



TRUE LIGHT FOR ASIA BIBLICAL SEMINARY

Associated/Accredited by ATA, IATA & Dayspring Theological University

Vengoor (post), Ayur (via), Kollam Dist., Kerala, India, Pin: 691 533

Email: truelightforasia@yahoo.com, Website: www.truelightforasia.com

Office Ph: +91-474-249-2353, +91-949-636-4114

App. No.....

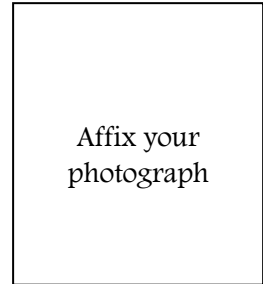
Add. No.....

Reg. No.....

APPLICATION FORM

Course Applied For:
(Please Tick)

- C.Th. G.Th. Dip.Th B.R.E B.Th
 M.M M.A M.R.E M.Div M.Th.



1. Full Name (in Capital Letters):
(As in Certificate)
2. Father's Name : Mother's Name:
3. Age & Date of Birth :
4. Place of Birth:
5. Present Address:
.....
..... Pin Code:
6. Permanent Address:
.....
..... Pin Code:
7. Mobile Numbers:
8. Telephone No. with STD code.....
9. E-mail Address:
10. Mother Tongue: State:
11. Nativity:

12. Marital Status (Please Tick): Single Married Divorced

13. Name of Spouse: Is She Working? Yes No

14. Number of Children, if any:

15. Languages known (Please Tick):

Name of Languages	Read	Write	Speak

16. Educational Qualification:

Name of Course	Name & Place of Institution	Name of Board/University	Year Passed	Total Grade

17. Additional Studies if any

.....
.....

18. When did you accept Christ as your personal Savior?

19. When were you baptized?

20. Details of Church Membership:

a. Name of the Church:

b. Address:

..... Pin.....

Phone/Mobile Numbers:

c. Name of the Local Pastor:
Phone/Mobile Numbers:

21. Details of Ministry (Applicable only for those who are already in ministry):

a. Years of Ministry Experience:

b. Type of Ministry:

c. Name & Place of Organization/Church:
.....

d. Are you Ordained? Yes No

Date, if yes:

22. Are you under any Regular Medication? Yes No

If yes Why? (Add the copy of Medical Report)

23. Did you undergo Court Trial: Yes No

If yes Why? (Add the Case Report)

24. Details of an Elder from your Church and a Responsible Christian Friend who can certify you

(1) Name:

Address:

..... Pin

Phone/Mobile Numbers:

(2) Name:

Address:

..... Pin

Phone/Mobile Numbers:

25. In case of Emergency, whom we to contact?

Name:

Address:

..... Pin

Phone/Mobile Numbers:

Declaration

I..... hereby declare that all the above furnished informations in this application form is correct and true to the best of my knowledge. Any information found incorrect/incomplete or false, my admission may be treated as cancelled.

.....
Signature

.....
Date

Please take note:

(Sent the duly filled application form and the related documents mentioned below to the registrar's office before 30th of April 2016)

1. Application Form duly filled
2. Original Certificates of Secular and Theological Education
3. One Copy of all Certificates & ID Card
4. 2 passport size photos
5. Recommendation letters from the local pastor and Head of the Church
6. Your Conversion Testimony
7. Medical Certificate

For official use only

Application Number:			Application Received On:		
Interview letter sent on:			Date of Interview:		
Decision of Admission Committee:					
Admitted		Rejected		Deferred	
Result of interview:					
Remarks:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....					
Course & Duration Admitted for:					
Decision regarding the Payment of Fees:					
Interview chaired by:					
Admission Confirmed by					
.....				
Principal			President		