



New India Bible Seminary

(Accredited by Asia Theological Association)

Pallickachirakavala P.O., Changanacherry, Kottayam (Dst), Kerala. PIN 686 537

E-mail: pgstudies.nibs@gmail.com / principal.nibs@gmail.com

Tel. 0481-2443433/2445516

1. Title: Mr./Ms./Mrs./Rev./Pr./any other:
2. Full Name as in official documents (in BLOCK CAPITALS):
3. Date of Birth:
4. Place of Birth:
5. Nationality:
6. Mother Tongue:
7. Other Languages capable of reading and writing:,,
8. Marital Status:
9. Name and occupation of spouse:
10. Names of children with age in brackets:
.....
.....
11. Tel . (H): (O): (Mob):
12. E-mail:
13. Church Affiliation:
14. Doctrinal Position:
15. Address for Correspondence:
.....
..... PIN.....
16. Permanent Address (if different from above):
.....
..... PIN.....
17. Date of Salvation:
18. Date of Baptism:

19. Educational Qualifications

Course Name (higher to lower)	Years	Medium of Learning (Language)	Institution's Place	Overall Grade	Degree Received
					Yes/No
					Yes/No
					Yes/No
					Yes/No
					Yes/No

20. Ministry Experience Record

Name of church/mission	Place	Role/Position	Years	Language used	Name & Ph. of immediate higher authority

21. Any other key responsibilities undertaken

Name of church/mission/ other organizations	Place	Role/Position	Years	Language used	Name & Ph. of immediate higher authority

22. How did you come to know about New India Bible Seminary?
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-
23. Why do you want to pursue Master of Theology?
-
-
24. In what way you think your M. Th in Holistic Child Development will facilitate your calling for Christian ministry?
-
-
25. What is your specific vision for ministry on completion of this course?
-
-
26. What are your special skills or talents?
-
-
27. How do you plan to support yourself financially during the period of your study at NIBS?
-
-
28. If not self-supporting, give the name & postal and e-mail addresses of your sponsor:.....
-
-

DECLARATION: I,, do hereby confirm that the above details are fully true and affirm that I shall strictly observe all the rules and regulations prescribed by the Seminary and that I shall endeavour to promote, strengthen and foster the spirit of Christian love among the fellow students and also that I shall accept and follow any decision taken by the seminary authorities.

Signature of the Applicant: **Date:**

Countersigned by:

Local Pastor/Vicar: **Ph.**



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REFERENCE LETTER - 1 PASTORAL REFERENCE

(To be filled in by the candidate's local Pastor and sent directly to the Office of Admissions in the envelope provided)

Name of the candidate applying for admission :

Name of the Local Pastor :

Address :

Denomination:

Date, Signature of Pastor

1. How long and how well have you known the applicant?

2. State your knowledge about the applicant's commitment to Christ and Christian ministry?

3. Do you have any reservations about recommending this applicant?

4. How would you evaluate the applicant in the following areas? (Please circle the appropriate description in each category)

SPIRITUAL MATURITY	outstanding	mature	growing	young
COMMITMENT TO CHRIST	outstanding	willing	average	selfish
EMOTIONAL STABILITY	outstanding	conscientious	sporadic	unreliable
MORAL INTEGRITY	outstanding	average	needs prodding	quits easily
EFFICIENCY IN TEAM WORK	outstanding	average	needs prodding	quits easily

5. Please make a brief statement on the back of this sheet of your evaluation of this applicant. We are interested to know about the character, gifts, intelligence, ethical values, and any other pertinent information you may wish to provide.



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REFERENCE LETTER - 2

(To be filled in by the Leader or Senior faculty at applicant's previous training institute and sent directly to the Office of Admissions in the envelope provided)

Name of the candidate applying for admission :

Name of the Christian Leader :

Address :

Denomination:

Date and Signature of Leader / Senior Faculty

1. How long and how well have you known the applicant?

2. According to you, what are the talents and gifts of the applicant?

3. How would you evaluate the applicant in the following areas? (Please circle the appropriate description in each category)

COMMITMENT TO SERVICE	thorough	adequate	obscure	not observed
RESEARCH & WRITING SKILL	outstanding	willing	average	poor
CREATIVITY IN SOCIAL AFFAIRS	superior	above	average	not observed
TEACHABILITY	excellent	good	fair	poor

4. Please comment on the back of the sheet, any information that may be helpful in evaluating this applicant

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MEDICAL CERTIFICATE OF FITNESS

(To be filled by a Registered Medical Practitioner)

Name.....Age.....Sex.....

History of Medical Illness.....

Any Significant Family History.....

General Physical Examination.....

Anemia.....Jaundice..... Lymphadenopathy..... C.V.S.Exam.....

Nutritional Status..... Resp.Exam.....

Pulse.....Blood Pressure..... Diabetic.....

Abd.Exam..... Other.....

Investigations

1. Heamoglobin..... TLC...../cumm

2. Blood Group..... DLC.....

Declarations: Having personally examined Mr./Mrs/Miss.....

candidate for admission to the New India Bible Seminary, Pallickachirakavala P.O. Changanachery, hereby certify that to the best of my knowledge this candidate is/is not in good physical condition, is/is not from any contagious/infectious disease and is/is not able to pursue a course of studies in the above mentioned seminary.

Other Remarks

Doctor's Signature.....

Address:

Doctor's Name.....

Reg. No.