

Local Pastor

Theological Teacher

.....

.....

V. SPONSORSHIP STATEMENTS

1. Are you a sponsored Candidate of any Church/Institution? Yes/No
2. If yes, name the Sponsor/Institution?.....

3. Are you able to get any financial support from your local church?
 If yes 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 your financial needs

VI. HEALTH STATEMENT

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.

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.....

REQUIREMENTS:-

1. The Candidate should remit at least one-semester fees in advance.
2. 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 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) Two reference form.
 - (f) Personal Testimony.
 - (g) Sponsorship Form
 - (i) Leave Certificate from the Present Employer for Study

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 on any candidate, whose performance and conduct is not satisfactory.

Note: Filled applications must be send along with Rs 150/- MO

FOR OFFICE USE ONLY

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

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

Details of Scholarship.....

Date of Joining.....

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@gmail.com,
newlifebs2008@hotmail.com, www.nlbs.org

REFERENCE FORM

Name of Candidate:

Course Applied for:

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

Highly Recommend Without Reservation With Reservation

Place:..

Date :

Signaturer..

Name

Designation:..

Address..

Seal

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@gmail.com,
newlifebs2008@hotmail.com, www.nlbs.org

SPONSORSHIP FORM

Full Name of the sponsored Candidate (In block Letters).

Name of the person church or organization, who will help the candidate financially:..

.....

Address of the Sponsor:

.....

Telephone number: Home Mobile:.....

Office..... Fax number.

e-mail Address:

Relationship of Applicant to the Sponsor:

Occupation of the Sponsor:

The Amount of commitment to the Applicant:..Per Year.....

Declaration

I/We. Promise to give... Rs.

for Two year of M.Th studies at New Life Biblid Seminary, Cheruvakkal. In case of any medical expenses incurred by the student, I/We will pay that in addition to the above pledged amount.

Place

Signature

Date

Name

Seal