



INDIA BAPTIST THEOLOGICAL SEMINARY

Arepparambu, Kottayam, Kerala, India, Pin. 686501

Phone No: 0481-2701188, Email: ibts16@gmail.com

(An ATA Accredited Member)

APPLICATION FOR DOCTOR OF MINISTRY

For Office Use Only

Application Received on:	Affix your recent Passport size Photo here	Name and Address:
Admission granted on:		Pin:
Admitted to:		Mobile:
Duration:		
Reg. No:		
Remarks.....		
Admission status: (a) As qualified and accredited status <input type="checkbox"/> (b) As qualified and non-accredited status <input type="checkbox"/>		
Principal		Registrar

Instructions on filling the Form

1. Please read the form and Students' Hand Book thoroughly before filling.
2. Please write clearly, legibly and block letters in your own handwriting.
3. Please give all the information asked for in the form.
4. Please attach copies of your Certificates.(i.e. certificates and mark list from 10th standard onwards)
5. After filling in, mail it to **The Registrar, IBTS, Arepparambu, P.O., Kottayam, Kerala- 686 501.**
6. Last date for receiving filled in application forms is November 15, for admission for the same year.
7. Originals must be submitted to the Seminary at the time of admission

Applicant's Check List

1. Answered all questions in application?
2. Copies of Certificates enclosed?
3. Testimony of Conversion and call to ministry enclosed?
4. Church Recommendation letter enclosed?
5. Letter from the Employee (Letter from currently working institution)
6. Ministry Experience Certificates enclosed?
7. Copy of your Photo ID Proof enclosed?

1. Name of the Applicant

2. Parent's / Spouse Name

3. Date of Birth

4. Male/Female

5. Nationality

6. Marital Status

7. Occupation

8. Mother Tongue

9. Languages Known

10. Medium of Higher Education

11. Name of the Church / Denomination

12. Address for Correspondence (Do not write name)

City

State

Pin Code

13. Phone

Email

14. Details of Educational Qualification (High School onwards)

Name of the Institution	Attended (From/To)	Degree		Grade
		Secular	Theological	

(Attach attested copies of all certificates and transcript)

15. Research Experience

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16. Teaching Experience / Ministry Experience

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17. Any Publication (Articles in Journals / Books)

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18. Name and Address of Two Referees

From the Employee

From the Institute last Studied

DECLARATION BY THE APPLICANT

I, Solemnly affirm that the information furnished above is true and correct in all respects. I 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 yet b the Seminary and will at all times conduct myself as a Christian, faithfully and diligently apply myself to the studies as required by the Seminary curriculum to accomplish the intended purpose.

Place:

Signature:

Date:

Name: