



# INDIA BAPTIST THEOLOGICAL SEMINARY

Accredited Member, Asia Theological Association (ATA)

Arepparambu PO., Kottayam, Kerala - 686501, India

Phone: 0481-2701188, Email: ibts16@gmail.com, www.indiabaptist.edu.in

## APPLICATION FORM

<input type="checkbox"/> Master of Theology in Pastoral Counseling <input type="checkbox"/> Master of Theology in History of Christianity <input type="checkbox"/> Master of Divinity <small>(Tick the desired Degree Program)</small>	For office use only
	Admission Status
	Registration No.
	<input type="checkbox"/> Accredited Status <input type="checkbox"/> Non-Accredited

  

Application Received on: ____/____/____	Information Sent/Called : <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Entrance Exam : ____/____/____	Duration of Study : .....
Admission Granted on : ____/____/____	Year of Graduation : .....
Admitted to : .....	Documents needed : .....
Academic Qualification : .....	Remarks: .....

Principal
Registrar

### I. PERSONAL INFORMATION

<b>Name (IN BLOCK LETTERS)</b> (As Appear in official documents)	: <input style="width: 100%;" type="text"/>	
	<small>First Name</small>	<small>Middle Name</small>
	<small>Last Name</small>	
<b>Gender</b>	: <input type="checkbox"/> Male <input type="checkbox"/> Female	Affix your Passport size photo
<b>Date of Birth</b>	: .....	
<b>Age</b>	: .....	
<b>State</b>	: .....	
<b>Nationality</b>	: .....	
<b>Mother Tongue</b>	: .....	
<b>Permanent Address</b>	: .....	
	: .....	
<b>Address for Communication</b>	: .....	
	: .....	
<b>Telephone Number</b>	: .....	<b>Mobile:</b> .....
<b>Email Id</b>	: .....	
<b>Marital Status</b>	: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
<b>Languages Known</b>	: Speak .....	
	Read & Write .....	
<b>Are you under medication?</b>	: .....	
<b>Do you require special diet/food?</b>	: .....	

## II. FAMILY INFORMATION

### About Parents

Father's Name : ..... Age : .....

Occupation : .....

Mother's Name : ..... Age : .....

Occupation : .....

Contact Address : .....

Telephone : ..... Mobile: .....

### About Spouse

Name : ..... Age: .....

Number of Children : ..... Date of Marriage: .....

## III. ACADEMIC QUALIFICATION

(Give complete record of all school attended starting from High school. Enclose copies of Matriculation, Plus Two, Degree Certificates and Mark Lists)

Study/Degree	Name of Board / University / Institution	Year Attended	Year Graduated	Grade

## IV. CHURCH BACKGROUND

(Attached a Recommendation letter from your local church along with application)

In which local church are you a member? (give name & location) .....

With what denomination is this church affiliated? .....

Name of Pastor/Priest .....

Address .....

Email Id ..... Mobile .....

## V. SPIRITUAL INFORMATION

Have you received Christ as your personal Savior? .....

Have you received Water Baptism? .....

Do you have the conviction that the Lord has called you for His ministry? .....

Are you an Ordained Minister/Pastor? .....

What gifts/talented do you have as useful in Christian ministry? .....

What are your interests? (Hobbies, recreational activities, etc.) .....

Were you addicted to drugs or alcohol before? .....

Do you have habit of eating tobacco, pan, smoking? .....

## VI. FINANCIAL INFORMATION

Do you have a sponsor for your study? .....

If you do not have sponsor who will support you financially while you are at seminary? .....

Is your family and Church supportive of your study in this seminary? .....

Are you confident to meet the financial requirements for your studies? .....

## VII. MINISTRY EXPERIENCE

(Enclose any relevant work/ministry experience certificates with application)

Have you done any kind of Christian ministry before? If so, how many years? .....

Specify the kind of ministry you have done? .....

Are you currently involved in Christian Ministry?       Yes       No

If 'Yes', Position & Work .....

## VIII. REFERENCES

(Give names and complete information of two persons whom you have selected as your references.)

### Pastor or Church Leader

Name: ..... Position: .....

Address: .....

.....

Email: ..... Phone: .....

### College / Seminary Principal or Professor

Name: ..... Position: .....

Address: .....

.....

Email: ..... Phone: .....

## IX. CONFIDENTIALITY POLICY

India Baptist Theological Seminary is committed to maintain the confidentiality of the student's personal information and undertakes not to divulge any of the student's personal information to any third party without the prior written consent of the student.

## X. DECLARATION AND PLEDGE

I, Mr/Miss/Rev. .... solemnly affirm that the information furnished above is true and correct in all respects. I have read and understood the rules and regulations in the student's hand book. I pledge that if I am accepted as a student of IBTS, I shall abide by the rules and regulations set by the Seminary and will at all times conduct myself as a Christian, faithfully and diligently and apply myself to the studies as required by the Seminary curriculum to accomplish the intended purpose. I shall submit to the right of the Faculty of IBTS to take any disciplinary action even unto expulsion, in the event of my willful violation of the rules and regulations of IBTS.

Place: .....

Signature: .....

Date: .....

Name of Applicant: .....

## XI. UNDERTAKING BY PARENT / GUARDIAN

I, Mr/Mrs. ...., father/mother/guardian of ....., applicant for admission to India Baptist Theological Seminary, Areepparambu, hereby solemnly affirm my agreement to the rules that the Seminary authorities have the prerogative.

- 1. To summarily terminate my ward's studies there, on reasonable grounds, in the middle of the course, and*
- 2. To hold back the original certificates which would be submitted to the Seminary for safe custody, until I pay the compensation for what the Seminary would invest in the applicant. In the event of admission being granted, if he/she leaves the studies there in the middle of the course (a) of his / her on accord or (b) because he / she caused the discontinuation.*

This document thereof in duly (1) signed by me willingly on the .....of the month of ..... in the year ..... and (2) counter-signed by the applicant.

Place: .....

**Name and Address of Parent / Guardian**

.....  
.....  
.....

Phone: .....

E-mail: .....

.....

**Signature of the Parent / Guardian**

.....

**Counter-signed by the Applicant**



### XIII. LETTER OF RECOMMENDATION

Dear Sir/Madam,

Mr/Miss/Rev. .... has applied to India Baptist Theological Seminary. The Registrar's office would appreciate an honest estimate of the applicant's personality and character traits, and will treat your comments as confidential. This form should be sent directly to **The Registrar, IBTS, Arepparambu, P.O., Kottayam Dist., Kerala- 686501.** Thank you.

Applicant's name..... Date.....

Course applied for.....

This copy of the letter of recommendation form is for (please tick):

- Church Pastor       Community Leader / Institutional Head       IBTS Senior Students/Alumni

How are you related to the applicant? .....

Have you good reason to believe that the applicant has personal faith in Jesus Christ as Savior and Lord? .....

How long have you known the applicant? In what capacity? .....

Does the applicant have any Christian ministry experience? Specify the kind of ministry? .....

What do you know about the applicant's personal commitment to Lord's ministry? .....

What do you think are the main areas of strength and weakness in the applicant's life? .....

**Please tick one:**

- I recommend the candidate very highly.       I recommend the candidate.  
 I recommend the candidate with certain reservations.       I do not recommend the candidate.

Name: ..... Position: .....

Address: .....

Phone (Office): ..... (Home).....

Fax No: ..... E-mail: .....

Signature: ..... Date: .....