Photo of Applicant

APPLICATION FOR ADMISSION



www.shalombiblecollege.com

+91 78 7 108 6 108

For Office Use Only Date Received Fee Received Application checked by Result of Entrance Examination

Application: New □ Update □						
Status: Regula (Make sure you mention F				ntial □ Non-Residential		
Programme of Study		Bachelor of Theology		Doctor of Ministry		
Certificate in Theology		Master of Ministry		Doctor of Divinity		
Diploma in Theology		Master of Divinity		Doctor of Theology		
Bachelor of Ministry		Master of Theology		Ph.D., (Biblical Studies)		
Bachelor of Divinity		Master of Theology (Biblical Studies)		Ph.D., (Theological Studies)		
I) STUDENTS INFORMATION						
B. Date of Birth:		mm / dd / yr		Sex: M/F		
C. Communication Address:						
D. Student's Telephone Num	nber:_	Login Purpose				
E Email:						

F. Marital Status: Single ☐ Married ☐ Other	ers 🗆
G. Name of Companion :	
H. Number of Children:	_
I. Father's Name:	Mother's Name:
J. Communication Address:	
L. Are Parents / Guardians Christians? Yes □	No 🗆
M. Members of which denomination?	
II) RELIGIOUS BACKGROUND AND CHRISTIA A. Denomination B. Name of local Church at which you are a mer C. Address of local Church	mber
D. Name of your Pastor	
E. Contact Number :	
F. On a separate sheet of paper tell about your	Christian experience, call to the ministry, reasons for
wanting to study at SBC and plans for the future	
G. Date of Conversion (By birth Christian me	ntion by birth)
H. Date of Baptism	
I. List your major involvements in the Christian N	/linistry

III) EDUCATIONAL BACKGROUND

Fully □ Part □

Educational Qualifications	Institution / University	Year of Completion	Percentage
Educational Qualifications	Institution / Oniversity	real of completion	
heological Course Comple	ted Earlier		
Programs	Name of the Bible College	Year of Completion	Percentage
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V) HFAI TH HISTORY			
V) HEALTH HISTORY			
•	? Yes □ No □ (Residential Stu	idents must provide D	octor Certificate.
•	? Yes□ No□ (Residential Stu	idents must provide D	octor Certificate.
o you have any health issues	? Yes□ No□ (Residential Stu	idents must provide D	octor Certificate.
o you have any health issues	? Yes □ No □ (Residential Stu	idents must provide D	octor Certificate.
Oo you have any health issues O) SPECIAL SKILLS	? Yes□ No□ (Residential Stu		
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Oo you have any health issues O) SPECIAL SKILLS List any Special Skills you have O) LANGUAGES KNOWN Spoken Read	e		

IV) REFERENCES

Using the reference forms supplied, ask your pastor and two other persons to complete and return the forms directly to the College Admissions Department. International Students should have references from their Pastor, National Overseer and one other person, example, Community Leader, Employer.

Name	Organization & Position	Contact Number

Enclosures while submitting this With application form.

- 1. Please attach your Statement of faith (your personal testimony)
- 2. Letter from your Pastor about your involvement in the local church and other details
- 3. Letter from an elder/mentor (not a relative) who can recommend you based on your faith
- 4. Medical Certificate (REGULAR STUDENT WHO NEED HOSTEL FACILITY)
- 5. Recent Photo Copies 3 (CERTIFICATE & ID CARD ORIENTED)
- 6. Copy of Aadhar card and copy of all attested educational certificates and finished theological studies Certificates. (Like...TC,MARK SHEET, BIRTH CERTIFICATE, COURSE FINISHED CERTIFICATE)

ATTENTION:

- 1. Copies of the uploaded documents and 3 photo copies should be submitted in person or by post. If necessary, make sure to present the original documents in person for verification
- 2. Online systematic classes and Postal systematic classes Students should attend in the determined Direct Credit hours classes are required. Every semester have a attendance marks. Examinations will be conducted directly in Examination centre only.
- 3. Ensure Your timely payment of Application fees, Registration fees, Tuition fees, Library fees, Examination fees, Field education fees, graduation fees, and ordination fees to support college administration.

Signature of the Applicant	Date
	Signature of the Parent / Guardian